A MIXED-METHODS EXPLORATION OF WHAT CAN BE LEARNT ABOUT THE WHOLE-SCHOOL APPROACH TO MENTAL HEALTH, FROM THE PERSPECTIVES OF PARENTS OF PUPILS PRESENTING WITH EXTENDED SCHOOL NON-ATTENDANCE

By

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ABSTRACT

Extended school non-attendance is a pervasive and increasing concern in the current field of education. Within the school-aged population, the mental health of children and young people is a key priority, with potential convergence of mental health challenges and difficulties in attending school. Recent studies have begun to illuminate parental perspectives as significant, with evidence implying that the importance of parent voice should be elevated. Schools currently advocate for a whole-school approach to support and promote positive mental health. The present study offers an opportunity to gain insight into how parents perceive the eight guiding principles of the whole-school approach to mental health, to be operating. The current study applies a critical realist lens, using mixed-methods and multiple explorative case-studies to gain insight. Data was gathered using the Revised Child and Adolescent Depression Scale questionnaires (Chorpita et al., 2000) to identify perceived pupil mental health needs. A card sort and semi-structured interviews explored parental experience of how supportive each principle of the whole-school approach was perceived. An Ideal school/Non-Ideal School drawing activity (Moran, 2001) was administered to discover parents' views of aspirational supportive school provision. Quantitative data was analysed across cases using heatmap analysis and descriptive statistics. Qualitative data was cross-case analysed using critical realist thematic analysis (Wiltshire & Ronkainen, 2021). Findings offer knowledge relating to parents' perceptions of pupils presenting with extended school non-attendance mental health needs, and theoretical implications for development of each principle of the whole school approach. The importance of Principle Two – 'Ethos and Environment' was illuminated to be significant. Polyvagal therapeutic principles of compassionate connection, psychological and emotional safety, and reciprocal communication were deemed as

supportive in the school environment, that could be theorised to underpin a whole-school approach framework to support children and young people's mental health, and in turn school attendance.

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LIST OF ABBREVIATIONS

ADHD	Attention Deficit Hyperactivity Disorder
ANS	Automatic Nervous System
ASC	Autistic Spectrum Condition
CAMHS	Children & Adolescent Mental Health Services
CBT	Cognitive Behavioural Therapy
CMHP	Common Mental Health Problems
CR	Critical Realism
CR TA	Critical Realism Thematic Analysis
CYP	Children & Young People
DfE	Department for Education
DIST	Drawing the Ideal School Technique
DoH	Department of Health
DoH&SC	Department of Health & Social Care
EP	Educational Psychologist
EPS	Educational Psychology Service
ESNA	Extended School Non-Attendance
GAD	Generalised Anxiety Disorder
LA	Local Authority
MH	Mental Health
MHSCY	Mental Health Survey for Children and Young People
MHST	Mental Health Support Teams
MHWB	Mental Health & Well-being
NICE	National Institute for Health & Care Excellence

NHS	National Health Service
OCD	Obsessive Compulsive Disorder
PACE	Playfulness-Acceptance-Curiosity-Empathy
PHE	Public Health England
PSHE	Personal Social Health Education
PVT	Polyvagal Theory
RCADS	Revised Child Anxiety and Depression Scale
RQ	Research Question
SA	Separation Anxiety
SEL	Social and Emotional Learning
SEMH	Social, Emotional and Mental Health
SEND	Special Educational Needs and Disability
SLT	Senior Leadership Team
SSI	Semi-Structured Interviews
TA	Thematic Analysis
TEP	Trainee Educational Psychologist
UK	United Kingdom
WHO	World Health Organisation
WSA	Whole School Approach

CHAPTER ONE: INTRODUCTION

This thesis presents Volume One of the academic and research requirements for the Applied Educational and Child Psychology Doctorate at the University of Birmingham.

1.1 Overview of the Study

This study explores what could be learnt about the implementation of a whole-school approach (WSA) to support mental health (MH) in school, from the voice of parents of pupils who have been unable to attend school for a period of ten weeks or more, in the academic year 2021-2022. The study thus investigates the intersection of MH, school attendance and school-based MH promotion, from the viewpoint of parents.

One risk factor, considered by parents to influence extended school non-attendance (ESNA), is perceived to be poor MH. MH may function as either a predisposing risk factor increasing vulnerability, or a precipitating factor following a specific event or trigger, or as a perpetuating factor that maintains the attendance difficulty. Chockalingam et al., (2022) highlight that ESNA can manifest, induce, or exacerbate MH difficulties. The phenomena of ESNA and MH needs are hypothesised to interact bi-directionally upon on each other, with poor MH influencing the ability to attend, and non-attendance having a negative impact on MH (Solihull Community Educational Psychology Service, 2020) (EPS).

The WSA to MH is endorsed by the current Government as a protective approach for pupils (Birch & Gulliford, 2023). The aim of a WSA is to create a school environment that promotes positive MH and is framed within eight underlying principles (Lavis & Robson, 2015). These principles are informed by the evidence-base of 'What works in promoting social and emotional well-being and responding to MH problems in schools?' (Weare, 2015). The current study explores how parents perceived these

eight principles to be supportive or unsupportive from their experience, using a case-study approach. An aim was to explore parent perceptions to potentially inform enhancement of the WSA, to support MH needs before they function as a barrier to school attendance.

1.2 The Importance of School Attendance

School attendance is well-established as foundational for children and young people's (CYPs) holistic development including academic attainment, wellbeing, and short and long-term life outcomes (Department for Education 2022a) (DfE). Attendance is viewed as a protective factor for pupils, whereas absence is considered to increase the risk of negative consequences linked to economic, academic, and internalised MH difficulties such as anxiety and depression (Finning et al., 2020; Kearney, 2016). Absence, in policy terms, refers to children who are not in school for authorised reasons (e.g. illness, medical appointments, days of religious observance) and unauthorised reasons (e.g. holidays, non-urgent appointments) (Long & Danechi, 2023). Occasional absence is considered non-problematic as it is short in duration with minimal impact, but persistent absence (cumulative or sustained) is considered problematic with greater impact on outcomes (Kearney, 2008). However, the implication of non-attendance varies dependent upon individual characteristics and whether a pupil has been able to access and positively respond to intervention for their difficulties (Gulliford & Miller, 2023; McShane et al., 2004).

1.3 The National Context of School Attendance

School attendance is a priority for the current United Kingdom (UK) Government, the Children's Commissioner, Local Authorities (LAs) and Educational Psychologists (EPs). The UK Government have produced guidelines to support schools and LAs (DfE, 2022b); and have launched a UK parliamentary enquiry by the Education

Committee into school absence. The Children's Commissioner undertook Attendance Audits in 2022 to explore the phenomenon exacerbated by the COVID-19 pandemic.

At the time of writing, 22% of enrolled pupils missed 10% or more of their possible school sessions and are therefore identified as persistently absent (ONS, 2023). A rising trend has constituted an increase of 10-12% in persistent absence since the COVID-19 pandemic. Differences in persistent absence have been identified, with state-funded primary schools reporting statistics of 17.5%, and in state-funded secondary schools reporting statistics of 27.1% (ONS, 2023), illuminating the widespread issue.

1.4 The National Context of CYP MH and Attendance

The most recent MH Survey for CYP (MHSCYP) (NHS Digital, 2023) showed a rising trend in rates of CYP experiencing MH challenges. MH diagnoses for male and female 7-to-16-year-olds were previously reported to be 1 in 9 in 2017 (12.1%) and have risen to 1 in 6 for 2020-22 (18%). Rates for 16-to-19-year-olds, previously reported to be 1 in 10 in 2017 (10%), rose to 1 in 6 in 2020-2021 (17.7%) and have risen again to 1 in 4 in 2022 (25.7%) (NHS Digital, 2023). The MHSCYP identified influential factors impacting CYP MH; the COVID-19 pandemic, low feelings of neighbourhood safety, social media bullying, family dysfunction and households facing financial insecurity.

Furthermore, the MHSCYP (NHS Digital, 2023) found that 5.6% of 7-to-16-year-olds missed more than 15 days of schooling in the Autumn Term 2021. 22.8% had missed 6-15 days, 41.5% had missed 1-5 days. In 2021, 56.7% of children with Special Educational Needs and Disabilities (SEND) had a diagnosed MH disorder, an increase of 43.9% since 2017, and CYP with a MH diagnosis were twice as likely to have missed

school than those without. This data indicates that MH, and ESNA are linked, pertinent for the topic of this current study.

The MHSCYP (NHS Digital, 2023) explored CYP voices concerning the impact of school on MH. 7.5% of this sample reported not having one friend, 18% did not feel safe at school, 24.2% felt they could not be themselves, 34.2 % did not enjoy learning, 61.4% were worried about the impact COVID-19 had on their schoolwork and 56.5% worried about exam results. These findings indicate that school environments can function as risk factors for CYP MH. Therefore this study offers an opportunity to explore the components of the WSA to MH, and potentially uncover knowledge to help reduce risk factors and enhance the school environment for CYP.

1.5 Importance for Educational Psychology

Despite the implementation of legislation and policy to promote MH in schools, the MH of CYP is declining (NHS Digital, 2023). Children in the UK are reported to be the least happy in Europe (The Children's Society, 2020), and persistent absence rates from school remain a concern, providing a rationale for an explorative study.

LAs have created ESNA pathways of graduated support to facilitate early intervention and systematic working e.g. West Sussex EPS (2022). Within this, it has been argued EPs can play a professional role to support school attendance and psychological wellbeing (British Psychological Society, 2017) (BPS), by applying developmental and psychological knowledge and evidence-based practice to positively engage pupils. Gregory and Purcell (2014) assert that EPs have a role to support social inclusion of pupils in school settings, relevant to school attendance. Additionally, individuals experiencing Social, Emotional and Mental Health (SEMH) needs, are included in the SEND Code of Practice (Department of Health, 2015), with EPs acting as change-

agents to holistically support children, families, and educational settings. Therefore this current study is of professional relevance for EPs, who seek to facilitate change at whole-school level, through drawing on their systemic and psychological knowledge bases (Birch & Gulliford, 2023).

1.6 Choice of Research Area

In my previous professional roles as a primary school leader, I was interested in whole-school improvement. As an Education MH Practitioner in the Child & Adolescent Mental Health Service (CAMHS), I cultivated an interest in CYP MH. This study intersects both areas of interest.

As a trainee EP, I have participated in a regional working group of EPs who focused upon developing training for MH Leads in schools. This involved endorsing the principles of the WSA as good practice, which fostered curiosity in this area. Furthermore, the increasing prevalence of ESNA casework, and my participation in the LA ESNA working group promoted curiosity about the experience of early intervention for families experiencing ESNA. In most cases early intervention approaches had been ineffective which alluded to the possibility that we may be able to learn from ESNA families' experiences, to positively influence educational provision and practice.

1.7. Thesis Structure

This thesis is presented in six chapters. This introductory chapter is followed by a broad literature review in Chapter Two. Chapter Three details the methodology; the underpinning philosophical fundamentals of the study, methods, and ethical considerations. Chapter Four presents the findings. Chapter Five discusses these findings, positioning the present study in relation to current literature. Consideration of the distinct contribution of this study, strengths, limitations, implications for future

practice and research are then offered. Finally, in Chapter Six concluding comments complete this volume.

CHAPTER TWO: LITERATURE REVIEW

This chapter explores the terminology and definitions related to ESNA, MH and resilience, presenting a rationale for the language used in this study. In order to underpin the interactionist orientation of this study, existing literature relating to individual and eco-systemic factors impacting ESNA are considered, framed by Bronfenbrenner's Ecological Systems Theory (2006). Current UK Government policy endorses a WSA to MH (Public Health England, 2021) (PHE), which is used as a framework to explore school-based factors in this study. Therefore the eight underpinning principles of the WSA framework to support CYP MH are detailed. Extending an interactionist approach, a neuroscientific perspective on resilient interactions between the individual and the school environment, unified by Polyvagal Theory (PVT) (Porges, 2011) is presented.

This review of literature provides the rationale for the research questions (RQ) for this study, which are presented to conclude this chapter.

2.1 Definitions and Terminology

This section aims to clarify the key terms and the rationale for use in this study.

2.1.1 ESNA

The phenomenon of school non-attendance has been identified and classified in multiple ways (Heyne et al., 2019). Terms to encapsulate the resistance to attend school, often for emotional reasons are often used interchangeably and imprecisely (Thambirajah et al., 2008). The fractured state of terminology (Kearney et al., 2005) has been extensively debated with little consensus on definition, reflective of the complexities associated with school non-attendance behaviours (Want, 2020).

Evolving terminology reflects dissonance in the conceptual understanding of non-attendance.

Previously terminology has incorporated medicalised language relating to MH conditions when referring to school non-attendance. Where more deficit-based and pathologized language is used in this review, this is to report the usage in the literature, rather than to assert my philosophical standpoint, which is outlined in Chapter Three. Historically, difficulties were located within the individual, pathologizing ESNA as if from a medical model. For example, Broadwin (1932) first acknowledged the phenomenon using the term 'psycho-neurotic truancy', with reference to anxious and depressed deviants with conduct disorder. Johnson et al., (1941) used 'School Phobia', associated with anxiety, hypochondria, and attachment overdependence creating a fear of school. Kearney (2008) relates school phobia to fear-based absenteeism, a viewpoint critiqued by Hanna et al., (2006) who argued that CYP are rarely phobic of school, but experience forms of separation anxiety (SA). The majority of terms in the literature used to refer to ESNA associate with a form of anxiety (Maynard et al., 2015).

However, a contemporary shift in terminology acknowledges that a complex interplay of individual, environmental, and systemic factors contribute to non-attendance, applying a social model of need to ESNA. A shift to more descriptive terms for the phenomenon is observed. For example, the term 'anxiety–based school refusal' relates non-attendance to anxiety disorders (Hansen et al.,1998), but the incorporation of the term 'based' alludes to the possibility of wider factors being influential. Egger et al., (2003) integrated social and SA plus peer difficulties into this term, increasing the salience of social and environmental influences on ESNA. The term 'emotionally-based school avoidance' alludes to emotional distress not solely attributed to anxiety

(Emmerson et al., 2004), but potentially broader needs such as depression. These changes in vocabulary offer a small shift in the acknowledgement of contributing factors beyond a within-individual problem and solely related to anxiety.

The real-world heterogeneous ESNA population exhibit a multi-dimensional presentation of physiological, cognitive, and affective components (Rappo et al., 2017), beyond anxiety. Furthermore, ESNA may have a complex interplay of factors that incorporate individual MH challenges and/or social, environmental, and wider components. Therefore in this study the term ESNA has been selected to describe the collective CYP who experience prolonged challenges in attending school.

> *"…Extended School Non-Attendance (ESNA) is a broad umbrella term to describe a group of children and young people who experience difficulties in attending school for a prolonged period of time…"*
>
> (Leeds For Learning, 2021, p.3)

Within this term, 'extended' recognises the diverse duration of non-attendance beyond occasional absence, which I consider truly reflects the diverse experience of individuals presenting with ESNA. The rationale for applying the term ESNA to this study lies in its neutral positioning. The dissonance between diverse terminology has underlying implications for conceptualisation and alludes to a hypothesised aetiology of the behaviour. The non-judgemental term of ESNA does not assume agency, causality, or factors underpinning behaviours. By applying a neutral term, a broad view, not limiting understanding, and therefore facilitating the discovery of knowledge is possible. Such an opportunity is appropriate for this exploratory mixed-methods study with a multi-systemic design, aiming to explore individual MH and school environment factors, from a parental viewpoint.

2.1.2 Mental Health and Common Mental Health Problems (CMHP)

MH can refer to internal feelings, thoughts, or emotions, which can fluidly move between positive and negative states, in response to life events and the ability to cope and function effectively (Birch & Gulliford, 2023). Positive MH is considered necessary for children to thrive, learn, and develop cognitively (Durlak et al., 2011). Schools are considered as well positioned to promote positive MH for CYP (DfE, 2018).

As this study focuses upon the framework of the WSA, the World Health Organisation (WHO) definition of MH stated in the WSA framework guidance, will be used (Lavis & Robson, 2015).

> *"…a state of well-being in which every individual realizes his/her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his/her community..."*
>
> (WHO) (2001, p.1)

Norms of MH can be cultural judgements, although positivism represents MH disorder as empirical fact (MacDonald & O'Hara, 1998). Previous MH definitions have focused upon medical categorical terms such as 'disorders' with positive MH being viewed as the absence of mental illness. Keyes and Martin (2017) refute this viewpoint as incomplete, as an individual may be free of mental illness, without being fully healthy. The dynamic nature of MH is thought to exist on a complex continuum and dual factor model (Suldo et al., 2008), which integrates psychopathology and subjective well-being into a MH continuum. Contemporary definitions incorporate wider social and environmental functioning using the terms MH and well-being interchangeably. The concept of resilience, linked to positive MH promotion is schools, is also interchangeably used in Government policy documents (PHE, 2021). Di Emidio (2021) argues that resilience is an add-on to MH, not linked to definitions of MH and well-

being (MHWB). Supporting this view, Norwich et al., (2022) calls for new definitions on MHWB to guide policies in schools.

Nevertheless, the WHO definition refers to the continuum and uses medicalised categorical terms such as ‘disorders’, rather than ‘needs’ that educational professionals such as EPs use (Birch & Gulliford, 2023). This study explores the WSA to MH framework, which encompasses the MH of the broad school population. Therefore, when exploring MH the most commonly observed MH conditions for CYP will be considered. Collectively these are referred to as Common Mental Health Problems (CMHP). These are identified by the National Institute for Health & Care Excellence (2011) (NICE) as Generalised Anxiety Disorder (GAD), panic disorder, social phobia, SA, Obsessive-Compulsive Disorder (OCD) and depression, and are the MH challenges supported by the Mental Health in Schools Teams (MHST) in a WSA.

2.1.3 Resilience

Resilience is a flexible and dynamic concept dependent upon setting and developmental stage (Rutter, 2012). Resilience can be defined as the interaction between the individual and their environment, both influencing each other (Luthar, 2006). Resilience depends upon how an individuals’ psychological qualities interact with multi-level social systems such as the family and school (Masten, 2014) and how the fit between the individual and the features of the ecology reflect adjustment or maladjustment when faced with a threat or adversity to be dealt with (Cefai, 2021).

Adversity involves the relationship between an individual and their context, which poses a threat to normal and healthy psycho-social development. These factors are risk factors; subjective and changeable conditions, interpreted differently by each

individual. They can be both extreme circumstances and daily hassles (Bertsia & Poulou, 2023). To counterbalance 'risk factors,' there are empowering 'protective factors' i.e. individual or environmental processes that evoke positive development and adjustment of an individual at risk (Wiener, 2003), such as supportive connections and coping skills. Protective processes are dynamic and can support by eliminating the risk itself, or the chain reactions emerging from the risk, empowering an individuals' self-esteem and self-efficacy through healthy interpersonal relationships and opportunities for success (Rutter, 1993).

Through a resilience lens, school attendance can function as a protective factor in empowering individuals' resilience and supporting MH; for example, the everyday routine of school attendance offers a mechanism of emotional regulation, by providing structure, familiarity, and certainty (Graziano, 2007). Conversely, school attendance can present pupils with risk factors e.g. a multiplicity of challenging academic tasks, high expectations, and a requirement to adjust to constantly changing environments and potential threats that creates overwhelm and anxiety (Finning, 2020). Avoidance of the school environment as a personal coping-mechanism, provides short-term relief from anxiety, but negative reinforcement of the behaviour (Kearney & Silverman, 1993).

An evidence based WSA framework to promote positive MH and resilience is encouraged to be embedded into all aspects of school life (Weare, 2015). Therefore an understanding of protective and risk factors in a CYP's life is arguably essential for psychological formulation and for designing preventative and reactive interventions to promote CYP MH and psychosocial functioning. Next, I will present the interaction of protective and risk factors relating to ESNA in the literature.

2.2. Using Psychology to model risk and protective factors.

A wealth of research has explored the factors associated with ESNA. This has identified a complex interplay of bio-psycho-social-cultural risk factors, contributing to the development of school attendance difficulties (Thambirajah et al., 2008, Tonge & Silverman, 2019).

This broad range of factors creates a multi-faceted interaction of possible risk and protective factors. These can be illuminated using Bronfenbrenner's (2006) Ecology System Theory. This theory positions five systems of relationships and contexts surrounding a central CYP. Each system influences the individual and their development. Bronfenbrenner (1979) asserts that to fully understand an individual's development, the individuals' relationship with close and distant systems should be holistically explored. The closest systems include the microsystem (who have direct interaction with the CYP e.g. at school and home) and mesosystem (interacting relationships in the microsystem e.g. between parent and teachers). Then systems extend out to the exosystem (a system in which the CYP does not participate, but that impacts the CYP e.g. local health services). Moving further afield, the macrosystem incorporates the cultural environment. The final and most distant system of the chronosystem includes sociohistorical conditions that impact the CYP (e.g. Government legislation and policy). All of these systems operate in potentially bidirectional interactions, influencing behaviour, difficulties, and psychological wellbeing (Carbado et al., 2013).

Melvin et al., (2019) used the conceptual structure of Bronfenbrenner's bio-ecological system model to consider factors relating to ESNA. They focused upon the organisation of individual, parental, familial, and environmental risk factors, with the aim of improving our understanding of factors influencing ESNA. Research indicates

that a combination of risk factors may offer a better explanation for the development and maintenance of ESNA behaviours (Gottfried & Gee, 2017). Findings include identified factors illustrated in the Kids and Teens at School (KiTeS) framework (Figure One), to inform future research and interventions for ESNA. A strength is that this comprehensive framework acknowledged multiple influences and interplay of systems that increase vulnerability of individuals.

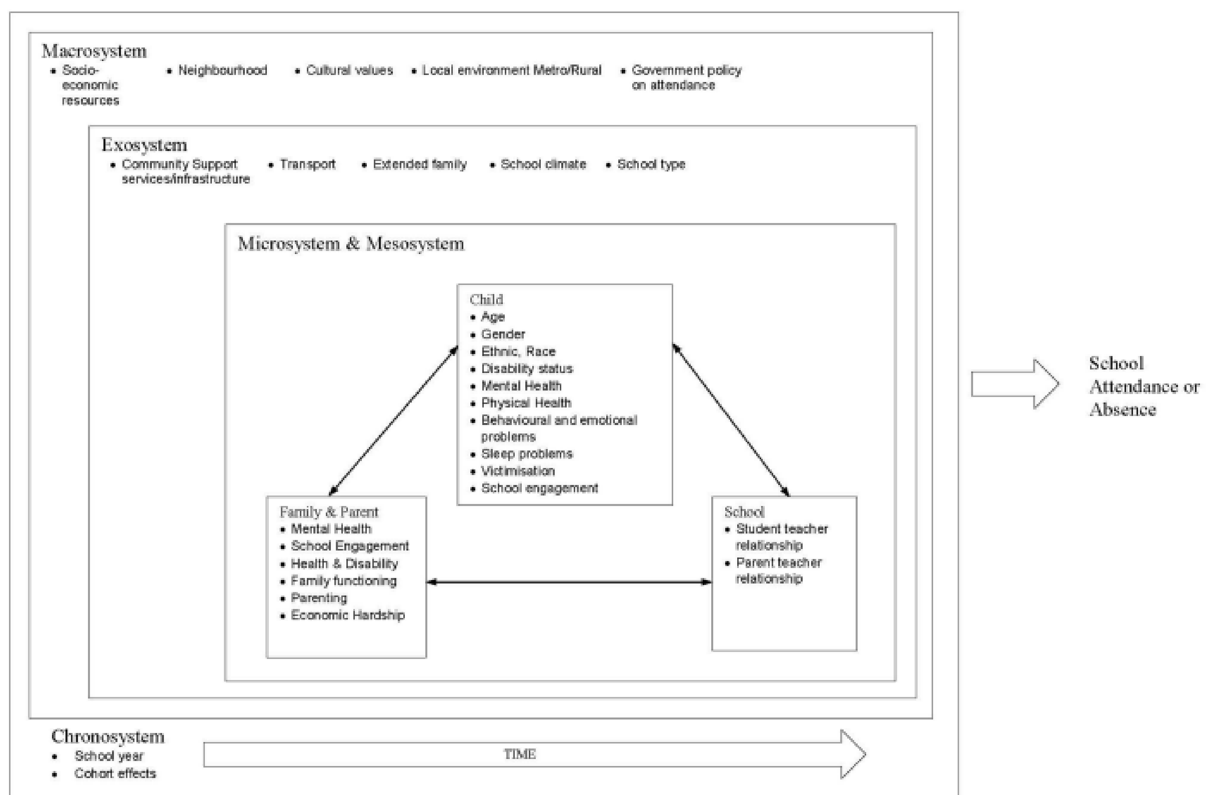

Figure One: KiTeS Framework (Melvin et al., 2019)

From a resilience perspective, when the transactional interaction of factors in the system act with risk factors outweighing protective factors, the vulnerability of an individual presenting with a difficulty increases (Bertsia & Poulou, 2023). However, environmental factors may influence individuals differently, due to each individual having diverse and multiple systems influencing their lives. Plus, there is a difference

in personal interpretations of threat, and acquired and perceived skill levels to cope with this (Van Dick et al., 2017). These diverse interactions and individual differences make the phenomenon of ESNA challenging to encapsulate and support.

Given this conceptualisation of multi-systemic influences upon child behaviour, gaining a holistic view of interacting factors is pertinent to a study of attendance difficulties, as identified in a review of risk factors relating to non-attendance (Gubbels et al., 2019). In this study, I use a similar conceptual framework to inform my research design, placing an ESNA pupil as the focus of interest at the centre, and consider the nested framework of interacting systems. The eight principles of the WSA will offer potential risk or protective factors to be discovered in the school microsystem, informed by the parental voice from the home microsystem.

However, whilst contemporary approaches to ESNA focus upon environmental perspectives that can trigger or sustain ESNA behaviours (Gulliford & Miller, 2023), this study will adopt a multi-level perspective that will include exploration of within-child data linked to MH. In this orientation, an exploration of pupil MH is a necessary part of capturing pupil-home-school interactions. This approach offers an opportunity for greater understanding of an individual's interaction with their environment.

2.2.1 Individual Factors: Historical and Contemporary Perspectives

The definition of resilience in this study, considers the individuals' interpretation of interactions in their environment, and how that individual can adapt to potential threats and function successfully. Aligning with this definition, this study will explore individual factors that may impact ESNA, with a tentative marker of successful functioning in childhood considered to be consistent school attendance.

A historical perspective in the literature considers MH difficulties that impact attendance to be a within-child problem, medicalised illness, or deficit. In a literature review exploring school refusal and school phobia, Ek & Erikson (2013) reported 90% of CYP (aged 12-18) experiencing ESNA, presented with a diagnosable psychiatric disorder e.g. depression, social phobia, and SA. Similarly, Kearney and Albano (2004) found two-thirds of their sample of 143 primary school-aged pupils not attending school, met thresholds for a clinical diagnosis. However, Berg et al., (1992) and Li et al., (2021) propose that ESNA is a manifestation of a psychiatric disorder rather than being causally linked to MH disorders. Ingul and Nordahl (2013) concluded that anxiety does not directly predict school attendance. It has been considered that ESNA can maintain and compound a vicious cycle of anxiety regarding returning to school, linked to missed academic work or social connections (West Sussex EPS, 2022).

Finning and Dubicka (2022) found that CYP diagnosed with emotional disorders have a higher rate of absence compared to mentally healthy peers. Broadly, anxiety and depression are considered to underpin some attendance difficulties. Anxiety is thought to be the most prevalent form of emotional distress linked to ESNA (Bitsika et al., 2022), although the prevalence in types of anxiety discovered have been wide-ranging. Two systematic literature reviews have been conducted by Finning et al., (2019a, 2019b) who explored the possible relationship between anxiety and school attendance, and depression with school attendance. Overall the reviews concluded cross-sectional associations between ESNA and SA, GAD, and social anxiety. Small to positive cross-sectional associations were found linking depression and ESNA. However, limitations of these findings include diverse terminologies, and methodological heterogeneity. Additional studies link ESNA and depression such as Gonzalvez et al., (2018), and Skedgell and Kearney (2016), but Heyne et al., (2019)

critique that associations between non-attendance, anxiety and depression are limited due to the complex myriad of potential additional factors that may impact a child's ability to attend. Indeed, not all ESNA pupils have a diagnosed MH condition impacting their educational experience.

2.3 The Family Microsystem: Familial Risk Factors, Attachment Theory, and a Secure Base

Within this systemic conceptualisation, family environments and relational dynamics are hypothesised to influence ESNA behaviours in the literature. For example, Fornander and Kearney (2019) conducted an exploratory study focusing upon family environment risk factors linked to non-attendance, using the Family Environment Scale (Moos & Moos, 2009) with 341 youth aged 5-17-years-old and their families. Data was analysed using two statistical approaches of ensemble analysis, and classification and regression tree analysis, to identify risk factors amongst youth presenting with a range of non-attendance severity. Results indicated that less severe non-attendance families reported a diverse range of factors. Families experiencing higher levels of non-attendance reported restricted factors linked to low achievement orientation (e.g. low modelling of achievement, low reading at home, low work ethic). Less active families with low emphasis on active recreation (reduced social skills and connection outside the family unit) had anxiety-based non-attendance. Low levels of family cohesion (rigid, disengaged) were salient linking to lack of help with homework and a commitment to education. Low levels of expressiveness (role performance, communication) were predictive of absenteeism of 10%+ and greater disengagement. Persistent absence was associated with changes in family functioning. Limitations of this study are the diverse sample from an outpatient clinic, community setting and family court truancy program.

These findings add to similar findings in the literature. Jongerden et al., (2015) found ESNA pupils were more likely to come from homes with low emphasis on recreational activities, and this appeared to perpetuate depression and reinforce avoidance anxiety behaviours. Katz et al., (2016) identified changes to family units, stressful family events, parental MH, conflict, and domestic violence were associated with pupils wanting to remain at home.

Nuances in the literature have identified further risk factors, such as parental MH, with 45% of ESNA pupils having a parent with at least one MH diagnosis (Martin et al., 1999), and higher levels of parent depression and anxiety (Chockalingam et al., 2022). Lower parental MH could impact parent-child attachment or the sense of a secure base. Accordingly, the impact of ESNA may contribute to lower parental MH (Carless et al., 2015). Overall, within the literature, numerous family-related factors have been identified to potentially influence ESNA, although this does not imply causation.

One narrative in the literature considers family influence through Attachment Theorising (Bowlby, 1969). Specifically the role of parent-child relationships and children having difficulties separating from the home environment are considered important in interpreting ESNA behaviours (Johnson et al., 1941). The parent-child relationship and the formation of a secure inner working model notionally facilitates coping with separation from a primary-caregiver, allowing success in later life (Gulliford & Miller, 2023). An individual's attachment style refers to the inner working model influencing our interpersonal relationships with others (Ainsworth et al., 1978). Categories of attachment styles are thought to exist on a continuum, between the dichotomy of secure or insecure attachment (Bergin & Bergin, 2009). A secure attachment style considers adults as reliable, helpful, and trustworthy. Secure attachment relationships correlate strongly with higher academic performance, better

self-regulation, and social competence (Barrett & Trevitt, 1991). Where an insecure attachment may exist, Kadir (2020) reports relationships with adults contain mistrust, mixed with anxious or avoidant elements and a lack of secure base. For adults to provide a secure base to children, they must be regularly and reliably available, set limits, have clear boundaries, be compassionate, caring, protective, able to emotionally understand and regulate the child (Holmes, 2001). The Secure Base Model (Schofield & Beek, 2004) in Figure Two, incorporates four dimensions from attachment theory (availability, sensitivity, acceptance, co-operation) plus the concept of belonging, to increase feelings of security and build resilience. Interactions that convey what the adult is thinking and feeling, determines child behaviour, and provides the child with a message about themselves, thus influencing their emotional development.

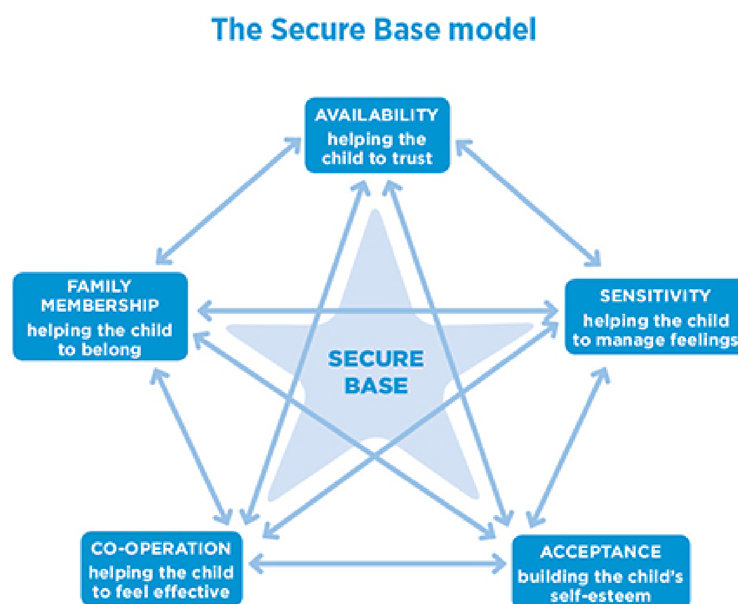

Figure Two: Secure Base Model (Schofield and Beek, 2004)

The influence of attachment styles, family functioning, parental MH and parenting style has been explored by Ingul and Nordahl (2013), and Hughes et al., (2022), who

conclude that challenges in these areas can hold a relationship with poor emotional regulation development, in turn increasing the risk of non-attendance. However, Attachment Theory has been critiqued by Burnham et al., (2017) for ignoring social and cultural contexts surrounding relationships. Slater (2007) critiques Attachment Theory as a deterministic model alluding to a challenging start in life being predictive of poor life outcomes. This has been mitigated by a more probabilistic model of developmental outcomes linked to attachment, that emphasises risk and resilience (Rutter & O'Connor, 1999). A correlation between family factors and ESNA can be bidirectional, rather than casual (Kearney, 2008), for example, the non-attendance of a CYP can contribute to family stress (Gulliford & Miller, 2023).

In relation to this study, a strength of attachment theory is that it moves from a within-child explanation of behaviour to an environmental and relational emphasis impacting feelings of negative affect (Slater, 2007). It could be theorised that ESNA could be related to an expression of avoidance and anxiety due to the pupil's perception of an insecure base. The establishment of a secure base and feelings of safety with positive interactions between the individual and adults at home, may hold implications for relationships with adults in other environments, such as school. This notion will be considered in the next section relating to an additional microsystem, the school.

2.4 The School Microsystem: School Factors, Belonging, Safety and a Secure Base.

Continuing with the ecological systems framing, a body of wider literature investigates the role of school-based factors in ESNA.

A strong theme within the literature is school engagement, i.e. having a sense of belonging and connection. Riley (2017) asserts that a sense of belonging is manifested in the interactions between staff and students, specifically the way that they listen, respond, and talk about one another. A sense of belonging has been associated with improved academic achievement, social and emotional learning skills (SEL) including feeling happier and more confident (Riley et al., 2020). Allen and Kern (2017) illustrate factors of school belonging, in their bio-psycho-social-ecological model of school belonging in Figure Three.

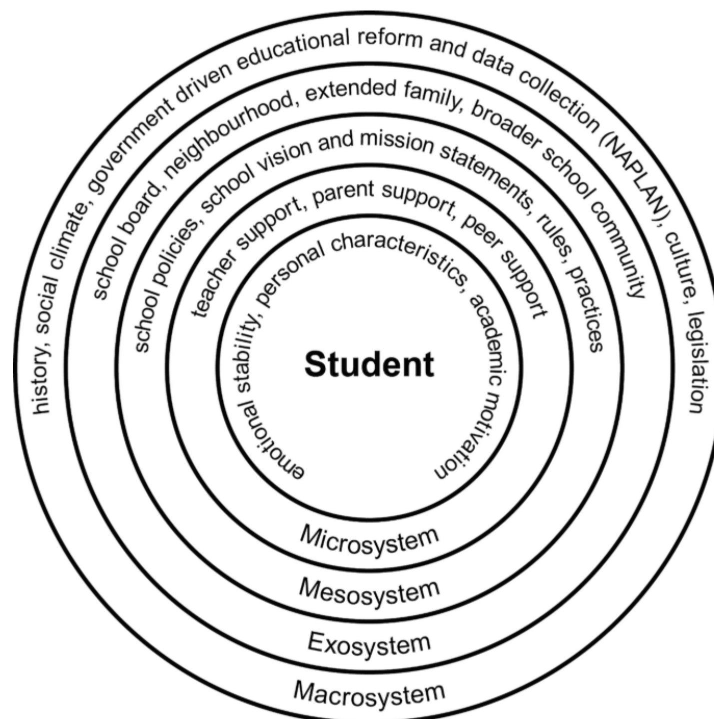

Figure Three: The bio-psycho-social-ecological Model of School Belonging (Allen & Kern, p.104, 2017)

Another strong theme in the literature, is the need for pupils to feel physically and psychologically safe (Kopershoek et al., 2020; Popoola & Sivers, 2021). Psychological safety in an educational setting can be conceptualised as being free from psychological violence in personal interactions, where the needs for personal trust and

communication are met, which creates satisfaction, a sense of belonging and positively contributes to their MHWB (Baeva & Bordovskaia, 2015).

Both themes of belonging and feeling psychologically safe, allude to the importance of quality interactions in a school environment, with secure relationships that support school engagement and emotional development.

Social relationships in a school environment include teacher-pupil relationships and peer relationships. Interactions between both types of relationship would optimally offer safety. Carroll (2011) highlighted the importance of the broad school social environment inclusive of peer relationships and school staff. Bullying can create relational trauma in school for pupils, which has significant adverse effects on attendance (Hutzell & Payne, 2018). Children identified as having SEND or Autistic Spectrum Condition (ASC) experience higher levels of bullying than their typical peers (Bitsika et al., 2021), exacerbating their risk of ESNA. Lauchlan (2003) identified that in school environments with bullying, plus excessively formal, impersonal, and hostile teacher-pupil relationships, attendance difficulties were more likely. Similarly, Filippello et al., (2019) found that negative student-teacher relationships, with a lack of psychological safety and non-supportive environments led to reduced satisfaction, competence, and autonomy for pupils, negatively impacting attendance behaviours.

In the previous section, I discussed the Secure Base Model in relation to familial factors. Schofield & Beek (2020) adapted the family model to create a complementary secure base model for schools, highlighting how to mirror safe and secure relationships with adults in a school environment. The framework promotes positive relationships and interactions to build trust, belonging, reduce anxiety and enhance the capacity for finding satisfaction in attending school (Figure Four).

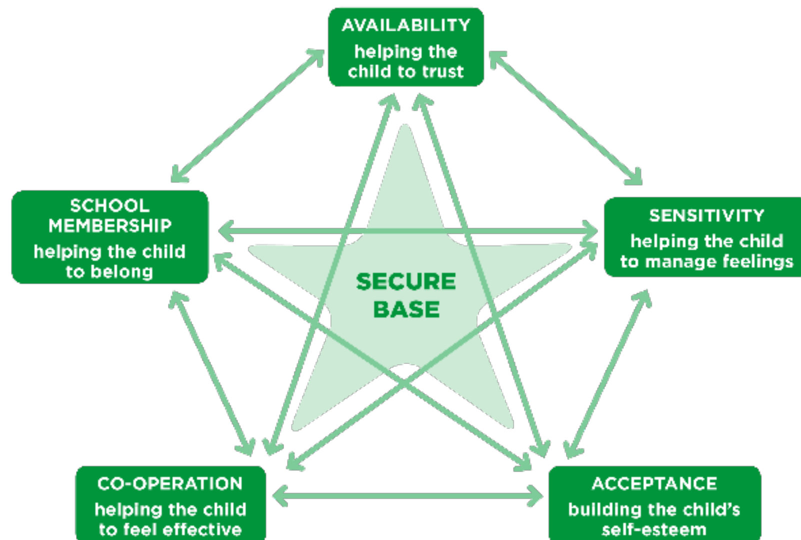

Figure Four: Secure Base Model for Schools (Schofield & Beek, 2020)

Relevant to this study, Mohammadinia et al., (2018) assert that the school setting can be a safe base for empowering resilience, providing acceptance and security, even if pupils are experiencing adversity in other impacting systems. Similarly, Wilkins (2008) asserts that belonging, feeling safe and accepted secure in the school environment is a key protective factor, with pupils preferring a positive and inclusive ethos.

Within the literature, a range of school-based factors influencing attendance have been identified. Gulliford & Miller (2015) highlight potential school factors that may be perceived as anxiety provoking in the school environment e.g. the size of buildings, the strictness of teachers, the difficulty of lessons, embarrassment using the toilets and getting changed for PE lessons. Havik et al., (2014) interviewed seventeen parents in Norway to examine their perspectives on the role of school-based factors

on non-attendance. The thematic analysis of data illuminated the degree predictability at transition and unstructured times, and increased emotional, instructional, and organisational teacher support was influential. Whole-school systemic risk factors identified included a lack of teacher knowledge of ESNA, harsh behaviour management, difficult teacher-student relationships, staff turnover, bullying, peer-relationships, fear of failure and lessons perceived as boring with constant writing, copying and insufficient adaptation for pupils. Limitations of the study include the heterogeneous sample with some perspectives being retrospective, with potential bias as parental knowledge acquired from child reports and their own communication with school. Strengths were that whole-school level factors were illuminated that may not have been identified by professionals, demonstrating the importance of eliciting parental voice and triangulating perspectives.

In this study, school-based factors influencing ESNA are explored, framed by the theoretical framework of the WSA. Similar to Havik et al., (2014), parent perspectives of the WSA will be elicited to acquire knowledge. The WSA framework is described in the next section linking with the chronosystem and MH policy in schools.

2.5 Chronosystem Factors: Legislation and Policy

Next, I consider how the distal chronosystem of Government legislation and policy may serve children and families.

2.5.1 Attendance Legislation and Policy

School attendance is compulsory for all enrolled children aged between 5 and 16 (DfE, 2020), with parents legally responsible for their child's attendance and access to a full-time education (Education Act, 1996). Schools are expected to encourage high levels

of attendance (DfE, 2022b) with attendance rates impacting Office for Standards in Education inspections (Ofsted, 2021). Prolonged unauthorised absence makes any person with parental responsibility for a child liable to prosecution under Section 444 of the Education Act (1996). Legal powers to enforce parenting include facing parenting contracts, parenting orders, school attendance orders, education supervision orders and fixed penalty notices from LAs. This political discourse constructs school absence as parenting failure or neglect, punishable under criminal law (Bodycote, 2022).

The ESNA population, who present with an inability to attend due to poor MH, remain unrecognised in the legislation, with accurate prevalence data and impact unknown (Kawsar et al., 2022). This is partly attributed to Pupil Registration Regulation Codes (2006) that record absence as authorised or unauthorised. Current codes do not reflect the complex roots of absence, leaving parents of ESNA pupils open to prosecution, despite seeking help and support for their child. Multiple studies have found that legal sanctions are ineffective in reducing school absence (Epstein et al., 2019). The impact of this punitive approach is perceived as unhelpful with 98% of parents reporting that their prosecution did not support the child (Not Fine in School, 2020).

In real-world terms parents face an ecological dilemma adhering to legal duties set out in the Education Act (1996), whilst ensuring the health and wellbeing of their child, fulfilling wider domestic and employment commitments, coping with negative judgement, and securing support for their child (Bodycote, 2022). Parents are of central importance in understanding school attendance problems (Gren-Landell, 2021), not existing as a solitary system for pupils' lives. Thus, the current legal approach can be argued to undermine a holistic consideration of potential factors for

ESNA in a child's ecological system (Bronfenbrenner, 1979). In legislative and policy terms, families are held fully accountable for their child's school attendance.

2.5.2 Mental Health Policy

In response to CYP MH needs, a plethora of recent UK Government legislation and policy documents address MH needs in education. These include 'Keeping Children Safe in Education' (DfE, 2022), Academies Act (2010), and 'Working Together to Safeguard Children' (DfE, 2018a). The UK Government has committed to transforming CYP MH services as a national priority (Garratt et al., 2022), as the number of children experiencing MH difficulties is considerable and increasing (Fledderjohann et al., 2021).

The Equality Act (2010) protects children with a physical or MH impairment that adversely affects their ability of daily functioning. Schools have a duty to make 'reasonable adjustments' to policies, environment, and support for equitable access to education and inclusion of pupils. MH is incorporated under the Equality Act (2010), with CMHP's meeting the definition of disability. The SEND Code of Practice (DfE & DoH, 2015) provides guidance for organisations working with children aged 0-25, compliance with the Children and Families Act (2014), the Equality Act (2010), and SEND Regulations (2014). In Chapter Six of the Code of Practice it is emphasised that schools should be aware of MH needs that may underpin behaviour, and of the salience of developing graduated approaches tailored to pupils' needs. Furthermore a broad area of SEMH needs is incorporated, relevant for EP practice.

Significantly, promoting approaches that may be more eco-systemic in nature, policy guidelines to support the development of positive MHWB have begun to bridge the

education and health sectors. Collaboration between health and educational systems in 'Five-Year-Forward View for Mental Health' (Mental Health Taskforce, 2016) and 'Transforming Children and Young People's Mental Health Provision: A Green Paper' (Department of Health & DfE, 2017) (DoH) placed "…*schools at the centre to embed a culture of openness and forge strong links to access support…"* (PHE, 2021, p.3) due to daily contact with CYP. The Green Paper (2017, D0H & DfE) outlined commitments for a Senior MH Lead in schools to oversee a WSA to promote positive MH, supported by specialist NHS MHSTs, to assist pupils with mild to moderate CMHP. The goal was to promote positive MH and resilience in schools, with support from ecological systems, through early identification of need and quick access to intervention. This multi-dimensional approach acknowledges that the aetiology of MH involves complex interplay between society, family, and school that can generate or improve the problems individuals experience (Weare, 1999).

Future in Mind' (DoH & NHS England, 2015) emphasised the key role schools play in MH as a protective factor. Government Policy endorsed an evidence-based WSA to promote resilience, to be embedded into all aspects of school life (PHE, 2015). Whilst the Green Paper (DoH & DfE, 2017) viewed school as a protective factor, the House of Commons Health and Social Care Committee (2018) illuminated that policy disregarded potential risk factors to MH from schools e.g. high-stakes testing, exam stress, curriculum narrowing bullying, and racism (Hutchings, 2015), concurring with the view that school can cause physical, psychological, and emotional pain (Lees, 2014).

Di Emidio (2021) critiques the inclusion of MH in educational legislation and policy as social engineering, with political-economic intervention raising ethical issues of power, and agency. Di Emidio (2021) further critiques the educational system as becoming

medicalised, seeking to normalise or pathologise CYP, due to a socially constructed fear of future unemployment. Debate surrounding the remit and responsibility of who should promote MH is a theme in the literature. MH identification is seen by some as an additional demand for teachers, who may lack confidence, expertise, and time to implement effective practice, and query the realistic extent that this can be integrated into an educational role (O'Reilly et al., 2018).

Yet, 'Mental health and behaviour in schools' (DfE, 2018), 'Behaviour and Discipline in Schools' (DfE, 2022) and the Ofsted Schools inspection framework (GOV.UK, 2019) conducted under Section 5 of the Education Act (2006) endorse a WSA to MH. Schools are accountable for how the WSA is led, and how pupils' MH is reported upon (Ofsted, 2021). The WSA to MH is therefore gaining salience in educational practice with powerful mechanisms to potentially positive impact CYP MH and is thus a worthy field for exploration. Therefore the current study considers how the principles of the WSA outlined in policy are perceived by parents of those experiencing ESNA difficulties linked to MH. The features of a WSA endorsed in Government policy, will now be outlined.

2.6 The WSA to MH: Eight underlying principles for exploration

Multiple definitions of a WSA exist within the literature. Procter et al., (2021, p.6**)** define a WSA to MH as:

> *"…a co-ordinated approach across an educational setting to promote emotional wellbeing, identify emotional and mental health difficulties at an early stage, and provide support to those who need it (in school or by signposting to external agencies.) …"*

Brown et al., (2021) identified core principles of creating a whole-school, open, inclusive, positive culture towards MHWB, embedded in daily activities, policies, and

leadership within the school. This involved safe relationships between stakeholders at all levels in the community, with stakeholder contribution to development, delivery and practice review of preventative activities and targeted intervention for identified MH needs.

This is reflected in the evidence-based principles for the WSA for MH outlined in 'Promoting children and young people mental health and wellbeing' (PHE, 2015, 2021) which aims to act preventatively by supporting CYP to be resilient. The following sections detail each principle of the WSA (Figure Five), which frames the exploration of school factors, potentially influencing ESNA behaviours in this study.

Figure Five: Wheel diagram of the Eight Principles of the WSA (PHE, 2015)

2.6.1 Principle 1: 'Leadership & Management'

This principle is positioned in the centre of the WSA with total commitment from the headteacher, Senior Leadership Team (SLT) and governors, considered essential to operationalise the creation of a school environment where MH is embedded. Incremental strategic planning, promoting, and advocating for the needs of CYP and staff (Glazzard, 2019), with buy-in from the school community is encouraged. Responsibilities include an alignment of policies and practice (Weare, 2015), consideration of structure and systems to support MH including in-house services and the delegation of roles e.g. a senior MH lead.

2.6.2 Principle 2: 'Ethos & Environment'

This principle focuses upon the development of a supportive, school and classroom ethos to build a sense of connectedness, belonging, focus, purpose, and safe expression of emotions (Weare, 2015). Climate and ethos refer to the core values, attitudes, beliefs and culture of the school and classroom. This tone permeates all aspects of school and is a key determinant of MHWB (Cocking et al., 2020; Patalay et al., 2020).

NICE (2008) recommend primary schools create an emotionally secure and safe environment for positive behaviours for learning and successful relationships and secondary schools should foster an ethos of inclusiveness and communication that promotes mutual respect, learning, positive behaviours, successful relationships, self-worth, and self-efficacy. This is supported by the wider evidence on the value of relational approaches in schools (Gulliford & Miller, 2015). At both primary and secondary schools, the vision is for zero bullying or violence (NICE, 2009). Positive

teacher-pupil relationships and peer relationships will be salient for a positive ethos and environment.

2.6.3 Principle 3: 'Curriculum, Teaching & Learning'

Schools are positioned as a place where pupils can learn the skills to develop, enhance and maintain positive MH, such as Personal Social Health Education (PSHE) curriculums, and SEL. SEL skills encompass attitudes and values, confidence, problem-solving, coping strategies, conflict resolution, emotional identification, and emotional regulation. Secondary settings are encouraged to consider adolescent development needs in all curriculum areas and enrichment, plus integrate skills of motivation, self-awareness, self-concept, resilience, optimism, persistence collaborative working, social skills including empathy compassion, making, and managing relationships with parents and peers (NICE, 2008; 2009). Skills should be explicitly taught, planned, lived, and reinforced across the entire educational context (Banerjee et al., 2014). SEL skills function as protective factors fostering coping skills, reducing MH problems. SEL skills have been positively correlated with attainment and resilience for life (Zins et al., 2004). Similarly, an early intervention review concludes that SEL interventions enhance individual skills, offering short-term reduction in indicators of depression and anxiety (Clarke et al., 2021).

2.6.4 Principle 4: 'Pupil Voice'

Student voice is an essential component of WSA (Anna Freud Centre, 2023). Involving CYP in decisions improves a sense of belonging, connectedness, agency, independence, and empowerment, giving some control and sense of mastery. Weare (2015) outlines pupil voice as genuine consultation and authentic involvement in

appropriate decision making about their educational journey and school environment which builds a vital sense of school connection. Kostenius et al., (2020) found a culture that values CYP experiences and views; building an inclusive listening culture is vital to promote positive MH and self-efficacy. Cortina et al., (2021) report CYP benefit from expressing views, gaining self-belief, building knowledge and skills to develop healthy choices, and create social networks.

2.6.5 Principle 5: 'Staff Development'

In this principle two elements are outlined. Firstly the need for staff to receive training to develop their knowledge and skills to positively promote MH awareness and identify and support pupils' MH needs. Weare (2015) states school staff require knowledge about child development, the teenage brain, the identification, and prevention of CMHP to promote emotional wellbeing. Professional learning linked to resilience, risk, and protective factors from ecological systems to understand the external stresses pupils may be facing and how to build a protective sense of resilience should be undertaken (DfE, 2018b). NICE (2008) suggest knowledge, skills and understanding of CYP social, emotional, and psychological wellbeing and the correct psychological knowledge to deliver effective skill development is crucial for effective provision. However, staff commitment to professional development and new working practices are seen as essential for success (Wells, 2003). Staff trained to deliver interventions constitute a cost-efficient, accessible, sustainable resource, enabling WSA principles to cascade and permeate the whole-school environment.

Secondly, the protection of the MH of staff working in schools, to address staff burnout levels, support workload, and positive connection with pupils who need support is

proposed. Stirling and Emery (2016) acknowledge staff wellbeing and stress levels or even burnt out, which can mean staff are unable to provide necessary support for CYP.

2.6.6 Principle 6: 'Identifying Need & Monitoring Intervention'

This principle supports the notion that early identification and prompt intervention minimises the negative impact of MH difficulties (Shucksmith et al., 2007). School staff are well-positioned to identify changes in behaviour that may be problematic. Stirling and Emery (2016) support early intervention in the onset of difficulties to prevent entrenched difficulties occurring.

Identification of need can occur via observation, pupil voice audits and questionnaires, within the curriculum, and via sharing of information between agencies collaborating with individuals and families. Validated screening tools are recommended (PHE, 2021) e.g. Strengths and Difficulties Questionnaire (Goodman et al., 2009).

The development of a clear pathway to respond to MH needs is desired. High-quality 1:1 or group interventions, psychoeducation, therapeutic approaches, and teaching skills are recommended. These should be well-matched to need and well-implemented with quality delivery, clarity, and fidelity, which requires staff training, evaluation, and monitoring (Durlak et al., 2001).

2.6.7 Principle 7: 'Working with Families'

Since parents have key role in influencing CYP MH, Weare (2015) recommends collaboration with parents to support mental wellbeing in CYP, through parental knowledge acquisition. Pupil intervention is more effective with reinforcement of taught skills in school and home, and through influencing parenting skills and attitudes (Adi

et al., 2007). Evidence identifies parent training can be effective to support prosocial behaviours (Blank et al., 2009). Additionally, Procter et al., (2021, p.16) iterate schools must work with *"…values and attitudes of their school community, utilising a strength-based approach to ensure parents do not feel excluded, blamed or stigmatised…"* This can be supported by including parent voice in policy development and delivery of parenting support programmes (Stirling & Emery, 2016).

2.6.8 Principle 8: 'Targeted Support'

The evidence-base indicates that some children are at a higher risk of developing poor MH and require increased levels of non-stigmatising support (Procter et al., 2021). Thus, higher MH needs may require targeted, specialist support, requiring referral to specialist agencies. The use of the SEND graduated approach, clear pathways, and systems to refer to external agencies, with a focus on timely intervention, transparency, and accountability is required as a component of the WSA. Schools may be able to offer targeted support through pastoral care, School Nurses, local charities, CAMHS, MHST or an EP service.

2.7 Resilient Interactions in Theory

The WSA to MH aims to support all pupils to foster resilience (PHE, 2021). In this study, the interaction between individuals, their perceived emotional responses and perceptions of threat or support in the school environment, are explored.

A useful neurobiological framework for reflecting upon how individuals respond to percieved threats in the environment, is the PVT (Porges, 2011). PVT posits that an individual's Automatic Nervous System (ANS) which is responsible for automatic and unconscious body functions e.g. heartbeat, digestion, body temperature; also

regulates our stress response (i.e. what happens to our body, mind, and emotion when we perceive danger, to survive and return to a state of safety). The polyvagal nerve has two branches; the Ventral Vagus (present in the head, heart, and lungs) and the Dorsal Vagus (present from the diaphragm to the gut) which is theorised to react to stimuli in the environment.

PVT asserts that humans have three psychological states, linked to different sections of the polyvagal nerve. The three psychological states are social engagement, fight or flight, or freeze/collapse/shutdown, and are represented in a hierarchy, shown in Figure Six.

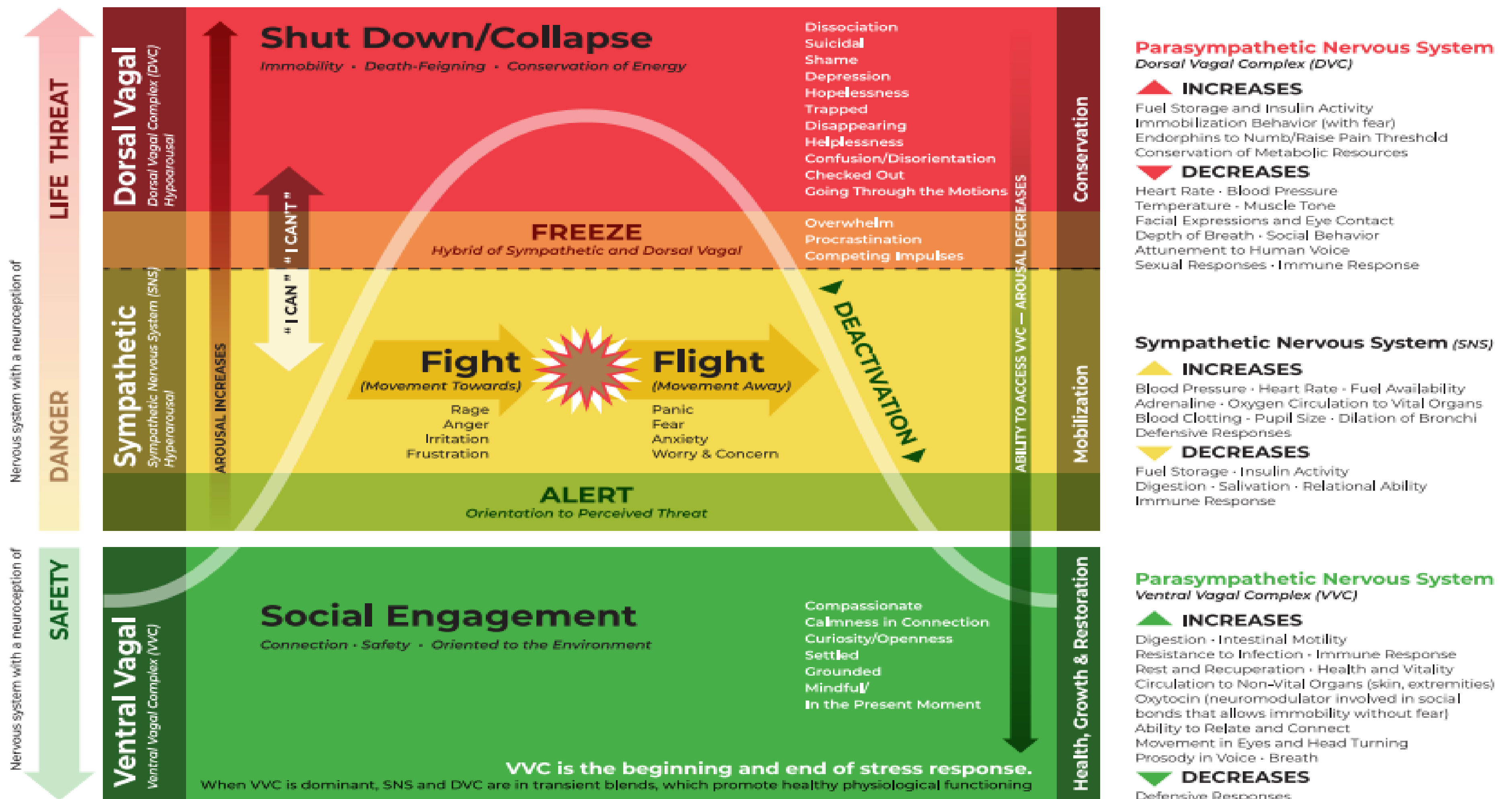

Figure Six: Psychological States according to Polyvagal Theory (Walker, 2023)

In this model, the state that individuals are in depends upon their perception of environmental threat, determined by our ANS using neuroception. Neuroception is not a cognition, but a subconscious response that detects environmental features (e.g. familiarity), social connection (e.g. prosodic voices, facial expressions) and bodily sensations that are safe, dangerous, or life-threatening (Porges, 2004). Neuroception decodes and interprets the assumed goal of environmental movement or sound to promote a sense of safety (Porges, 2022). Thus perceived threat is more important than reality (Dana, 2018).

PVT conceptualises that an individual's brain interprets environmental, and contextual cues from the body, that position that individual in an autonomic state that can result in different behavioural, cognitive, and physiological reactions. When an individual feels safe, they are positioned in the social engagement (ventral vagal) state which allows them to be present, co-regulate with others, connect, and feel safe. This state supports positive physical and MH, social relationships, cognitive processes and behaviour, and access to others without feeling or expressing vulnerability. If an individual perceives a threat and they are in danger, they will be positioned in the fight/flight (sympathetic nervous system) state which begins to mobilise the body with increased heart and breathing rates, as if ready to activate defensive strategies. If an individual perceives a threat to life the body will be positioned in the freeze/shut down/collapse (dorsal vagal) state. These states are hypothesised to influence an individual's behaviour patterns. Porges (2022) argues that there can be a range of reactions amongst individuals who share the same environmental context, as individuals can be in different automatic states, influencing interpretation. Walker (2023) considers that the psychological state an individual is positioned on is

influenced by their life experiences, and one psychological state can become dominant. e.g. shutdown or collapse.

It is argued that the motivation to feel safe and adapt accordingly originates in evolutionary survival responses, so individuals may be unaware of the stimuli that trigger neuroception but will be aware of the bodily reaction that signals the need to adapt for safety (Porges, 2022). A view of ESNA relevant to this perspective is offered by Stroobant and Jones (2006, p.213) who propose that non-attendance *'…may be a perfectly rational and adaptive response by a distressed individual to an aversive school environment…'*, implying that a justified survival reaction occurs when an individual is faced with a perceived threat in their school environment.

Linking with PVT, Ginsberg et al., (2019) consider resilience to be the capacity for an individual to return to calmness following a perceived threat to their safety. Porges (2011) asserts that developing how to be resilient occurs by creating habits of protection or connection (Figure Seven).

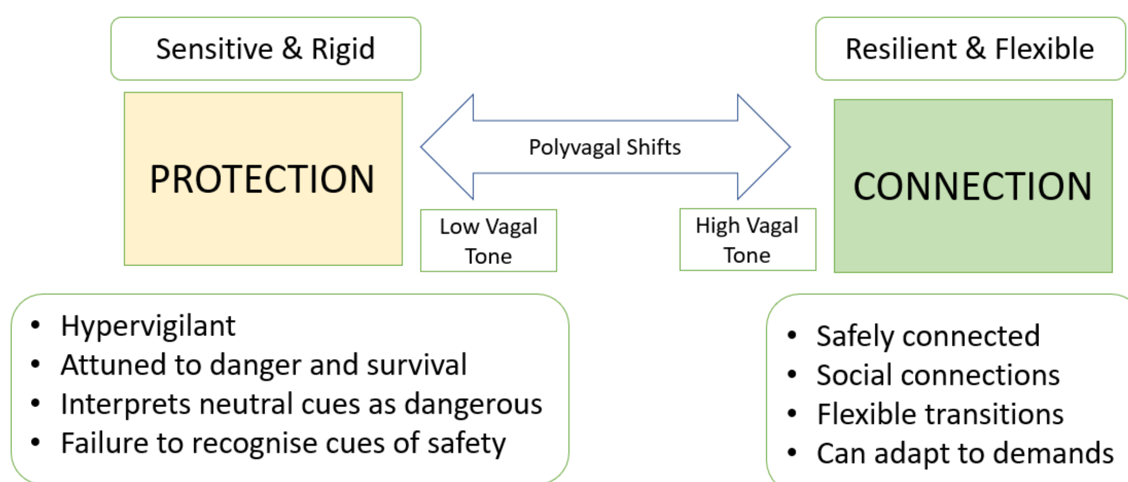

Figure Seven: A diagram to represent the Protection to Connection Continuum. (Summarised from reading Park & Thayer, 2014)

Being able to shift between connection and protection is thought to be impacted by individual and environmental variables (Williamson et al., 2015). It is proposed that when individuals experience social engagement and social communication with co-regulating relationships in their environments, they can develop greater resiliency (Dana, 2018). Therefore, when aiming to foster resiliency for CYP, environmental factors may be able to create a supportive foundation. This notion is corroborated by the Therapeutic Needs Hierarchy (Golding & Hughes, 2012) illustrated in Figure Eight.

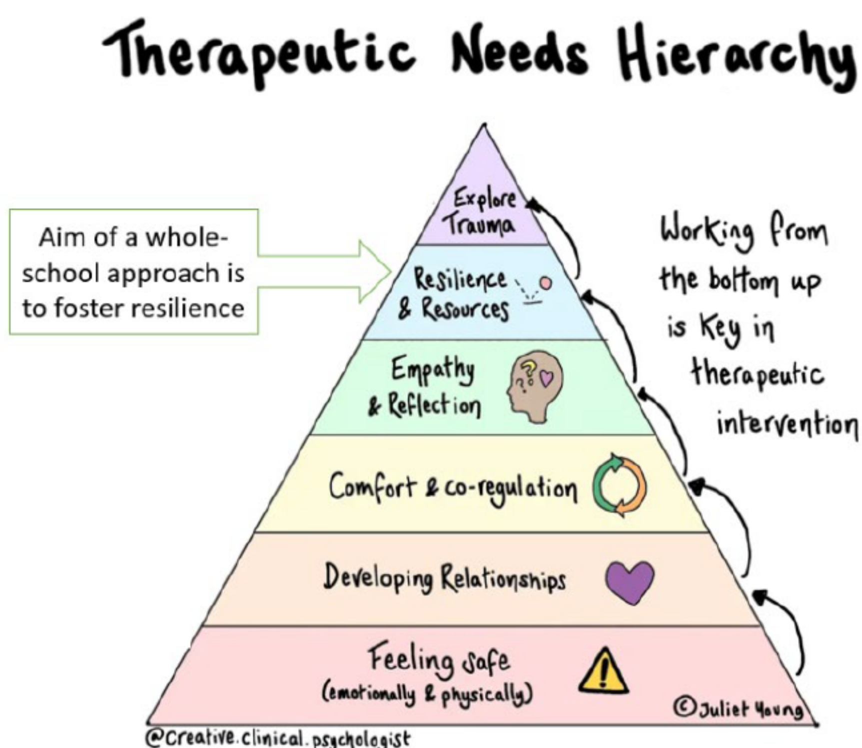

Figure Eight: Pyramid of Need (Golding & Hughes, 2012)
(Illustrated by Juliet Young, 2023)

In this model, feeling physically and emotionally safe in their environment, with safe and supportive regulatory relationships, with trusted adults facilitate an individuals' ability to reflect and develop compassion for themselves, and discover empathy for

others. These foundations support children to develop a sense of identity and self-esteem contributing to resilience, acquiring resources to manage challenges in life. Both models highlight the importance of the perception of safety and trusting relationships, which may hold relevance for a WSA.

2.8 Summary

ESNA and increasing CYP MH needs are issues of concern in education. Both issues are multi-faceted and often intertwined. The complex interplay of these factors can be viewed through the transactional model of resilience, with risk and protective factors operating bidirectionally across ecological systems. A Government endorsed intervention to support CYP MH and resilience in schools, is the WSA to MH (PHE, 2015, 2021). However trends in ESNA and poor MH continue to rise, therefore this explorative study seeks to illuminate the interaction of individual and school-based systems, as reported by parents, to add to current literature.

This study investigates the interaction of individual risk factors, and school-environment factors framed by the eight principles of the WSA. Although the focus of this study is the WSA to MH, parent voice has been elicited for several reasons. Firstly parents have an integral role between the pupil and school, bridging the home and school environment and facilitating communication when a pupil presents with ESNA. Secondly, pupils may confide in their parents and share with them information about school that they feel safe to disclose to an adult to whom they are securely attached, that they may not disclose to the researcher (Havik et al., 2014). Thirdly, parents offer a perspective inclusive of the three levels of a pupils' system i.e. individual

characteristics, behaviours and experiences, parental context and experiences and information about the WSA experience at the school level.

Furthermore, parents experience distress coping with the negative ESNA experience. They are often blamed, threatened by law, dismissed, and disbelieved following interactions with supporting professionals (Connolly & Mullally, 2023) reducing capacity to facilitate school re-engagement (Chockalingam et al., 2022). ESNA can impact parents' lives, mental health, careers, finances, and the wider family (Connolly & Mullally, 2023). By undertaking this study and recognising principles of support and principles to develop to be supportive, EPs could potentially increase the efficacy of support for CYP and their families.

Finally, parents play a critical role in the prevention and treatment of CYP MH (Yap et al., 2013), and school attendance (Chockalingam et al., 2022). In the UK, parent/carers are legally responsible for their child's attendance at school, yet there is limited research exploring their views and first-hand experiences (Dannow et al., 2020; Havik et al., 2014).

2.9 Research Questions

The overarching RQ for this study is '*What can we learn about the WSA to MH, from the experiences of parents of pupils presenting with ESNA?'*

Specific exploratory questions are:

RQ1 – 'What categories of CMHP do parents report for pupils experiencing ESNA?'

RQ2 – 'What experiences of the eight principles of the WSA did parents find supportive or unsupportive?'

RQ3 – 'What do parents consider to be supportive for pupils experiencing ESNA to attend?'

The methodology to explore these RQs will be presented in Chapter Three.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter presents an overview of the process followed to acquire knowledge to answer the RQs stated at the end of Chapter Two. Critical Realist (CR) philosophical assumptions of ontology and epistemology have shaped this study and are outlined. The research design, data collection methods and tools, participant details and recruitment procedures are shared. Data analysis using descriptive statistics and CR Thematic Analysis (CR TA) is described. Finally this chapter concludes with ethical considerations and review of the scientific rigour of the study.

3.2 Philosophical Stance

This study takes a CR position (Bhaskar, 2008, 2013). CR establishes an alternative to both positivism and interpretivism and provides a holistic realist theory of being (ontology), a relativist account of thought and knowledge (epistemology), and a commitment to human emancipation and flourishing (axiology) (Buch-Hansen & Nesterova, 2021). The rationale for this stance is presented.

3.2.1. Ontology

Ontology refers to the researchers' beliefs concerning the nature of existence and the structure of reality (Crotty, 1998). In research, a range of positions are conceptualised on an ontological spectrum, between dichotomous poles of positivism/realism and interpretivism/relativism, with CR positioned between these poles (Figure Nine).

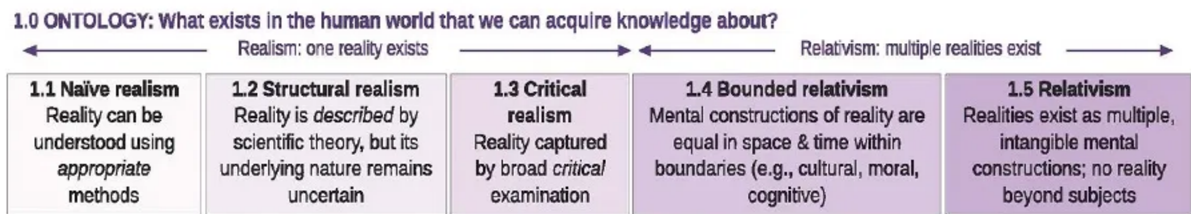

Figure Nine: Ontological Spectrum (Moon & Blackman, 2014)

Archer et al., (2016) assert that CR is ontologically realist i.e. reality exists and operates independently of our awareness and knowledge of it. CR embraces that an objective world exists independently of people's perceptions, language or imagination *and* consists of subjective interpretations that influence its perception and experience (O'Mahoney & Vincent, 2014). CR assumes reality is not fully known by empirical surveying (positivism) or hermeneutical examination (interpretivism), yet neither are wholly rejected.

CR adheres to a stratified ontology. Bhaskar (2008) proposes three distinct levels of reality, named the empirical, the actual, and the real (Figure Ten).

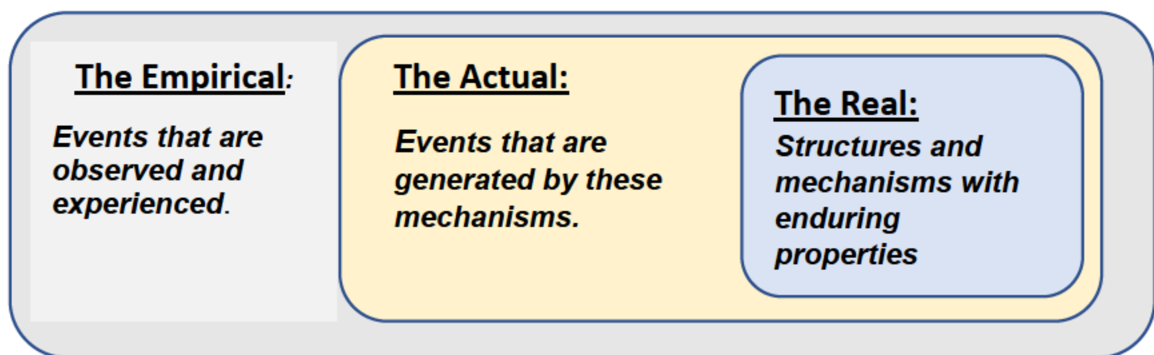

Figure Ten: Critical Realism Stratified Ontology
(Adapted from Bhaskar, 1979)

The empirical level is presented by Bhaskar as what we perceive to be from our sensory experiences and perceptions, similar to positivism. The actual level is nested within the empirical and includes events that occur, which may be different to our perception, for example nested inside the actual is the real level. The real domain represents the mechanisms and structures that generate the actual world, together with the empirical (O'Mahoney & Vincent, 2014). This perspective supports a greater understanding of a phenomenon by examining the observed, the multiple context-dependent influences and real mechanisms, emerging from a deeper ontological domain, which are not always visible. CR acknowledges the existence of a real-world with social structures and aims to identify causally effective structured mechanisms for phenomena, with the aim of interpreting, critiquing, and using this knowledge as an opportunity for emancipatory change (Scambler, 2016).

3.2.2 Epistemology

Epistemology focuses on the nature of knowledge (Mertens, 2015). This involves what knowledge is, how knowing occurs and how best to conduct research to improve existing knowledge and access reality. By acknowledging the CR ontology of social reality, objective knowledge can be obtained using methods considered most appropriate for the phenomenon of interest.

CR facilitates 'heuristic suggestiveness' (Bhaskar & Danermark, 2006) as both scientific and social-scientific knowledge are valued. It is assumed that mechanisms are 'intransive' (Bhaskar,1979), meaning the reality and mechanisms exists even if we are unaware of them, linking to the stratified ontology.

Epistemologically, CR supports relativism (Bhaskar, 2008) i.e. knowledge is only valid within a specific context. Knowledge of reality is always historically, socially, and culturally situated (Archer et al., 2016). Experiences are socially constructed via cognitive mediation that form an individuals' reality and are therefore subjective i.e. individuals may experience the same event yet interpret reality differently.

CR emphasises 'epistemic fallibility' i.e. that despite following all of the right methods, reducing 'what exists' to 'what we can know of what exists,' creates potential to be wrong, and partial understanding of phenomena (Sayer, 2000). CR makes no assumption of direct access to reality and automatic access to the truth about the social world. Therefore by combining explanation, perceptions of events and interpretation, a robust, and heterogeneous knowledge is considered to be obtained, allowing exploration of what may generate or influence a phenomenon.

3.3 Rationale for Critical Realism

CR is well-positioned to explore RQs related to understanding complex social phenomenon, such as the overlapping domains of ESNA, MH and the WSA included in this study.

CR acknowledges that a complex array of factors impacts phenomena. As illustrated in Chapter Two, there are multiple factors operating at diverse levels and directions, that could potentially influence ESNA. This study explores individual factors linked to MH, in the ESNA population. Categories of MH are generally determined using quantitative methods of standardised, diagnostic questionnaires with clinical scores and thresholds. These empirical, positivist methods link to the realist domain of the ontological spectrum. However the study also aims to investigate multiple realities

reported by parents concerning experiences and aspirations linked to the WSA, using interpretivist methods, which assume a relativist ontology. The CR philosophy supports rich, thick, and exploratory research methods, which may be triangulated with empirical evidence, as CR seeks to develop deeper levels of understanding about a phenomenon (Zachariadis et al., 2010). Therefore both ontological perspectives are valued, aligning with CR that reality can be captured a using broad critical examination of both perspectives. Bhaskar & Danermark (2006) describe this strength of CR being ontologically maximally inclusive. I considered CR to be well-matched to the factors for exploration in this study.

Additionally, CR accepts values, interpretations, and beliefs as objects for social study. In this study parental experiences are the focus for acquiring knowledge. However, parents' realities may differ from one another (especially when applied to a heterogeneous population such as pupils experiencing ESNA). Multiple realities exist for individual parents, compounded by the complexity of potentially precipitating, predisposing, or perpetuating MH factors in their young people, complexities which were anticipated could be illuminated using multiple case-studies.

CR does not seek causal laws but examines and hypothesises social mechanisms contributing to phenomenon (Bryman, 2016), via empirical feedback obtained from accessible aspects of the social world (Sayer, 2004). Findings add to the evidence-base of phenomena and mechanisms (Guba & Lincoln, 1994). CR asserts that "…greater explanatory power is found in understanding how entities relate as part of a greater whole…" (O'Mahoney & Vincent, 2014, p.7). In this study, the exploration of the mechanisms of the WSA to MH are considered, as well as the wider mechanisms of individual MH through family perspectives.

An aim of this research is to gain illumination and forge tentative hypotheses for potential improvement of the mechanisms of the WSA for MH, to support early intervention approaches. This aligns with the CR philosophy of using knowledge generated from research for emancipatory change and improvement of mechanisms.

CR offers the possibility that exploration of both perspectives can provide a better explanation of social phenomena. The double recognition and alternative perspective from the dichotomy of objectivist (positivist, deductive, empiricist) approaches aligned with quantitative methods, and subjectivist (social constructionist, inductive, interpretative) approaches aligned with qualitative methods, supports the mixed-methods research design of the study, outlined in the next section.

3.4 Research Design Framework

Research design is the logical sequence that connects the empirical data to be collected to the RQs and conclusions (Yin, 2014). For CR researchers, the role of the research method is to seamlessly connect the inner world of ideas to the outer world of observable events (Ackroyd & Karlsson, 2014). This study employed an embedded, multiple case-study design, using mixed-methods methodology, illustrated in Figure Eleven, and detailed in the subsequent sections.

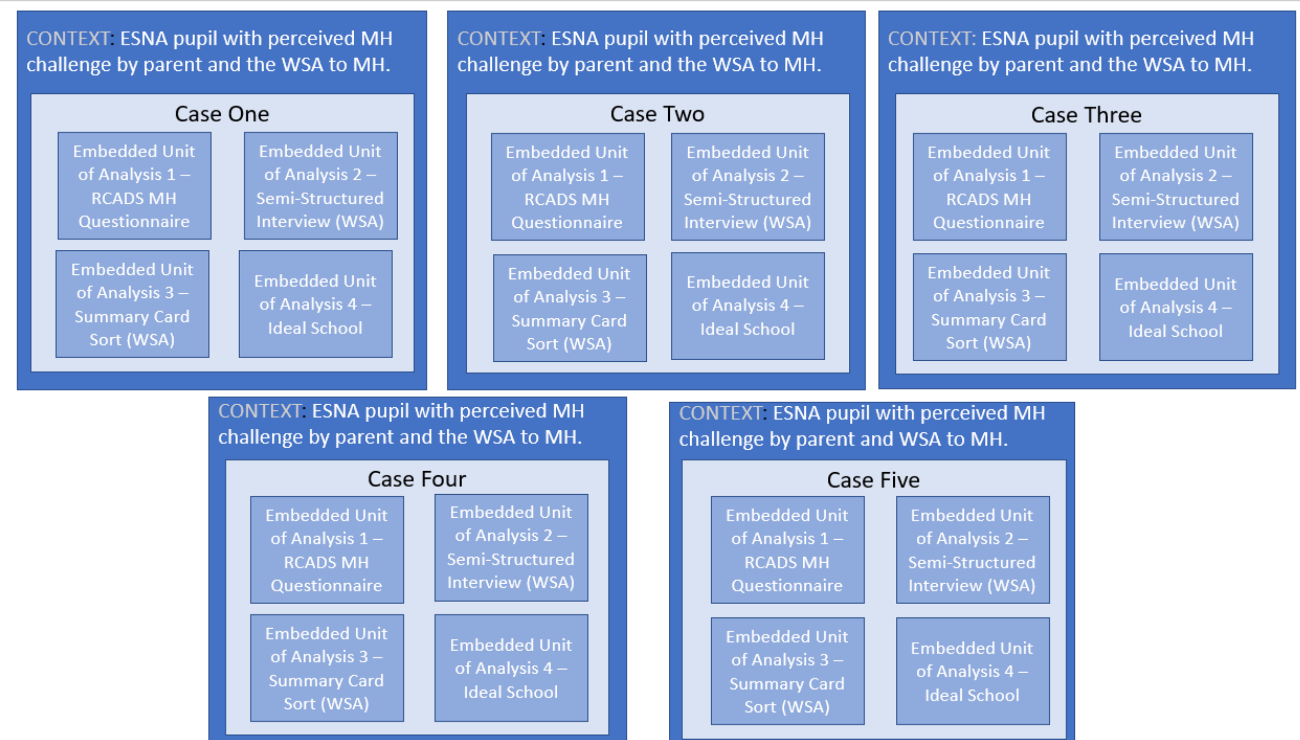

Figure Eleven: Embedded Multiple-Case Research Design

3.4.1 Case-Study Design Frame

Yin (2009) defines a case-study as an empirical enquiry that investigates a contemporary phenomenon in-depth, within its real-life context using multiple sources of evidence. CR supports a case-study approach to exploring organisational issues because it recognises that context-dependent interactions are crucial to understand outcomes (Kessler & Bach, 2014).

In this study, the case-study design is built around the RQs i.e. an exploration of the phenomenon of ESNA and the influence of the WSA in the school context, which seeks to find wider patterns and mechanisms to understand interactions between CYP MH and ESNA. Therefore a case-study approach is considered an appropriate design frame to address the RQs, which seeks both qualitative and quantitative data.

Thomas (2015) asserts a case-study design must address subject, purpose, approach, and process. The subject of this study is of personal interest and relevance to EP practice. The purpose is instrumental i.e. examined to offer insight and understanding of the WSA as an approach to early intervention, and somewhat evaluative as framing the principles of the WSA as supportive or unsupportive. Overall it is deemed as explanatory because the links between ESNA, MH and the WSA require unpacking, and connections between the domains need to be explored, delving into parental perceptions. The approach taken is theory-testing i.e. to see if the WSA is supportive or not, for those experiencing MH challenges. The chosen approach is a multiple embedded case-study design detailed below.

3.4.2 Multiple Embedded Case-Study

An embedded case-study approach was chosen to examine individual units of analysis, as part of one wider case i.e. pupil MH and parent reported experiences of the WSA forming a broader picture of a case (Thomas, 2013).

Multiple case-studies allow CR exploration of alike cases, comparing similarities and differences in mechanisms that reflect interactions between structure and agency at various levels (Kessler & Bach, 2014). Processes and mechanisms are thought to be drawn upon more effectively, with a distinct contribution of the wider consideration of outcomes attributable to a mechanism, its context, or their interaction: thus potentially developing a deeper knowledge of the mechanism (Ackroyd & Karlsson, 2014). In this study, the rationale for multiple case-studies is to extend an emergent theory linking to the WSA as supporting CYP MH in school environments.

Yin (2009) asserts that the value of comparative case-study is dependent upon careful case selection and light theorisation i.e. providing tentative but plausible explanations linked to similarities and difference. Therefore in this study purposeful sampling of parents with lived experience of ESNA was employed with light theorisation they will have similarly experienced mechanisms of the WSA.

Case-studies are criticised for their lack of generalisability (Yin, 2009); however Robson (2002) asserts that case-study has value in contributing to theory by analytical generalisation and extrapolation.

3.4.3 Mixed-Methods Design

CR flexibly encompasses empirically wide-ranging techniques and values multiple methods informed by the suitability of answering the RQ (Ackroyd & Karlsson, 2014). This aligns with CR's double recognition of the positivist and interpretivist dichotomy as valuable in acquiring knowledge, and view that methodology is informed by suitability for answering RQs.

Mixed-methods research comprises of qualitative and quantitative data collection and analysis approaches within the same study (Creswell & Clark, 2017). Cohen, Manion and Morrison (2018) assert that embedded case-studies can use multiple methods for holistic data collection and analysis.

It was considered that this integration of qualitative and quantitative methods would be an effective way to answer the RQ's (Thomas, 2013). Considering the nature of RQ1 being health-related, quantitative data and analysis was required to explore parent's perspectives of CMHP, using the diagnostic questionnaire Revised Child Anxiety and

Depression Scale (RCADS– P) (Choprita et al., 2000). Research methods to explore individual MH needs in previous literature have used diagnostic scales, which will offer a positivist lens on individual difficulties. Considering the best way to answer RQ2 and RQ3, qualitative data was collected in the form of SSIs, a card sort and personal construct drawings, as CR seeks to develop deeper understanding of phenomena (Zachariadis et al., 2010). Parent views will be collected using SSIs, as previously used in Havik et al., (2014), where parents lived experience offered new perspectives to add to the knowledge base. Interviews will generate qualitative data, providing an interpretivist perspective. Therefore the combination of this data positions this present study as a mixed-methods study adopting a CR lens. Contemplation in selecting methods is shown in Table One, including rationale, strengths, and limitations.

Data collection was designed in a convergent, sequential approach, with a distinct quantitative phase of design conducted first with the completion of the RCADS-P (Choprita et al., 2000). A qualitative phase followed where the SSI, the card sort task, and Ideal School drawing technique (DIST) were employed. Creswell et al., (2017) conceptualize integration of methods of data collection and analysis. In this study, integration occurs through drawing together data from the sample frame. Interview participants are selected from the population of participants from the quantitative survey, in a sequential manner.

An advantage of this design is that by combining, integrating, and triangulating the data, an enhanced and comprehensive answer to the RQ may be obtained, which can enhance the value of mixed-methods research, with chosen methods selected for their suitability in answering the RQs (McEvoy & Richards, 2006).

Table One: Design Considerations

Research Question	***Methodology***	***Method and Instruments***	***Rationale for selection***	***Strengths*** *(Cohen et al., 2018)*	***Limitations*** *(Cohen et al., 2018)*
RQ1: What categories of CMHP do parents report for pupils experiencing ESNA?	Quantitative	RCADS- P diagnostic questionnaire (Chorprita et al., 2000) administered electronically by email or QR code.	*Used by CAMHS and MHSTs to assess CYP CMHP. *May illuminate individual factors and patterns of CMHP in the ESNA pupil sample, which could be used to inform the design of a WSA intervention *Ease of quick administration	*Convenience: easy to administer, circulate and analyse * Good reliability, internal consistency across settings, countries, and languages (Piqueras et al., 2017) *Good re-test coefficients (Chorpita et al., 2000)	* Only using RCADS-P (as focus of study is parent perceptions) but comes in two parts: one for parent and one for child. *Potential response bias *Online questionnaire may create a sample bias
RQ2: What experiences of the WSA did parents find supportive or unsupportive?	Qualitative	SSI administered in-person or online. Researcher made SSI schedule framed by the WSA (Appendix 10)	*Allows deep exploration of each principle of the WSA	*Deep exploration of participants meaning making *Flexible interview can allow interesting lines of enquiry to be explored	*Time consuming to complete, transcribe and analyse. *Potential interviewer bias *SSI must have construct validity.
	Qualitative	Card Sort in-person or online using researcher made cards (Appendix 9)	*Clear closed answer regarding RQ *Summarises thoughts after deep exploration in the interview	*Simple, fast, and cheap *User focused *Clear insight *Easy to analyse (Saunders, 2015)	*Variable perceptions *Surface level insight (Saunders, 2015)
RQ3: What do parents consider to be supportive for pupils experiencing ESNA to attend?	Qualitative	DIST (Moran, 2001), administered in person or online	*Values parent insight from lived experience, which could illuminate aspects for future provision	*Reduces power imbalance as participant in control. *Facilitates collaborative exploration of participant voice and personal construct (Higgins, 2022) *Combination of drawing and comments by adults is valuable (Williams, 2016)	*Reluctance to draw *Researcher must ensure understood the participant correctly *Time consuming (Higgins, 2022)

3.5 Quantitative Phase

3.5.1 Design

A cross-sectional design, using a survey measure, was employed to answer RQ1. CMHPs such as anxiety and depression are commonly assessed via standardised diagnostic measure or validated scale methods (Finning et al., 2019a, 2019b). Cross-sectional designs can often involve a population-based survey, efficiently administered to inform a descriptive picture of a phenomenon (Thomas, 2013), such as prevalence of a MH difficulty in a clinical sample (Setia, 2016). Inferences about mechanisms of change or influence can then be made, however a limitation of this design, or single use of a measure with this small sample in this case, is the difficulty of deriving causal relationships from the analysis.

3.5.2 Sampling

In this study, the population of interest were parents of children who presented with ESNA, linked to a MH challenge, and this knowledge influenced sample selection. Therefore purposive sampling was used to intentionally select informants based on their ability to share information-rich cases concerning the specific phenomenon of ESNA and MH pertinent to this study (Robinson, 2014). Participants were invited to participate based on exclusion and inclusion criteria, reported in Table Two.

Table Two: Inclusion and Exclusion Criteria communicated in Recruitment Documentation

Inclusion Criteria	Rationale for Criteria
Parent/Carer of a CYP who has been absent from school for 6 weeks or more since September 2021.	*There are 39 weeks in a UK school year. 6 weeks absence is 15% of the school year and therefore considered an 'extended' amount of absence that would lie within UK Government criteria of persistent absence of 10% or above of the school year. *This study hoped to learn from an extreme population such as those with more than 10% absence, to learn from exceptions to inform the mechanisms of the WSA. *Parent voice was selected due to ethical considerations of potential harm, questioning pupils in distress.
Parents consider that absence is influenced by MH challenges.	*This study was interested in the link between MH and ESNA. *Parents are well positioned to observe the ESNA pupil and their subjective MH status.
On role at a mainstream primary or secondary school.	*The WSA guidelines offer advice for mainstream provision. Specialist settings may have more specialist approaches and interventions for pupil MH.

3.5.3 Recruitment and Participants

A study advert was produced (Appendix 1) and shared online, with potentially interested parties asked to email the researcher for more information. An information sheet (Appendix 2) was shared with anyone who expressed interest and the RCADS diagnostic questionnaire (Appendix 3) for them to complete and return via email. Six participants were recruited using this initial recruitment phase.

Upon reflection an amendment to the recruitment approach was needed to improve efficacy. An ethics amendment was gained (Appendix 5) and once approved the design update was implemented by creating a new advert with an immediate online link to the questionnaire via a QR code for any interested participants (Appendix 6), to make the process timelier. In addition, this facilitated reaching a greater number of participants extending beyond the LA, due to the niche population of interest.

Members of the LA ESNA working group including founders of 'Square Peg' and 'Not Fine in School' parent groups, advertised the study on their online parent forums and social media pages (Appendix 6). The advert was shared within LA schools, the local MHST, and the local parent group SENDIASS. This allowed the questionnaire to target the desired purposive sample. The original inclusion criteria and an online consent link were included. A total of thirty-two participants responded to the online questionnaire. However only seventeen of these were included in the analysis and fifteen were excluded, due to concerns surrounding authenticity of responses evident from email addresses. All included participants were verified to be authentic via email, before being included in the final data set of n=23. Demographic information for the participants linked to gender and school year are included below.

Table Three: RCADS Pupil Participant Characteristics

Demographic Information	**n**	**%**
Female pupils	n=13	57%
Male pupils	n=10	43%
Primary School Age	n=7	30%
Secondary School Age	n=15	70%

3.5.4 Revised Child Anxiety and Depression Scale

The RCADS (Choprita et al., 2000) survey measure was employed to answer RQ1 and provide a descriptive picture of CMHP in the reported pupil sample. As diagnostic standardised measures are used in MH research, a quantitative questionnaire with known professional utility was considered a robust way to ascertain knowledge about CYP MH. The RCADS is a self-report questionnaire with versions available for children and parents. The parent questionnaire (RCADS-P) was administered to collect data. The RCADS-P is a 47-item tool with subscales corresponding to the Diagnostic & Statistical Manual for Mental Disorders (DSM-V) diagnostic criteria for anxiety and depressive conditions, SA, social phobia, GAD, panic, OCD, and depression. Evidence shows good reliability, internal consistency across settings, countries, and languages (Piqueras et al., 2017), good re-test coefficients (Chorpita et al., 2000) and is widely used by MHSTs in CAMHS. Therefore it was selected as an appropriate tool for this study, with findings data that could be of utility to schools, MHSTs and parents.

3.5.5 RCADS Data Analysis

Individual data was scored and analysed using an Excel Parental scoring spreadsheet (Child Outcomes Research Consortium, 2023). Semantic answers are converted into numerical scores for each subset of MH category. Raw scores and standardised scores are calculated and displayed in a table. A graph is produced illustrating individual need in each MH category. A red line on the graph indicates scores higher or lower than the clinical threshold requiring MH support (Appendix 7). Once individual cases were analysed, results were shared with parent participants by email for ethical reasons detailed in Section 3.8 and Appendix 8.

Cross-case results were collated in an Excel spreadsheet and analysed using a heatmap linked to clinical thresholds to aid visual comparison of the data. Descriptive statistics of the mean and standard deviation were calculated in Excel to summarise the data. No further extensive analysis was undertaken, as to remain aligned with CR, and prevent interpretation becoming too positivist (Kessler & Bach, 2014).

3.5.6 Card Sort

To explore RQ2, a closed card sorting activity (Whaley & Longoria, 2009) was administered at the end of the in-depth interview to draw upon the information shared and confirm a clear answer to RQ2 i.e. if a principle of the WSA had been supportive or unsupportive.

Each principle of the WSA was printed onto a card, and category labels of ‘supportive or unsupportive’ were given to participants that were met in person. When data collection was conducted online, the category labels were read out, cards were shown, and participants told the researcher where to place the cards (Appendix 9). Sorting techniques, whereby participants sort items physical cards into distinct groups, are considered useful as providing clarity in agreement and disagreement regarding item categorization (Whaley & Longoria, 2009).

Sorting techniques are rooted in Personal Construct Theory (Kelly, 1955), where it is believed that although different people categorize items differently, there is sufficient commonality to enable understandings alongside sufficient differences to support individualities (Butt, 2008).

Advantages of administering a card sort include the simplicity of administration for the researcher, ease of understanding for the participant and speed of the process

(Fincher & Tenenberg, 2005). Combining with an in-depth interview, the reasons behind participants' categorizations can be explored and understood, providing a rich picture, making sense of the closed data collected (Saunders, 2015).

3.5.7 Card Sort Data Analysis

Following grouping the cards were photographed for each case (Appendix 9) and analysed using frequency charts in Excel (Appendix 10). This information was triangulated to complement the in-depth interview that more richly explained the phenomenon being researched (Hammersley, 2008). Triangulation summarised and corroborated data for convergent validity (Scandura & Williams, 2000).

3.6 Qualitative Phase

3.6.1 Design

A flexible design was employed aligning with CR and to suitably answer the RQs. Therefore the qualitative method of SSIs was selected to investigate RQ2, which aimed to explore parental experiences and perceptions of the WSA. In addition, the Drawing of the Ideal School Technique (DIST) (Moran, 2001) was selected to explore RQ3, which aimed to elicit parent perceptions of potentially supportive mechanisms that could enhance provision.

3.6.2 Participants and Recruitment

Participants from the quantitative phase, were asked if they would like to meet for a further interview about their experiences of support from the WSA. Recruitment for this phase was challenging and following ethical approvement an incentive of payment for time was given, in the form of a £20 Amazon voucher. Five parent participants were recruited, detailed in Table Four.

Table Four: SSI Parent and Child Participant Demographics

Participant	*Parent Role*	*Parent Ethnicity*	*Pupil Gender*	*Pupil Year Group and Age*	*Region of England*	*Data collection*
1	Mother	White British	Girl	Year 6 (Age 10)	West Midlands	In-Person
2	Father	French-Black	Boy	Year 9 (Age 13)	London	Online
3	Mother	White British	Girl	Year 7 (Age 11)	South-East England	Online
4	Mother	White British	Girl	Year 9 (Age 13)	West Midlands	In-person
5	Mother	White British	Girl	Year 11 (Age 15)	West Midlands	In-person

3.6.3 Research Instruments: Semi-Structured Interviews

SSIs were chosen, as administered in previous literature when gaining parent perspectives, such as Havik et al., (2014) outlined in Chapter Two. As the study aimed to explore the eight principles of the WSA, a SSI guide was devised and administered, to ensure coverage of each principle to collect relevant data to answer the RQ, whilst allowing participants to respond freely and share information that they felt comfortable to do so. This provides a flexible and interactive approach to gather data (Adams, 2015). The content, order, and wording of questions were piloted with an Education

MH Practitioner from the local MHST, who held lead responsibility for the WSA, to ensure correct content within each principle was to be explored in the interview.

The interview guide was provided to participants before the interview, to allow them time to gather their thoughts (Appendix 11). Interviews were conducted individually in the participants home, a council building or online. The choice of venue was made by the participants, who were often restrained by having a non-attending child at home. All interviews were audio recorded on Microsoft Teams/Zoom and transcribed by hand in a playscript style prior to analysis to ensure accuracy, whilst simultaneously becoming familiarised with the data (Appendix 12).

3.6.4 Pilot Study and Development of an Interview Schedule

A theoretically informed SSI schedule using the eight principles of the WSA as a framework was developed (Appendix 11). Piloting of the SSI was completed with the WSA lead in our local MHST, to ensure correct conceptualisation of each of the principles. Robson and McCartan (2016) advocate for formative pilot testing in qualitative research to enable the review and development of questions and frameworks. Following this pilot, the construct validity linking to each principle of the WSA was confirmed to be accurate, and the wording of some questions was amended to aid clarity.

The next piloting of the study occurred during the interview for Participant One. During this, the flexible nature of the interview schedule was important to ensure fluency of conversation and coverage of each of the principles. The DIST activity was able to be conducted straight after the SSI, as participants were happy to continue, although my original plan had been to meet another time to prevent respondent fatigue. Following the pilots, the procedure of data collection was as follows:

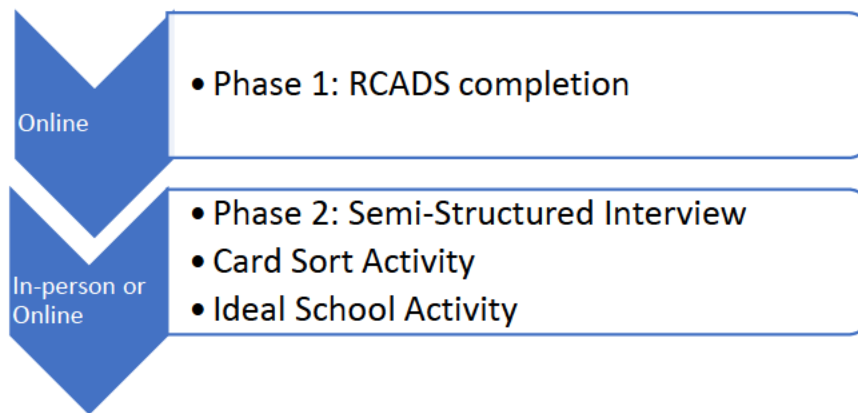

Figure Twelve: Final Procedure for Data Collection

3.6.5 Drawing the Ideal School (DIST)

The DIST technique (Moran, 2001; Williams & Hanke, 2007) is underpinned by Personal Construct Psychology (Kelly, 1955), and was selected to elicit parent constructs about the school environments and ideal provision for MH. Participants are asked to draw their 'ideal' and 'non-ideal' schools, framed by questions linking to the whole-school environment, classroom, children, adults, and activities taking place in the school. Participants were provided with a procedure prompt sheet outlining the task in detail prior to interview (Appendix 13).

The DIST technique is usually administered with children but has been successfully adapted and used with adults (Williams, 2016). The DIST is participant-led, offering a collaborative approach of speaking and drawing, with the researcher noting the exact words used by the participant. The participant is in empowered and in control of sharing their reality (Literat, 2013). Drawing techniques have been found to reveal nuanced descriptions of constructs compared to verbal communication alone (Moran, 2020). In this study, the DIST activity was recorded, transcribed, and drawings were photographed (Appendix 14). Data gathered was then analysed using CR TA (Appendix 22), outlined in the next section.

3.6.6 Critical Realist Thematic Analysis (CR TA)

Wiltshire and Ronkainen (2021) recognise that TA is a broadly applied method for analysing qualitative data. They acknowledge tensions in producing coherent, rigorous research using TA, because of its application across theoretical and epistemological approaches (Braun & Clarke, 2006). However, with TA strongly aligning with the qualitative paradigm, this alludes to interpretivism, relativism and constructivism as ontological, epistemological, and axiological assumptions (Sale et al., 2002). Similarly, Codebook TA (Boyatzis, 1998; Guest et al., 2012) is grounded in neo-positivism, reliant upon a straightforward realist ontology (Braun & Clarke, 2019). These opposing distinctions between the qualitative and neo-positivist paradigm create tension. CR TA attempts to resolve these tensions by developing a methodological approach underpinned by a realist philosophy. CR TA (Wiltshire & Ronkainen, 2021) uses three types of themes (experiential, inferential and dispositional) illustrated in Figure Thirteen. A realist approach allows surface-level descriptions accurately capturing empirical data (experiential themes), plus deep reflection and engagement with theories and concepts from the data (inferential and dispositional themes), considered to enhance the trustworthiness of the findings.

Therefore CR TA was chosen to ensure methodological alignment and coherence, with the previously stated ontological and epistemological positions of this study.

3.6.7 Data Analysis

To analyse the data gathered from the SSI and the DIST activity, I used CR TA (Wiltshire & Ronkainen, 2021), aligned with the CR stratified ontology of the research design. My application of the philosophical alignment into methodological practice is illustrated below.

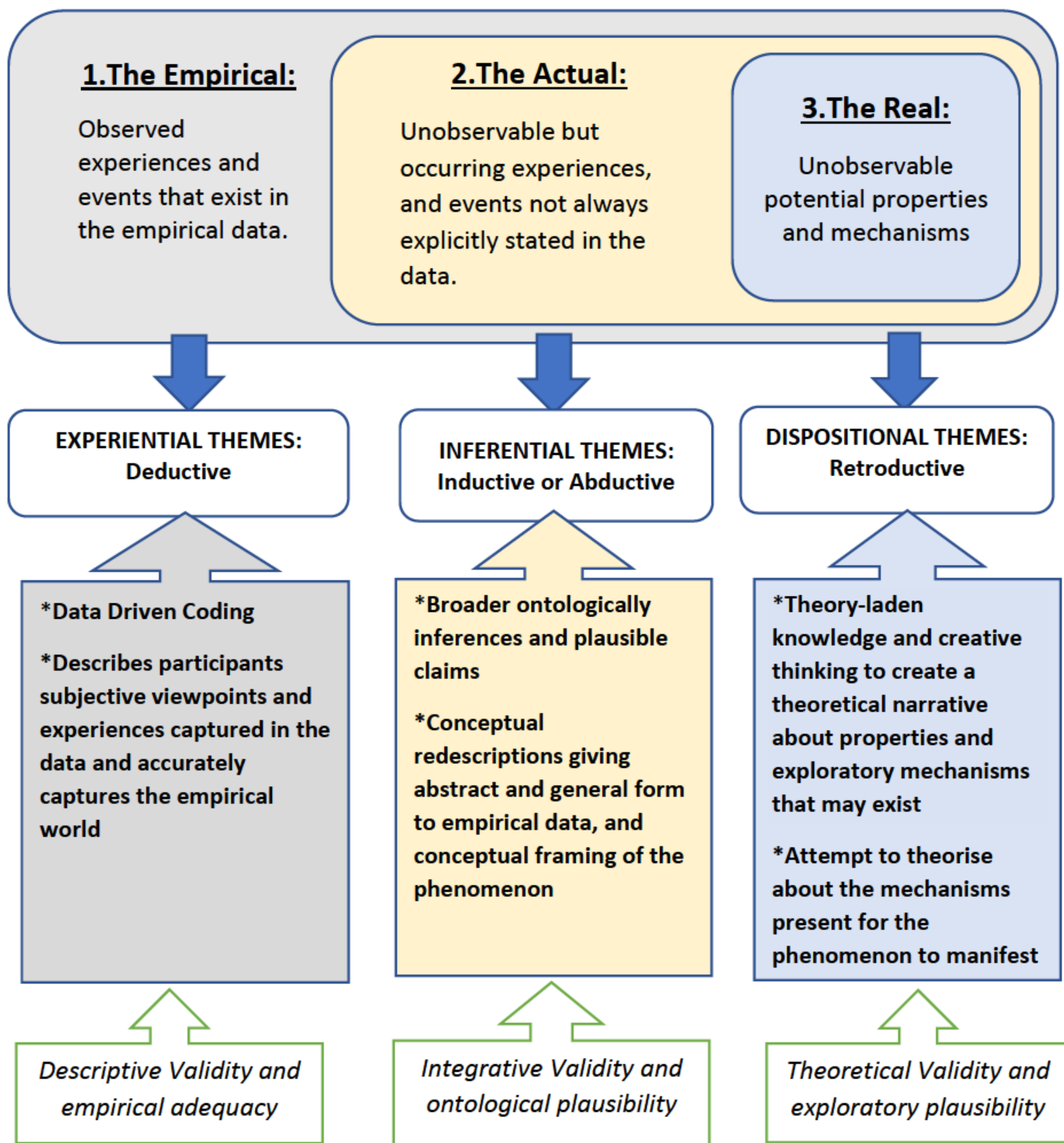

Figure Thirteen: Stages of Critical Realist Thematic Analysis linked to the Critical Realist Stratified Ontology

Table Five: Summary of Critical Realist Thematic Analysis Process

Step	Theme Generation	How administered in this study	Steps taken to enhance rigour
Data was deductively organised by phrases (units of analysis) for each transcript, into an Excel sheet for each principle of the WSA on separate tabs (Appendix 15).		This first step was taken to organise my data, so that it could best answer my RQ, specifically requiring information relevant to each principle of the WSA. Each transcript was allocated a colour of text, so comparisons across participants relating to the strength of themes could be made later.	To ensure the same information was deductively coded to the same principle from each transcript, a WSA principle content table was made to refer to taken from information in existing literature (Appendix 16).
First read of the data set, record initial thoughts and annotations.	Nascent Experiential Theme	The interview transcription units of analysis were read for familiarity. When reading attention was paid to expressed experiences, actions, hopes, concerns, feelings, and beliefs. These patterns were recorded in the spreadsheet listed as discrete data-driven themes. (Appendix 17). Contextual information about each participant (e.g. school year) was extracted onto a different sheet and not included in themes.	
Second read of the data set and creation of nascent experiential themes using participant language.	Nascent Experiential Theme	The Nascent experiential themes were re-read and deductively checked for the recurrence of themes in transcripts and looking for new data driven themes.	Nascent Themes were re-read and checked to be accurate to the empirical data, by accurately describing factual information (descriptive validity) and closely represent participants experiences (interpretative validity). Checked that experiential themes are adequately supported by data.
Create a master list of Mature Experiential themes	Mature Experiential Themes	Transferred final nascent experiential themes into a new Excel workbook, now renamed mature experiential themes (Appendix 18).	
Derive nascent, then mature inferential themes from each mature experiential theme.	Inferential Themes	Read mature experiential theme, then inductively contemplate, and infer what might be occurring in the world beyond the sample population. Abductively describe the theme in more conceptually abstract terms if adds value, to create a nascent inferential theme, in an adjacent column on the spreadsheet.	Consider plausibility of inductive/abductive claims (ontological plausibility). Consider if abductive claims maintain interpretative validity.

Table Five: Summary of Critical Realist Thematic Analysis Process

Step	Theme Generation	How administered in this study	Steps taken to enhance rigour
		Reread nascent themes, consider points of rigour, and create final inferential theme list (Appendix 19).	
Derive dispositional themes from final inferential theme list.	Dispositional Themes	Read final inferential theme list and in adjacent column. Think retroductively by postulating theories about the properties and mechanisms that might exist to contribute to the phenomenon of interest (Appendix 19)	Be mindful if retroductive claims have a sound logical basis (judgement rationality) to be included as an exploratory mechanism.
Conclude upon the final dispositional themes for the data set. (Appendix 20)	Final Dispositional Themes	Noted regularities and strengths of themes by frequency across the data set using quantitative type judgement. Strengths were recorded in tables (Appendix 21) Subjectively consider the hotspots/Emotive Themes as judged by participant language in the data and/or repetition and tone from being present in the interview. Note these in tables (Appendix 21)	Re-read and amend articulation of themed groups if needed, in a final check of the data. Check strength of themes according to prevalence across cases, to takes step to combat potential bias and evidence data to support inferences made. Listen again to audio of recorded interviews to ensure correct interpretation of tone and repetition leading to emotive 'hotspots' in the data.

Table Five details the steps followed to complete the data analysis of the interview data to answer RQ2 as outlined by Wiltshire and Ronkainen (2021). The same analysis processes were used to make sense of the DIST technique to answer RQ3.

3.7 Consideration of Alternative Methods

The use of content analysis was considered instead of CR TA. However CR TA was considered a superior approach in analysing narrative materials of life stories, CR TA strongly aligns with the philosophical stance, and this study was concerned with the integration of information between the school environment and individual in a theoretical manner rather than solely quantifying data content (Vaismoradi et al., 2013).

3.8 Scientific Rigour

Throughout the study, an underpinning principle of scientific rigour was considered. This refers to the quality, value, credibility, and trustworthiness of the research (Lincoln & Guba, 1986). The mixed-methods design and triangulation of data added rigour to the study. Trustworthiness was established by recording data, transcribing, and checking analysis iteratively. A systematic approach to data analysis was followed with transparency of each stage.

Table Six: Validity Considerations

	Case-Study Tactic	Phase of Research
External Validity (Can define the domain)	*Use replication logic in embedded multiple case-studies *Sensitive to context and existing literature	Research Design
Reliability (Can demonstrate that the study can be replicated)	*Use case-study protocol	Data collection
Construct Validity (Identify correct operational measures for concept of interest)	*Pilot of SSI schedule *Use multiple sources of evidence	Data collection
Internal Validity (Consider where conditions may link to others)	*Explanation building *Pattern matching *Data triangulation by using multiple methods *Methodological triangulation combining approaches in a convergent design.	Data analysis

3.9 Validity Indicators

Each type of theme has a corresponding validity indicator (empirical adequacy, ontological plausibility, and exploratory plausibility) illustrated in Figure Thirteen. In Table Six steps to enhance these areas have been outlined in throughout the analysis process, to ensure scientific rigour.

3.10 Positionality and Context

CR assumes that complete detachment from research subjects is impossible (Ackroyd & Karlsson, 2014). Bhaskar (1986) proposed interaction is needed to gain knowledge, influence events, and induce change for emancipatory purposes. My positionality as a TEP and parent may affect the interpretation of the phenomenon in the data (Thomas,

2015). However this limitation is mitigated by the utility of multiple methods and a focus upon the participant perspectives within the data.

3.11 Ethical Considerations

This research gained ethical approval from the University of Birmingham's Ethics Committee in May 2022 (Appendix 4) and was amended in August 2022 (Appendix 5). Ethical considerations were guided by the BPS Code of Human Research Ethics (2021), The British Educational Research Association (BERA, 2018) and the University of Birmingham Code of Practice for Research (2021). Specific consideration and strategies for management are presented in Table Seven.

Table Seven: Ethical Considerations and Management Strategies

Ethical Consideration	Management in the current study
Informed Consent	Participants voluntarily responded to the research advertisement voluntarily and with no coercion allowing autonomy, freedom, and self-determination. Parent participants consented to take part in the research by reading a project information sheet and signing a consent form (Appendices 2 & 15) There was the opportunity for participants to ask questions throughout by contacting the researcher via LA email. Before interviews commenced participants were sent copies of the interview questions, and activity procedures, so they knew what would happen during data collection.
Right to withdraw	Participants right to withdraw and discontinue was made explicit on study information documents, and consent forms. This was repeated verbally when meeting at pre- and post-data collection. Participants were given researcher contact details (LA email and phone number) to notify of any wish to withdraw, for a period of two weeks after the interviews.

Confidentiality	Participants have a right to confidentiality and were allocated a number used throughout, to protect their identity. Audio recordings were only listened to by the researcher. Participants numbers were used during the writing process and no other information that could identify participants were shared.
Data Storage, access, and disposal	Participants were informed that recorded data from the study will be stored securely on an encrypted device for ten years. Adhere to University of Birmingham Data Management Plan. Participants were made aware that confidential excerpts from interview transcripts will be included in the final write-up of the research project.
Risks and benefits including participant. Compensation for time	• **Risks** RCADS Survey – low psychological risk to participants completing the questionnaire as they recall specific difficulties faced by their children which may evoke emotional distress. This was mediated by researcher sensitivity, fidelity to the interview schedule, discontinue if participant is upset and signposting to professional support and external agencies during debrief. Harm was minimised through rapport building at the start of data collection. • **Benefits** Reflection upon the WSA and complex needs of ESNA and the growing diverse MH needs in mainstream school settings, across system levels e.g. LA, school. Participants who completed the RCADS-P had results analysed and communicated back to them in a letter. The completion of the RCADS-C was offered in case participants wanted to share results with healthcare professional to access MH support. One participant asked for this benefit. £20 Amazon Voucher for compensation for two hours' time. This was advertised on recruitment documents and consent form. Predetermined inclusion criteria were applied to ensure reliable and valid data.

3.12 Chapter Summary

In this chapter a CR philosophical stance was presented. An outline of research design and methodology was shared. The procedure of quantitative and qualitative data collection and analysis was detailed. Scientific rigour and ethical considerations were shared. Chapter Four now presents a summary of the findings including quantitative and qualitative data.

CHAPTER FOUR: FINDINGS

This chapter presents an account of the cross-case analysis of data gathered for each RQ. Firstly, quantitative data related to parent perceptions of MH needs addresses RQ1. Next, the strongest and most emotive themes generated using CR TA concerning the perceived supportiveness of each principle of the WSA is shared, to explore RQ2, including the findings from the SSIs and card sort activity. Finally, themes generated from the DIST are shared to explore RQ3.

4.1 RQ1- What categories of common mental health problems do parents report for pupils presenting with ESNA?

Table Eight: Parent Ratings of Pupil Mental Health Needs

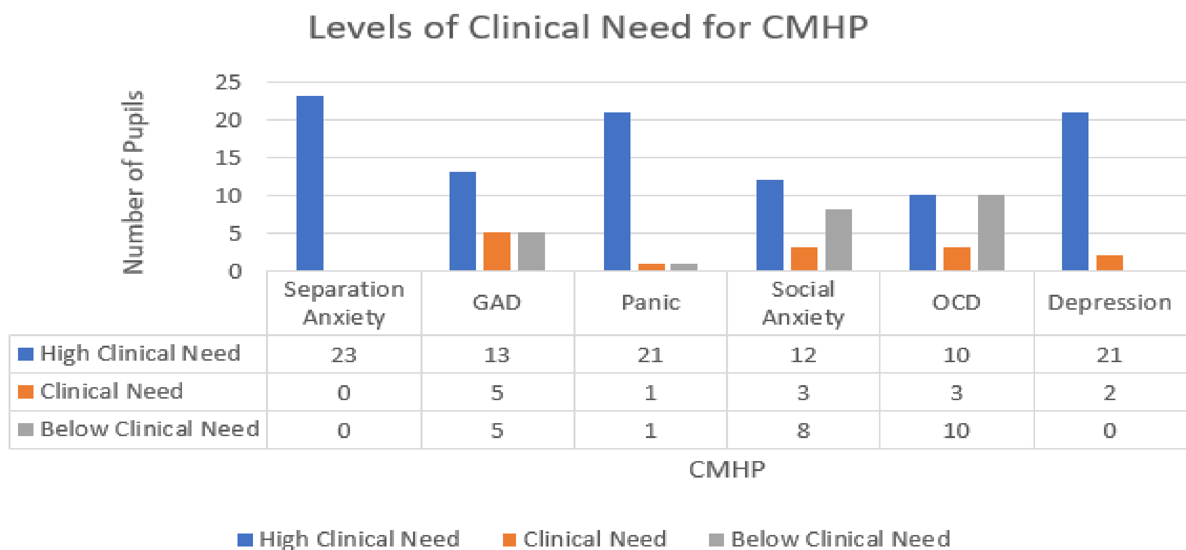

Table Nine: Descriptive Statistics for Parental Report on Mental Health Needs from RCADS-P

	Separation Anxiety	***Panic***	***Social Anxiety***	***GAD***	***OCD***	***Depression***	***Total Anxiety***	***Total Anxiety & Depression***
Mean	79.13	70.00	70.00	70.74	68.04	76.61	78.00	74.82
Standard Deviation	2.26	6.55	8.51	10.33	11.68	5.43	5.40	4.76

Heatmap Key

- (pink) t-score <70 clinical treatment advised
- (yellow) t-score 65-69 clinical assessment advised
- (white) t-score <70 treatment advised

Table Ten: Heat-map of Parent Ratings of Mental Health Needs on the RCADS-P, organised by School Year Group

Participant	Gender	UK School Year	Standardised Scores (t-scores)							
			SA	GAD	Panic	Social	OCD	D	Total A	Total A & D
1	Girl	3	76	47	66	73	50	60	67	66
2	Boy	4	72	43	52	51	59	76	57	62
3	Boy	4	80	71	74	80	46	69	80	80
4	Boy	4	79	80	80	69	80	80	80	80
5	Girl	5	80	62	77	77	61	73	80	80
6	Girl	6	80	80	80	72	80	80	80	80
7	Boy	6	73	76	80	60	80	77	80	80
8	Boy	6	80	80	80	80	80	80	80	80
9	Girl	7	80	73	80	72	63	80	80	80
10	Girl	8	80	80	80	65	80	80	80	80
11	Boy	9	80	62	80	63	68	75	80	80
12	Boy	9	80	66	80	56	65	66	76	76
13	Boy	9	80	66	71	68	58	80	78	80
14	Girl	10	80	69	80	70	72	80	80	80
15	Boy	10	80	73	80	65	80	71	80	80
16	Boy	10	80	69	80	80	80	79	80	80
17	Girl	10	80	80	80	80	80	80	80	80
18	Girl	10	80	80	80	80	80	80	80	80
19	Girl	10	80	80	80	74	68	80	80	80
20	Girl	11	80	77	80	72	68	80	80	80
21	Girl	11	80	64	76	63	47	76	76	77
22	Boy	11	80	69	80	80	55	80	80	80
23	Boy	11	80	80	80	60	65	80	80	80

RQ1 was investigated using parental report data from the RCADS-P (Chorpita et al., 2000) diagnostic questionnaire. See Table Ten for data on CYP.

Table Ten displays all parent reports for the 23 pupils, organised in chronological order of school year. A clustered heatmap approach has been applied to the matrix to aid visual comparison of the data. Red shaded cells indicate t-scores of 70 or above on the RCAD-P parent ratings, indicating the clinical threshold as set by Chorpita et al., (2005) is met, meaning referral for treatment is advised. The yellow shaded cells indicate a t-score between 65 and 69, the borderline clinical range, where referral for a clinical assessment is advised. White cells indicate a t-score below 65, falling in the normal range, where no referral for assessment or treatment is advised (CAMH, 2021).

4.1.1 Separation Anxiety

100% (n=23) of parents rated their young person as experiencing clinical levels for SA.

4.1.2 Panic

92% of the young people (n=21) were scored by parents at levels that indicated with clinical levels of panic, one pupil scored borderline clinical, and one within the normal range.

4.1.3 Depression

86% of pupils (n=20) scored clinical levels of depression, 8% (n=2) scored borderline clinical levels and one within the normal range.

4.1.4 Social Anxiety

52% of pupils (n=12) scored clinical levels of social anxiety, 12% (n=3) achieved borderline clinical levels and 35% (n=8) achieved within the normal range (mean = 70.00, SD = 8.52).

4.1.5 Generalised Anxiety Disorder

57% of participants (n=13) scored clinical levels of GAD, 22% (n=5) scored borderline clinical levels and scores within the normal range.

4.1.6 Gender Differences: Social Anxiety and Generalised Anxiety Disorder

The data were examined for differences by gender female, 48%, (N=11); male, 52% (N = 12), see Tables Eleven and Twelve.

Table Eleven: Heat-map for RCADS-P Parental Report (girls)

Participant	Gender	UK School Year	Standardised Scores							
			SA	GAD	Panic	Social	OCD	D	Total A	Total A & D
1	Girl	3	76	47	66	73	50	60	67	66
2	Girl	5	80	62	77	77	61	73	80	80
3	Girl	6	80	80	80	72	80	80	80	80
4	Girl	7	80	73	80	72	63	80	80	80
5	Girl	8	80	80	80	65	80	80	80	80
6	Girl	10	80	69	80	70	72	80	80	80
7	Girl	10	80	80	80	80	80	80	80	80
8	Girl	10	80	80	80	80	80	80	80	80
9	Girl	10	80	80	80	74	68	80	80	80
10	Girl	11	80	77	80	72	68	80	80	80
11	Girl	11	80	64	76	63	47	76	76	77

Table Twelve: Heat-map for RCADS-P (boys)

Participant	Gender	UK School Year	Standardised Scores							
			SA	GAD	Panic	Social	OCD	D	Total A	Total A & D
1	Boy	4	72	43	52	51	59	76	57	62
2	Boy	4	80	71	74	80	46	69	80	80
3	Boy	4	79	80	80	69	80	80	80	80
4	Boy	6	73	76	80	60	80	77	80	80
5	Boy	6	80	80	80	80	80	80	80	80
6	Boy	9	80	62	80	63	68	75	80	80
7	Boy	9	80	66	80	56	65	66	76	76
8	Boy	9	80	66	71	68	58	80	78	80
9	Boy	10	80	73	80	65	80	71	80	80
10	Boy	10	80	69	80	80	80	79	80	80
11	Boy	11	80	69	80	80	55	80	80	80
12	Boy	11	80	80	80	60	65	80	80	80

Review by gender, showed a higher prevalence of reported social anxiety for females compared to males The boys' data highlighted a greater prevalence for GAD, compared to the girls' data.

4.1.7 OCD

Parental report on 43% of females (n=10) indicated clinical levels of OCD, and 12% (n=3) achieved borderline clinical levels.

4.1.8 Summary

Parents' perceptions of pupils' common MH problems identified a complex presentation of at least two or more MH difficulties at clinical levels for each pupil. Key findings included that 100% of pupils were thought to experience separation anxiety, 92% to experience panic and 86% depression. While girls were perceived to experience higher levels of social anxiety, boys were perceived to experience higher levels of GAD. OCD was the least perceived difficulty at 43%. These perceptions of high CYP MH need provide the context in which the qualitative data was generated.

4.2. RQ2- Which principles were supportive or unsupportive?

To explore RQ2, card sort and SSI data were obtained from a sample of five parent participants. During the card sort task, parents were asked to decide if each principle of the WSA had been supportive or unsupportive in their experience of pupil MH difficulties impacting school. This provided a conclusive answer to RQ2, following the narrative of SSI. Findings are reported in Figure Fourteen.

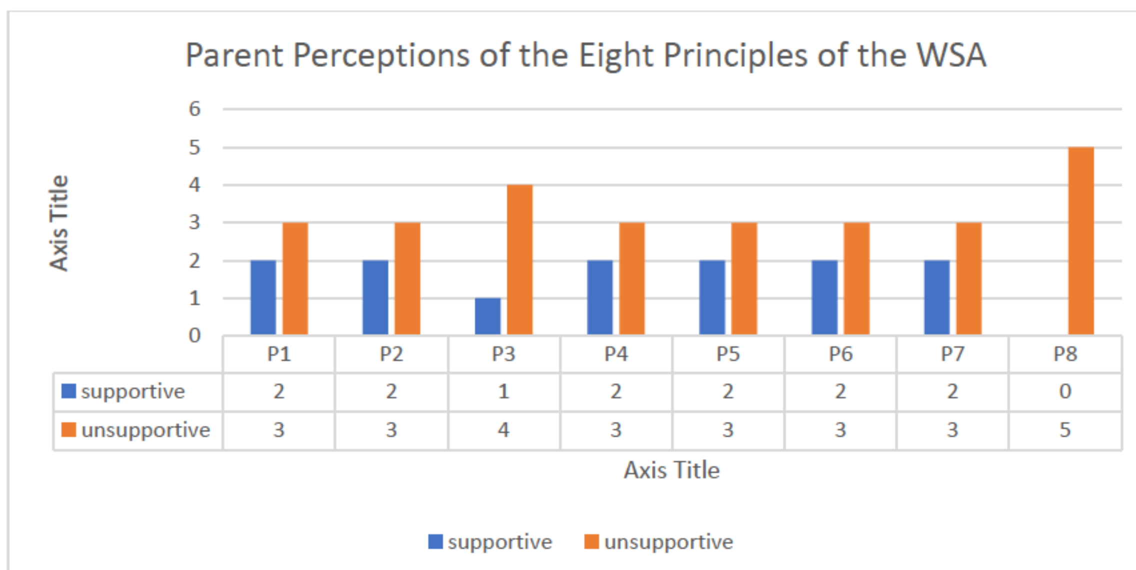

Figure Fourteen: Parent Perceptions of the Principles of the WSA

Whereas most principles were perceived as moderately supportive, in contrast Principle 3 (Curriculum, Teaching & Learning) was identified only once as supportive, and Principle 8 (Targeted Support & Referrals) was perceived as unsupportive by all parents.

Principle 1 (Leadership & Management), Principle 2 (Ethos & Environment), Principle 4 (Pupil Voice), Principle 5 (Staff Development), Principle 6 (Identifying Need & Monitoring Interventions) and Principle 7 (Working with Families) were found to be supportive by two parents (n=2).

4.2.1 Dispositional Themes from Interview Data

The data set gathered using SSI, was analysed using CR TA (Wiltshire & Ronkainen, 2021). The analysis generated dispositional themes for each principle of the WSA (Appendix 20). The strongest theme for each principle of the WSA, judged by the number of cases the theme presented in across the cases, was selected. (Appendix 21). These are illustrated in the white boxes in Figure Fifteen. The most emotive theme shared by parents (judged subjectively from the interview itself and use of emotive

repetition), was selected for each principle and is shaded orange in Figure Fifteen below. The rationale for selecting strong and emotive themes links to the aim of this thesis, to identify areas for potential improvement of the WSA from parent experience.

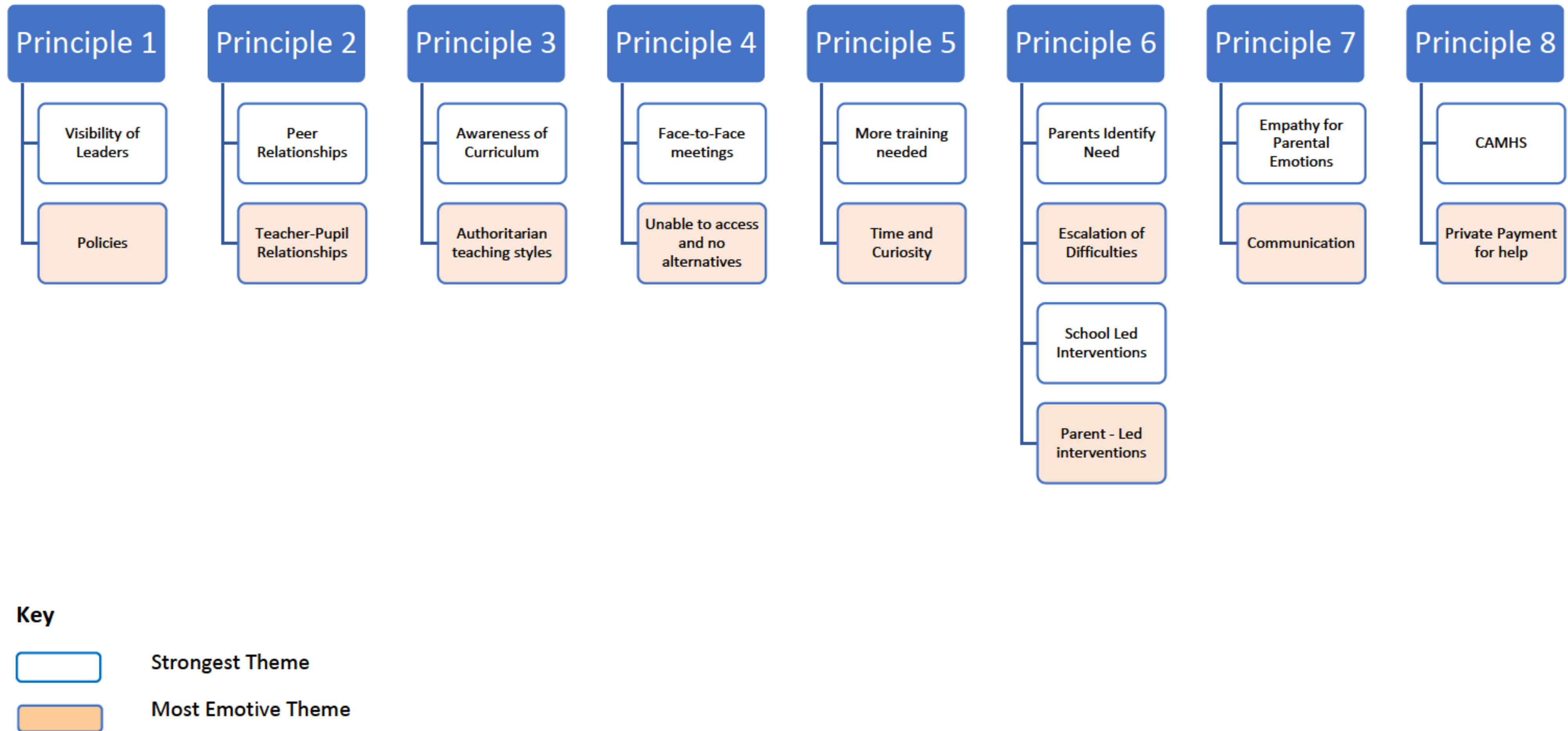

Figure Fifteen: Thematic Map of Dispositional Themes

4.2.1.1 Principle One: Leadership & Management

Strongest Theme: Visibility of Leaders

All parents expressed that the involvement visibility of school leaders was supportive. When ESNA difficulties began, in-person physical presence of leaders in the home, or at the school gates meant three parents felt supported and believed. The opportunity for face-to-face discussion, access to communicate with leaders via telephone, and regular communication was valued. Proactive leadership and timely actions were perceived as supportive.

> *"…she's been absolutely amazing. She rings me up constantly saying I am doing stuff in the background; I am trying my hardest …"*
>
> *(Participant 1: Line 100-102)*

In instances of no contact with leaders, high staff turnover, perceived low personal connections due to automated emails and telephone voicemails, four parents had felt alone and unsupported. Slow, hierarchical systems when trying to reach leaders with delays and unfulfilled promises of actions meant parents felt frustrated and unimportant.

> "*…at the beginning of that week I heard nothing. No response that second week… then an entire next week came and there was still no response from the SENDCO or anyone else… Instead of emailing them daily about XXXX not attending I now went with emailing at the end of the week, saying… you now know it's been two solid weeks that she's not been in school. But as I'm writing this I'm thinking, do you actually know? Am I in the parent that is now informing you because no-one reaches to me…"*
>
> *(Participant 3: Line 299-306)*

Most Emotive Theme: School Policies

One parent of a pupil who had successfully returned to school, attributed success to the timely implementation of the school's attendance policy. This attendance policy had a clear protocol to investigate absence in-person at the home if the student is absent for fifteen days in a month.

The availability of policies on the internet for parents was considered supportive e.g. the SEND policy offered hope for a parent about potential support. Conversely, another parent found policy documents long, disorganised, difficult to navigate and overwhelming.

Policy conflicts with MH needs created extra barriers to attendance, in the view of parents, thus policies were seen as unsupportive. For example, physiological symptoms of anxiety meant the pupil could not attend as diarrhoea conflicted with the Health & Safety Policy; and the behaviour policy led to a pupil being punished for falling asleep when they had been awake all night worrying about attending.

> *"…XXX fell asleep a couple of times in class and for that she was put into isolation. Her anxiety was so high that she was staying up all night and to put her into our isolation after actually attending school was poor... with the anxiety being up here you couldn't bring it down. It was good that she was getting up and I actually managed to get her in…"*
>
> *(Participant 4: Line 50-57)*

Another pupil had anxiety about repeated detentions and another experienced anxiety about attendance awards given in assemblies, both events created feelings of failure.

Two parents shared incidents where school policy conflicted with specialist MH advice e.g. CAMHS suggested school provided part-time timetables and online work, but school refused, leaving parents feeling frustrated and powerless.

Inconsistencies between written policy and school-based practice were perceived as unsupportive for three parents. For example, one cited the bullying policy was not enacted, creating feelings of anger and injustice, and a loss of safety for the pupil. Inconsistent recording of absence codes and medical appointments created a sense of injustice for two parents, as it made perfect attendance unachievable for the pupil with lifelong medical needs.

Aspects of policies evoked a sense of mistrust e.g. the need for medical evidence meant two parents felt they were not believed by the school about needs impacting attendance. Letters from the LA created a fear of fines, putting added pressure on finances already negatively impacted by the pupils' non-attendance, where three parents had been unable to work. Parents felt fear, blame, and shame linked to the threat of court and criminality, for behaviour beyond their control. Three parents shared how the daily reporting of absence for safeguarding purposes created a daily reminder of failure to get their child to attend school.

4.2.1.2 Principle Two: Ethos & Environment

Strongest Theme: Peer Relationships

Data indicated that existing and familiar peer relationships encouraged school attendance. Transition from primary to secondary school was shared as important in developing and maintaining friendships. A poor transition for three girls was unsupportive. Parents shared that separation from established friends during transition, difficulty connecting with existing groups of friends from a different primary school had activated a negative inner voice, feelings of isolation and a lack of confidence to make new friends. Additionally the overwhelming number of pupils reducing the individual's perception of being able to connect.

"…she was desperate to go to XXX because she only had a few friends, and they were going there. I had to go to appeal and because it was last minute the classes had already been decided. She didn't get in with any of her friends and she was at the other side of the school. I was in constant contact with the school…please can we get her moved in with her friends… it was just no, no, no. Sorry. The classes are full…And then we started having problems and I said again, can we get her moved, please? She just felt completely alone, and she was really. Because she's not a confident girl …"

Two parents shared incidents of bullying and confrontation had created a loss of control, a sense of injustice and loss of feeling safe in the school environment, for pupils.

Most Emotive Theme: Teacher-Pupil Relationships

This theme identified the parental viewpoint that a positive relationship with at least one familiar adult positively impacted wellbeing. Friendly, informed adults, with an understanding and acceptance of the pupil's need, supported attendance.

"…the only person that that promoted well-being was her English teacher... XXX's quite talented at English and she enjoys English. He was the only positive person he encouraged her, made a big thing of her exams, made sure that she was getting all of the work when she wasn't there and would talk to her, especially if she was down. He was the only person that made a positive impact…"

(Participant 4: Line 122-126)

Two parents shared views that unsupportive barriers to attendance included high staff turnover, so staff were unfamiliar to pupils. Four parents shared teachers had a poor understanding of pupil needs. Three parents extended this as agreed provision was not implemented by school staff. Two parents observed a defensive mirroring in pupil behaviour of teachers' hard-line approaches, negative comments, or impatience.

> *"…she's against the adults. She went through that phase where there wasn't that soft approach. They've kind of gone in with a hard approach. The command to control teaching and she's blocked it. There was no acceptance of her because she's trying to match them with her, their behaviour…"*
>
> *(Participant 3: Line 617-621)*

4.2.1.3 Principle Three: Curriculum, Teaching & Learning

Strongest Theme: Awareness of Curriculum

Four parents reported perceiving increased support at primary school through PSHE curriculum and enrichment events. At secondary school, exam stress leaflets, anti-bullying week and bereavement psychoeducation existed as occasional events. All parents shared they had a lack of knowledge about any taught SEMH curriculum, partly attributed to the lack of communication from their CYP's non-attendance.

> *"…I really don't know. I'm sure they probably have anti-bullying week. But at primary, there was things like that going on all the time…"*
>
> *(Participant 5: Line 345-346)*

Three parents perceived that pupils have no support for social skills or friendship skills. One parent shared how post-COVID-19 psychoeducation resulted in the pupil becoming increasingly anxious, exacerbating existing needs.

> *"…after COVID, she really took it on herself to analyse the world of anxieties and calm herself down. She felt like she needed to take on the world of other children's anxieties…"*
>
> *(Participant 3: Line 590-592)*

Most Emotive Theme: Authoritarian Teaching Styles

Three parents shared that an authoritarian communication style on the part of teachers, described by one as "…*command and control…"* was unsupportive, blocking pupils from developing and maintaining connection with each other. One participant described how the *"…I-teach-and-you-listen…"* strategy had contributed to avoidance for their young person, reduced enjoyment of school and learning, and increased difficulty with authority figures.

The targeted questioning approach of being asked a question in front of others, had resulted in a fear of negative evaluation by adults and peers if they did not know the answer, which fuelled anxiety and avoidance behaviours.

> *"...there was another problem about the teacher calling her out, that she was going to be called silly against her peers if she didn't know the answer and she didn't want that to happen…"*
>
> *(Participant 3: Line 205-207)*

4.2.1.4 Principle Four: Enabling Pupil Voice

Strongest and Most Emotive Theme: Face-to-face meetings

In all cases the approach used by school staff to elicit pupil voice was to invite pupils to a face-to-face meeting at the school. This method of eliciting pupil voice was perceived by parents to be unsupportive, with a lack of understanding about the physical barrier to attending the site and speaking to adults.

> *"…we had the meeting at the school, and they wanted her in the room to give her views. But she won't speak in front of a room full of adults, unfamiliar adults as well…"*
>
> *(Participant 5: Line 392-397)*

Three parents shared that pupils were reluctant to speak in a room full of adults about their experiences. It was perceived to be a meeting of powerful adults' vs the child, which was anxiety provoking.

> *"…trying to get her there is another question. And there's no correspondence from the SENCO to say if she feels unwell, we could potentially do something where they can come to our house. They don't understand this complete block of actually getting through the door is the problem…"*
>
> *(Participant 3: Line 329-335)*

Two parents shared that pupils felt unable to share true feelings due to command-control communication, feeling powerless and believing nothing would change, so it felt pointless to attend. Frustration was aired about no alternatives being offered and that meetings were scheduled too late into the ESNA journey.

4.2.1.5 Principle Five: Staff Development

Strongest Theme: Training

Four parents indicated that a lack of staff knowledge and training was felt to be unsupportive. Parents felt staff had little specialist knowledge and were unsure what action to take.

> *"… what they say is they are still looking into solutions. They are thinking about getting a mental health nurse involved now so they can talk to them…"*
>
> *(Participant 1: Line 253-255)*

> *"… a tutor, asked us to come in to discuss the situation. During that meeting I was ready with all my notes of what we can do, and she just wrote stuff down on a piece of A4 paper. It was nice to connect with her, but I also felt she was out of her depth…"* *(Participant 3: Line 239-243)*

Parents felt that staff needed to gain MH knowledge especially linked to ESNA. Parents felt unsupported by the lack of understanding about difficulty attending.

Parents felt staff needed convincing that behaviours were linked to anxiety responses and needs.

> *"… she's really angry, and fierce. I'd say her anxiety manifests with the outburst and the defiant behaviour. The teachers don't understand, I feel like I had to convince them my child is unwell. She has anxiety and I didn't realize that she's been masking it then shouting it out and deflecting and being rude and naughty. Whereas a lot of teachers they don't get it, they'll say that's a naughty kid and it needs to be told what to do. And it's the parents that are the problem…"*
>
> *(Participant 3: Line 655-662)*

Most Emotive Theme: Need for time and curiosity.

Two parents identified pupils would feel supported by staff adopting a curious approach, spending time, and getting to know them, to develop an understanding that would support their role. Two parents identified that a barrier to staff understanding is time and workload. Three parents viewed teachers as judging the child as naughty.

> *"… it's not just this school, it's everywhere. Part of the problem is the teachers are so busy. But surely it would help them if they could understand the pupils a bit better. I know they're there to do a job, but if they could understand a child that they thought was naughty in class, and why that child is being like that then it would help them, wouldn't it? It would help everybody, let's find out or just spend a bit more time with that child…"*
>
> *(Participant 5: Line 410-417)*

4.2.1.6 Principle Six: Identifying Need and Monitoring Intervention

Strongest Theme: Parent identification of needs.

All parents observed their child's needs and felt unsupported sharing these concerns with the school. Four parents had daughters awaiting neuro-developmental

assessments. Pupils who presented with quiet, withdrawn behaviours, were attributed to a lack of confidence, or personality, rather than potential social communication difficulties.

A pattern of friendship difficulties was observed in the dataset, notably in Year 4 and Year 8. Friendship difficulties could be linked to issues of connection, belonging, peer-relationships, transition, a need for familiarity or social anxiety.

> *"… I got her a place at XXXX primary in year four because she was having real problems with relationships with girls. She had a few fights, because she's so defiant and if somebody annoys her, that's it, she's so stubborn. There were a few incidents, but we decided together she was going to stay there and work through it and she muddled through and don't think it was happy in the last few years…"*
>
> *(Participant 5: Line 203-210)*

Internalised SEMH needs were observed by two parents as painful emotions and anxious mindsets. The data encompassed burnout, giving up easily, a need for control, eating and sleeping difficulties. Externalising needs were reported e.g. being hateful, stubborn, annoyed, angry, defiant, with physical violence and frustration. Parents proactively attempted to share concerns with school staff, and wider systems e.g. LA attendance officers. The communication of these to school was perceived as unsupportive.

Most Emotive Theme: Escalation of Needs

Four parents described a gradual escalation of attendance difficulties from lateness, intermittent days with somatic symptoms, escalating into daily anxiety and panic attacks, to complete burnout, then needing time off to recover. Four parents of girls, shared trajectories of pupil friendship difficulties and unhappiness. Friendship issues presented significantly in Year 4, until the end of primary school. Transition to

Secondary School was difficult, with friendship issues resurfacing in Year 8. Changes to mood in Year 9 attributed to puberty, and subject difficulties in Maths and PE, escalated until total refusal by Year 11.

> *"…. the problem started at the end of year seven. She was getting a lot of flak from the PE department because she refused to participate and wear the right clothes. She was getting detention after detention. Then we noticed that she didn't want to go to school. She started from there, and then COVID, she didn't have to go to school then. After COVID, she started like a couple of days a week with 'I don't want to go, I've got tummy ache. But it's really difficult to get her in after a long time and after a half term, she wouldn't go, and she hasn't been since…"*
>
> *(Participant 5: Line 7-21)*

Strongest Theme: School Led Interventions

Four parents described supportive therapeutic interventions initiated by school e.g. girls' self-esteem group, animal therapy (horse, dogs), CBT interventions for anxiety, and a graded exposure approach to re-integration. For the one case of reported depression, the pupil was assigned a buddy to support connection and reduce isolation.

> *"… they always make him close to another student so whenever he is lonely there is a person who can play with him so he can be happy…"*
>
> *(Participant 1: Line 78-80)*

Physical adaptations to the environment e.g. seating changes, a different entrance and later start time, a calm space to access with a time out pass, and exams administered in a private room were supportive. A laptop was provided for online learning at home. In school, triggering lessons were observed and a key adult was assigned from the pastoral team to offer emotional support when needed.

Unsupportive barriers to efficacy of interventions were identified as poor communication e.g. not explaining the boundaries of a time out pass to pupils and staff, an allocated key person being unavailable, authoritarian and unempathetic. Interventions may occur e.g. rag-rating a timetable but generate no follow up actions or assessment of impact occurred. Interventions were offered in school, on-site and therefore were not accessed by the pupil, as they were not attending school, demonstrating a mismatch to need.

> *"… they RAG-rated the timetable on one occasion, so it was red and green. But even when they'd ragged it, there was no solution to where she went when it was red…"*
>
> *(Participant 4 Line 313-316)*

Most Emotive Theme: Parent Led Interventions

Three parents described supportive interventions they had tried at home e.g. creating a sensory box, reducing mobile phone time to support sleep, not working from home to encourage independence. Two parents shared an effective intervention at home had been changing parenting style from an "…anger and threat…" with control and confrontation approach. Instead a supportive, caring, therapeutic parenting style incorporating principles of Playfulness-Acceptance-Curiosity-Empathy (PACE) (Hughes, 2006) learnt from self-help books. Providing a safe space, listening to needs and wants, taking time to explain and build connection and safety had been successful.

"… I'm now connecting in with her daily to try and reassure her that I'm not another person against her and working with her and she can feel safe with me…"

(Participant 3: Line 110-111)

"… I've changed my approach as a parent by going in not as a friend, but as a safe space and giving her boundaries and I now know those big outbursts and the big ridiculous attacks at me are not real. It's just her little way of coping with it and I haven't even got to the point of explaining that that is unacceptable. I have to spend a lot of time just talking to her and I don't think that that can ever work in a school because they just need to get on with what they need to do…" *(Participant 3: Line 633-638)*

"…I'm on a steep learning curve of this therapeutic parenting. You know, the PACE, … the playfulness and thinking how I can play around with this and accept it and then be curious to find out why she's like this and then it and then do the empathetic commentary…" *(Participant 3: Line 740-743)*

All parents proactively investigated support e.g. school support, support from other parents and from private professionals. Private specialist support sought included CBT sessions, counselling, ASC/Attention Deficit Hyperactivity Disorder (ADHD) diagnosis and an online maths teacher. Four parents felt ESNA pupils were not a priority for school as they were invisible. Three unsupported parents had to complain to initiate actions and fight for help.

4.2.1.7 Principle Seven: Working with Parents/Carers

Strongest Theme: Empathy for Parental Emotions

The parent of the re-integrated pupil shared positive feelings of confidence in accessing future support from school due to their successful experience. Parents of current ESNA pupils, described experiencing a range of emotions linked to schools' unsupportive treatment of them; doubt, mistrust, frustration, shame, guilt, blame, grief and being in "…*a world of pain…*" (Participant 3). Participant 5 described feeling "…*in no-man's land…*" unseen and with no action and support from school. They perceived

blame was attributed to the parents by the school, as poor parents with no routine or authority, which created an unwanted battle with their child.

Parents described the ESNA experience creating a painful shift in their values; from school being most important, to MH becoming the highest priority. To support parents, an understanding from school staff that parents are trying to manage the impact of ESNA on their lives. Parents want their child to be in school and want to find a solution. Three parents describe the pressure, high-expectations, and responsibility of attendance as constant, but the inconsistent nature of ESNA and pupils' MH makes parents feel out of control. An empathetic and collaborative approach would be supportive for parents.

> *"… I thought that school was the 'be all and end all.' You've got to go to school. You've got to get your GCSEs. But now I realize that happiness is everything. Because I just want her to be happy. I don't care if she's got GCSE's. I don't care if she goes to uni. It's just more now about getting her in the right mental state…"*
>
> *(Participant 5: Line 123-129)*

Most Emotive Theme: Communication

All parents expressed they found supportive communication involved talking face-to-face or by telephone. This offered a personal approach and an opportunity to get feedback, advice, and encouragement. Four parents reported that impersonal, automated communications e.g. email and voicemail were often the only ways to communicate with school staff. Emails were often operating in a hierarchical way, going through administrative or pastoral teams to access school leaders. Emailing and chasing follow-up responses became onerous on a daily or weekly basis. One parent reported growing email threads with unknown participants, resulting in feelings of defensiveness and increased severity of non-attendance.

> *"… I just had the emails. Emails to the pastoral team, then the tutor got involved with the e-mail distribution list and then this pastoral team leader. She had sent a reply back but then had cc'd a whole load of other people in so that made me feel like I went into business mode, of OK, you're talking, you're making sure everybody's got eyes on this e-mail correspondence because it's official. You know, this is how we communicate now…"*
>
> *(Participant 3 Line 187-191)*

Three parents felt unsupported by the lack of reciprocity in communication, waiting weeks for email responses, negatively impacting relationships fuelling mistrust, uncertainty, and feelings of being let down and isolated.

> *"… the SENCO came to the house…maybe a year ago. We went through everything, and she said she'd keep in touch. But she didn't. She came to the house again recently. It was probably 8 months later. She did apologize profusely, and she has emailed me, and phoned me since, so I think she's kind of trying now, but it's too late. I've washed my hands of that school..."*
>
> *(Participant 5: Line 178-173)*

In two cases school staff were supposed to call weekly, but commitments were unfulfilled. Short and direct responses by leaders were perceived as rude and dismissive. Communication experienced was often perceived as inauthentic, unempathetic and showed little understanding of ESNA e.g. by using the term 'refusal' instead of 'unable to attend.'

4.2.1.8 Principle Eight: Targeted Support and Referrals

Strongest Theme: CAMHS

Four parents found CAMHS to be unsupportive. Referrals to CAMHS for ESNA pupils were made by a variety of adults around the child, school nurse, school, parents, and GP. Referrals were made for MH needs. Long waiting lists left parents feeling they had little help and faced the negative impact of ingrained unmet need. One parent shared frustration in the wait for MH support compared to physical health, and disgust with the lack of resources. When CAMHS was accessed, one child's inability to engage meant they were discharged.

> *"… the GP referred us to CAMHS who are absolutely diabolical. All this backwards and forwarding to fill out this tool. Then XX had to fill it out. Would she fill that out? Course she wouldn't. So they said we can't help you then. I was like what do you mean you can't help me?! Just because she won't fill out a form..."*
>
> *(Participant 5: Line 159-164)*

Most Emotive Theme: Private Payment for help

Four parents shared feeling unsupported by school and CAMHS provision, so decided to pay privately to access support for their child. Parents described paying for private counselling, CBT, ADHD assessments and medication. Two parents describe how they had got into debt to get answers, access, and support for their child.

> *"…I've fast tracked out of CAMHS. The referral went in this September and I'm very aware of the big old waiting lists and so well we've gone into debt to do it. But I need to just get to the bottom of whether or not she's got this... She's been on the medication for a week now. It's night and day, the difference of what she went through to now. But she's still trying to wake herself up and but there's no sadness, there's no anger, I mean, I feel she's happier..."*
>
> *(Participant 3: Line 80-90)*

4.3 RQ3- What do parents consider to be supportive for pupils experiencing ESNA to attend?

In this section, themes generated from the DIST (Moran, 2020) have been reported in relation to the relevant WSA principles to explore RQ3.

This analysis illuminated two WSA principles of importance for aspirational support: Principle Two - ‘Ethos & Environment’ and Principle Three – ’Curriculum, Teaching & Learning.’ Within each principle three themes were identified across the data. For Principle Two the themes were: ‘a positive interactions with staff,’ ‘connected to others’, ‘physical environment and resources.’ In Principle Three the themes were: ‘attuned instructional principles,’ ‘collaborative pedagogy’ and ‘therapeutic communication and teaching style.’

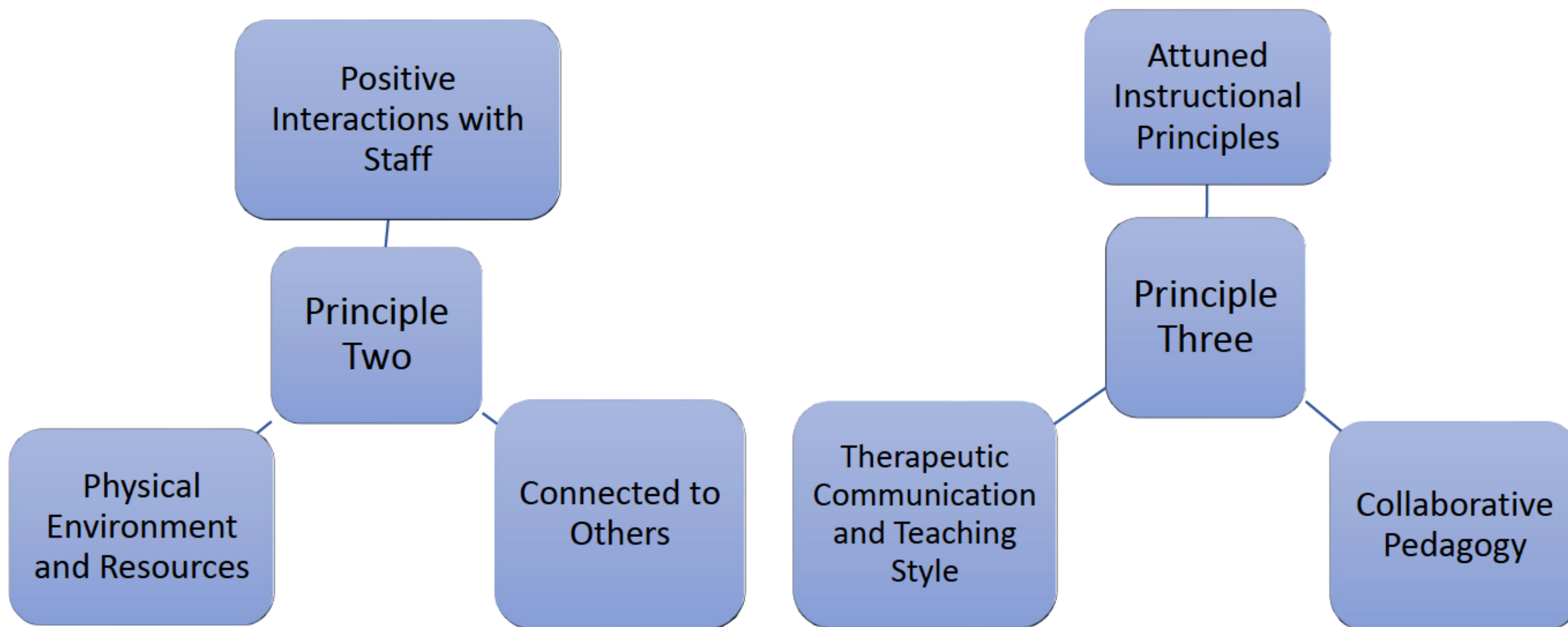

Figure Sixteen: ***Thematic Map for Ideal School Data***

4.3.1 Principle Two. Theme One: Positive Interactions with Staff

All parents reported that a supportive, ideal school would have happy, friendly, and willing staff. This would create a positive, encouraging social and emotional environment where pupils would feel safe, welcome, and included, which would support attendance. Visible engagement, positive and frequent social interactions would occur between staff and pupils. Positive interactions would demonstrate care, awareness, attuned consideration of individual needs, offering positive encouragement.

> *"…a positive environment that encourages pupils and is a nice place to be…"* *(Participant 4: Line 16)*

4.3.2 Principle Two. Theme Two: Connected to Others

All parents expressed the importance of feeling connected to others. Parents expressed that in an ideal school, smaller class sizes (ten-to-twenty pupils) would support pupils to make connections with peers and adults and feel important to others. A non-ideal school would be…

> *"… not inclusive. Not feeling important like, as in, there's just too many kids…"* *(Participant 3: Line 826-827)*

Two parents reported that fewer pupils would allow teachers to gain knowledge of individual students' strengths and needs and be able to spend time with them.

4.3.3 Principle Two. Theme Three: Physical Environment and Resources.

Three parents expressed that a smaller school site would support pupils to attend, due to increased familiarity and reduced anxiety about getting lost or being late to lessons.

Three parents made explicit reference to open space and outdoor areas such as a garden. This may benefit pupils' MH, by fostering feelings of freedom and providing an opportunity for relaxation. Windows and ventilation in classrooms would support health fears post-COVID-19 and provide an optimal working temperature for pupils. Access to toilets would reduce anxiety and facilitate any physiological symptoms that were creating a barrier to attendance.

Resources such as laptops, handrails for disabled pupils, fidget toys for sensory needs, and staff would be available to meet pupils needs and support attendance.

> *"…I'd like it to be a very small class, with a very friendly teacher, with toilets nearby. An open area that they can go out in to relax if it gets too much..."*
>
> *(Participant 1: Line 728-729)*

4.3.4 Principle Three. Theme One: Attuned Instructional Principles

Two parents articulated that teachers with expertise in instructional principles, who could facilitate success and achievement would be beneficial in supporting pupils to attend. Teachers with effective and supportive communication styles who demonstrate care and interest for pupils was important. Knowledge and understanding of SEND and MH was desired to be able to identify and support pupil needs.

> *"… staff interacting with each child trying to get to know the children, and to have a good knowledge of mental health…"*
>
> *(Participant 5: Line 702-703)*

4.3.5 Principle Three. Theme Two: Collaborative Pedagogy

Three parents expressed that inclusive or circular seating organisation was perceived as more supportive than traditional rows with the teacher commanding orders from the front. The need for seats to be comfortable with an opportunity to move from them, would help reduce anxiety around attending lessons, having to be still and passive.

Two parents reported that pupils' sedentary learning and waiting for teachers to help them with work, was reducing motivation to attend. Lessons facilitating appropriate pace, stimulation, pupil engagement and social interaction would be supportive. Independence, choice, and achievable tasks were considered important in supporting motivation to attend.

"…the children will be moving a lot in this classroom and engaging in their lessons by not being, sort of sedentary..."

(Participant 3: Line 906-907)

Two parents considered the use of reward charts on the wall to be unsupportive. Personal, confidential, positive rewards and celebrating individual progress towards a goal would be more supportive.

"...I don't like the best reward charts, you know, like the who's the best person in the league tables and all that rubbish…"

(Participant 3: Line 840-841)

Four parents aspired for the inclusion of play to create moments of fun learning and enjoyment, to be supportive. However, parents recognised that children needed to be taught how to play, requiring structured and free play opportunities in the curriculum. Three parents expressed that social skills and explicit teaching of friendship skills were needed. Strength-based activities and links to personal interests were considered supportive for pupils to attend.

4.3.6 Principle Three. Theme Three: Therapeutic Communication and Teaching Style

All parents expressed the importance of interactions in supporting attendance, in an ideal school. Parents desired traits for staff working with ESNA pupils were happy, friendly, calm, patient, understanding, caring, supportive, empathetic, kind, approachable, fun, and respectful. Parents wanted staff to be connected and interacting with their child, proactively spending time with them and being willing to listen.

4.4 Summary

Overall, parents highlighted the high levels of MH need for their ESNA children. Needs were complex CMHP at clinical levels and ascending as CYP progressed through school year groups. When discussing how the school environment supported CYP, some clear patterns were identified from the examination of parental experiences and their best hopes for a school environment. Both sets of qualitative data signal the significance of supportive psychosocial environments in various ways, thus giving potential indicators for school provision linked to the WSA. The relationship of these findings with existing theoretical insights, and their implications for schools working with young people with ESNA, are discussed in the following chapter.

CHAPTER FIVE: DISCUSSION

This chapter will draw together the findings of the study investigating the overarching RQ ‘What can we learn about the WSA to MH, from the experiences of parents of pupils presenting with ESNA?’, through a case-study design combining mixed-methods data sources.

The aim was to explore how the data illuminates supportive educational practices, as perceived by parents whose CYP experienced ESNA. Links to educational practices are framed by the WSA, with a view to support future developments in educational provision. Findings are discussed under each specific RQ. Firstly perceptions of ESNA pupils’ MH needs; parent experiences of the operation of the eight principles of the WSA; and finally, parent aspirations for school provision. These are discussed linking to the literature presented in Chapter Two, leading to a theorised model of a WSA drawing upon PVT, aligning with a CR approach. Following this, the theoretical and methodological strengths and limitations of the study are provided. Consideration of potential implications for EPs, schools, teachers, and opportunities for future research are offered.

5.1 RQ1- What categories of CMHP do parents report for pupils presenting with ESNA?

Parents perceived MH needs increasing with the age of the CYP, reflecting wider population trends (Sadler et al., 2018). This finding can be considered pertinent as shared by all participants. This presents a rationale for early intervention approaches, and preventative work by EPs, to prevent escalation of MH needs, such as implementing a WSA (Birch & Gulliford, 2023).

Individual parents all perceived that CYP were experiencing two or more CMHP at clinical levels, which highlights the likely complexity and range of MH challenges for pupils experiencing ESNA. Parent report captured higher levels of diagnosable disorders, than previously found by Ek and Eriksson (2013) and Kearney and Albano (2004). Notwithstanding the small sample here, this may reflect the increasing complexity of MH in CYP, influencing ESNA. It may also reflect the high parental concern for their CYP, noted in the literature as sometimes being at odds with the perceptions of school staff (Lissack & Boyle, 2022).

Next, findings relating to individual CMHPs are interpreted below, in order of descending perceived prevalence by parents.

5.1.1 Separation Anxiety

Parents perceived CYP to be experiencing clinical levels of SA, higher than the prevalence in current literature. The strong association between ESNA and SA is a finding by Bahali et al., (2011), who found 75% of their sample presented with SA. The unanimous perception of SA implies significance, albeit in a small sample.

The emphasis on the importance of secure relationships, aligns with previous literature. Perez and Sundheim (2018) suggest that attachment relationships move beyond proximity, safety, and sensitive care from an adult in the home, to include adults in school. In a single case-study they applied polyvagal psychotherapeutic approaches to SA, by enhancing cues of safety in the classroom (using prosody of voice and facial expressions) employing face-to-face emotionally attuned interactions. These were identified to be successful over a two-year period in reducing the CYP's SA, as measured by clinical observations.

Similarly, Schofield and Beek's Secure Base Model for Schools (2020) theorises that a secure base is created through a relationship with a caregiving adult, who offers a child a reliable and safe contact for reassurance when experiencing difficulties.

In relation to RQ1 the concurrence between this finding on the significance of SA and commentary in the literature, implies that secure relationships in a school environment may be an important area to consider in a WSA for MH. Originally, this study draws upon the psychological theory of PVT (Porges, 2011) when interpreting findings, which emphasises the importance of compassionate connections as positively influencing the ANS, emotional states and social engagement. It could be argued that secure adult-pupil relationships and compassionate interactions require careful consideration in a WSA to MH, and that PVT approaches may potentially support reducing SA over time (Perez & Sundheim, 2018).

5.1.2 Panic

This study illuminated that parents perceived a high proportion of CYP to be experiencing clinical levels of panic. According to the APA (2023) panic is a sudden and uncontrollable fear reaction from a perceived threat. Therefore, this finding suggests that the perception of safety in a school environment may be a key element in any WSA. This interpretation aligns with Popoola & Sivers (2021) and Bonnel et al., (2019) who drawing upon pupil voice suggest that pupils need to feel physically and psychologically safe to attend school.

Within the literature, its hypothesised that a CYP's level of panic could be influenced by the psychosocial environment i.e. the attitudes and beliefs of others, social norms, and the ability to adjust behaviours to meet the demands of the social environment

(Angle, 1999); again alluding to the importance of psychological and environmental safety. It has been suggested that social capital, defined as features of social organization i.e. trust and social networks (Putnam et al., 1994) within the school community, is important in moderating the social school environment (Plagens, 2011). This alludes to the importance of social connections and relationships in a school. Additionally, panic has been hypothesised as a coping behaviour triggered by perception of a lack of control from environmental stressors i.e. the inability to safely communicate and influence outcomes in the environment (Hewitt et al., 2021).

This finding could be interpreted drawing upon PVT, which proposes that a mis-attunement of an individuals' ANS creates panic-like responses. Panic has been linked to poor vagal tone, where bodily symptoms of atypical vagal regulation make the heartbeat quickly and mirror the symptoms of panic attacks (Dana, 2018). PVT considers ANS actions to be automatic and adaptive, generated below the level of conscious awareness. This modelling is consistent with reports of ESNA pupils being physically unable to attend school, rather than making a conscious choice to not attend.

When considering RQ1 it could be argued that panic interpreted using PVT, may be mediated in a WSA through enhancing provision of psychological and environmental safety, social connections and positive relationships, and the opportunity to communicate and influence the school environment.

5.1.3 Depression

A further finding identified that parents perceived high numbers of pupils to be experiencing depression. This extends findings by Finning et al., (2019b) who found a small-to-moderate positive cross-sectional association between depression and

absenteeism. Parents in this study perceived higher rates than Ford et al., (2003) who found two-thirds of adolescents with depression had additional MH diagnoses, when also administering a diagnostic questionnaire. Whereas Collishaw (2015) found higher depression rates for girls than boys, the current study found that boys had higher scores than the girls, although the small sample limits conclusions from this.

When considering RQ1, this finding offers insight into the range of CMHP that ESNA pupils may be experiencing, alluding to the importance of a terminology shifting away from a narrow anxiety perspective.

Depression interpreted from a polyvagal perspective is seen as a dysfunctional social engagement system, with difficulties in the ventral vagal nerve (Dana, 2018). This orientation offers an alternative perspective that depression is an emotional survival response to adversity. Escalante (2021) proposes that depression incorporates a sense of shame accompanying the immobilisation response. Therefore removal of the environmental threat is not enough for regulation, but robust signals to the individual concerning their safety are needed through removal of threat *and* through social connection. This orientation could suggest why CBT approaches to ESNA intervention, have had mixed results (Maynard et al., 2015). Hence, polyvagal psychotherapeutic approaches in a WSA, may offer novel support based upon subconscious neuroceptive responses, rather than cognition to guide behaviour (Dana, 2018).

5.1.4 Gender Differences: Social Anxiety and GAD

Parent perceptions indicate gender differences in CHMP presentation, with girls perceived to have a higher prevalence of social anxiety than the boys. Raleigh (2019) found 1 in 2 girls, and 1 in 4 boys presented with social anxiety, whereas this study

found similar patterns, with 91% of girls and 42% of boys perceived to present with social anxiety.

It could be argued that this finding of social anxiety linked to girls, supports a polyvagal response at play, as Alvares et al., (2013) found females with social anxiety have reduced heart rates consistent with PVT predictions linked to stages of immobilisation. Yet, Blumenthal et al., (2011) attribute gender differences to pubertal maturation. With this in mind, findings highlight that a WSA and early intervention approaches by EPs for MH may need to ensure sensitivity to both adolescent development and gender differences, when considering MH needs of pupils.

The findings also indicate a greater prevalence for GAD among males. This finding has not been noted in other studies. Opposingly, (Bahrami & Yousefi, 2011) found that girls experience more GAD, reflected in increased anxious thoughts, metacognitive beliefs, worries about control, and avoidance. Interpreting GAD using PVT, Levine et al., (2016) associate GAD with vagal withdrawal (increased heart rate) during periods of worry, rather than cognitions, but found no gender differences.

When considering RQ1 this finding supports the potential importance of gender trends in CHMP support, and adolescent development when designing a WSA.

5.2 Retroductive Theorising: A Polyvagal Perspective on MH and ESNA

A unique contribution of CR and mixed-methods research is retroductive theorising i.e. the inference of explanatory mechanisms and construction of tentative emergent theory to develop understanding of a complex phenomenon (Mukumbang, 2023). Accordingly, in this section, ESNA behaviours encompassing MH needs are tentatively theorised from a PVT perspective.

The most prevalent MH needs of SA, panic, and depression in this sample potentially indicate the importance of individual perceptions of threat and safety in the school environment. Theorising from a polyvagal perspective may be apt, as Porges, (2022) considers PVT to be the science of safety. Within PVT, an individual's ANS may react to perceived risks in the school environment, influencing psychological states and the process of resilience from interactions between the school environment and the individual. Kok et al., (2013) noted that the lived experience and perceptions of threat are more important than reality, when impacting the ANS. Therefore, creating robust perceptions of safety in a school environment through a WSA may be supportive for pupil MH.

PVT (Porges, 1994) acknowledges that individuals operate in environments with risk, which could include school environments. PVT frames adaptive reactions to traumatic events (i.e. an event so distressing *to an individual* that they cannot adapt and cope) into three states. Corresponding behaviour in each state is theorised as engagement, mobilization, or disconnection. PVT posits that being able to move between states and emotionally regulate, acts as an indicator of resilience (Dana, 2018). Resilient individuals will be able adapt and regulate between the hierarchical stages. But individuals who have experienced trauma, and/or have MH challenges, may be unable to regulate, moving between states. PVT considers the ability to regulate to align with perceptions of safety and trust, dependent upon survival instincts that support cooperative behaviour (potentially indicated by regular school attendance) and good health (inclusive of MH).

Reflecting upon how CYP experiencing ESNA may present, PVT's *engagement* potentially resonates with consistent school attendance, *mobilisation* with inconsistent and gradual difficulties in attending, and complete *disconnection* could represent

entrenched ESNA behaviours. Therefore, ESNA could be viewed as emotional shutdown and disengagement from the social engagement system, as an adaptive survival response to perceived threats faced when attending school. This emergent theoretical perspective is illustrated in Figure Seventeen, incorporating findings from this study.

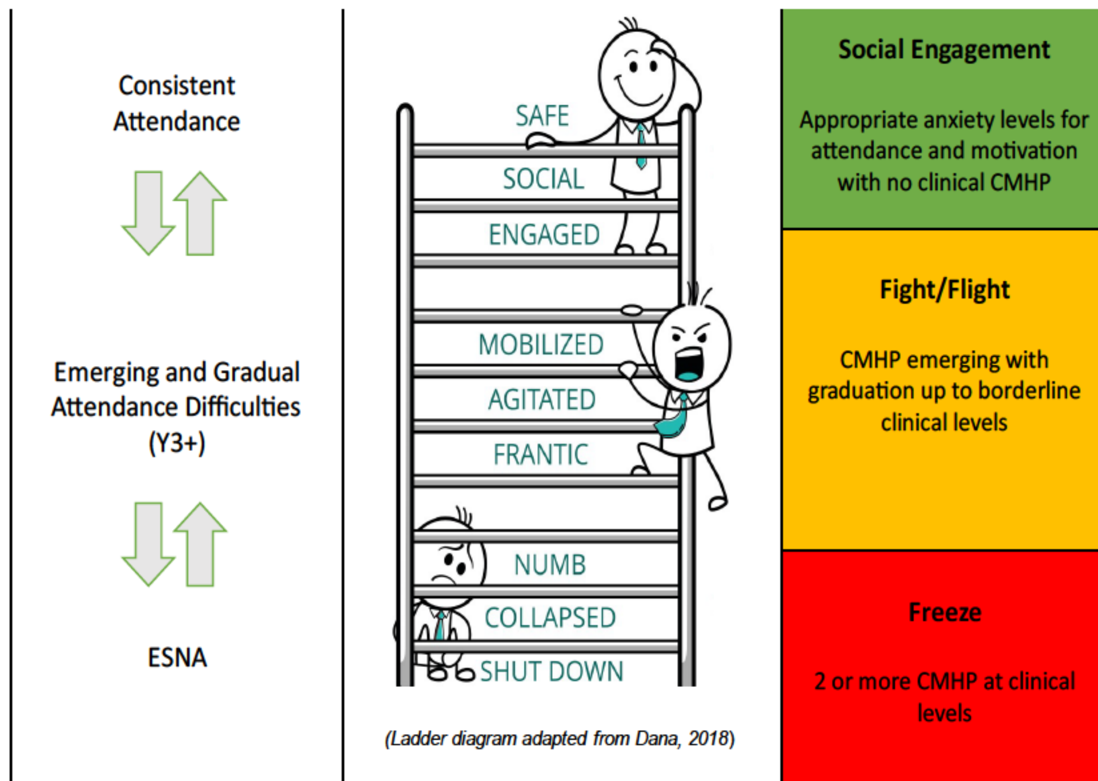

Figure Seventeen: A diagram to represent Polyvagal Theorisation of ESNA and MH presentation.

This aligns with Stroobant and Jones (2006) perspective that ESNA may be a rational, adaptive response to threat in the school environment. Small moments of distress can cumulatively impact the capacity to move between the hierarchical stages. Consequently, individuals in this state of pressure will experience intense survival responses, which could manifest as ESNA. This modelling concurs with existing theorising that ESNA is a manifestation of MH needs (Li et al., 2021).

Repeatedly facing multiple environmental risk factors could retune an individual's ANS reactions to become stuck in a protective bias, impacting the individual's ability for social and psychological connection. Habitual patterns of protection against threat may be formed (Dana, 2018) and may become entrenched behaviour. De Thierry (2015) posits a trauma continuum with type one trauma from a single event, type two trauma from multiple events, and type three trauma from multiple small events starting from an early age and continuing over time, may be relevant. If individuals feel unsafe at school, the legal requirement to attend every day, could create repeated trauma. If this trauma is not responded to, the individual may move through a dissociative continuum, becoming immobile in a freeze response, then dissociating until complete collapse (Perez & Sundheim, 2018). It could be argued that a gradual dissociative response aligns with the presentation of gradual difficulties for ESNA pupils leading to complete shutdown and periods of ESNA established within existing literature (Corcoran & Kelly, 2023).

5.3 RQ2 – What experiences of the eight principles of the WSA did parents find supportive or unsupportive?

5.3.1 Leadership and Management

The interpretation of parent perceptions indicate they felt visible leadership with compassionate in-person connection would be supportive. This finding can be viewed as important as expressed by all participants. Parents wanted leaders to personally witness the incidence of personal distress for their CYP, so they felt believed about the authenticity and severity of difficulties preventing attendance. Parents did not want to be judged as falsifying difficulties. This emphasis on the importance of parents feeling believed and not negatively judged is echoed within the literature (Lissack & Boyle, 2022). Similarly, Malcolm et al., (2003) emphasise the importance of building relationships with parents to support attendance. Childs and Groom (2022) propose strategies for leaders to be present to support attendance difficulties. Additionally, Warin (2017) advocates for compassion and nurture in school leadership to foster caring relationships. In relation to RQ2, parents were seeking psychologically safe interactions with leaders with compassionate connections i.e. in-person prescence, a non-judgemental stance, authenticity, and trust.

Extending this perception of the supportive factor of visible leadership and personal communication, it was interpreted that when parents could compasionately connect with leaders using reciprocal communication, they felt well-supported. This finding presents valuable insight into the use of phone calls, regular communication and updates helping families not to feel forgotten with unimportant 'ghostkids' (Participant 3). This finding could be extrapolated to inform future practice. Reciprocity supported parents to feel as if they were collaborating with school, with action being taken to support the pupil's MH and attendance difficulties. Lyon (2023) describes reciprocal leadership as emphasizing mutual goals, motivating, engaging and empowering

followers and leaders, and focuses upon relational interactions, inclusivity, and shared power. Similarly, Fennell (2005) argues educators should establish reciprocal relationships with families to collaborate with mutual respect, co-operation, and shared responsibility to achieve shared goals such as improving CYP MH and attendance. Considering RQ2, it could be argued that parents find compassionate connection and reciprocal communication supportive.

A further theme identified, was that parents percieved the need for leaders to develop and adhere to, timely-implemented, well-considered, proactive policies, conducive to positive MH. A purpose of school policies includes creating a safe and productive environment for pupils and staff (Clapper, 2010). Yet most parents shared experiences of unsupportive school policies that created negative perceptions of psychological and environmental safety, such as repeated detentions and isolation creating fear, avoidance, and disengagement. Issues were illuminated concerning the speed of policy implementation, and consistency of delivery in practice versus written policy documents, which created a loss in confidence in the ability of schools to manage unsafe and distressing situations such as bullying, for parents and pupils. This finding provides insight into the value of psychological safety in the school environment, in supporting school attendance, also suggested by Weiner (2021). Moreover, it highlights the value of quick responses to attendance difficulties to prevent ESNA to become entrenched is perceived as supportive (Baker & Bishop, 2015). Furthermore, it supports existing guidance regarding school policies, which highlights MH should be considered across all policies, not solely in the MH policy (DfE, 2018b). Regarding RQ2, the importance of psychological and environmental safety in the school environment, by creating and administering effective policies is supportive.

5.3.2 Ethos & Environment

All parents perceived that positive peer connections supported attendance and MH. Parents highlighted the negative impact of a loss of connection during ESNA, COVID-19, and the transition from primary to secondary school, contributed to feelings of isolation and trepidation when attempting to connect with new peers. Parents perceived that pupils lack social skills and confidence to connect with new friends, especially when connecting with larger number of pupils at secondary school than primary school. Furthermore, patterns of friendship difficulties for the girls, link to negative feelings of connection and belonging. Loss of connections and a lack of compassionate connection from peers e.g. during incidents of confrontation and bullying, negatively impacted MH and increased the perception of attending school to be unsafe.

The interpretation of the importance of peer-relationships as supportive in school attendance and positive MH is well-established in the literature. Post-COVID-19, this has been identified as having been threatened by school closures and loss of peer contact, particularly in adolescence (Widnall et al., 2022). Concurring with the findings in this study, Havik et al., (2014) found positive peer relationships could function as a protective factor supporting school attendance. SEL skills have previously been identified as protective factors (Banerjee et al., 2014). Gulliford & Miller (2015) highlight the size of the school environment, inclusive of the number of children, as a potential risk dimension. Incidents of bullying have been previously identified as a risk factor for attendance (Hutzell & Payne, 2018), as have attendance difficulties increasing in prevalence following transition to secondary school (Elliott,1999). In regard to RQ2, compassionate, connected peer-relationships are perceived to support school attendance and MH.

Another pertinent theme illuminated that all parents highlighted the importance of compassionate connection in teacher-pupil relationships, with helpful, friendly, willing teachers perceived as supportive. Informed, accepting staff who implemented reasonable adjustments, positively influenced pupils' ability to attend. One welcoming staff member, who noticed pupil presence or absence, and encouraged pupils was considered impactful. Furthermore, as ESNA behaviours continued, parents describe the loss of connection and familiarity with teachers, as compounding and fuelling anxiety about returning to school. The emphasis on teacher-pupil relationships as a protective factor in school attendance is previously highlighted (Baker & Bishop, 2015; Gregory & Purcell, 2014). The importance of a compassionate connection with a single adult in school, could be interpreted from an Attachment Theory perspective (Bowlby, 1969), plus Boorn et al., (2010) highlighted the importance of strong positive relationships in school. It could be viewed that ESNA pupils need to develop a secure base and alliance with adults in school to feel valued, included, and safe (Filippello et al., 2019; Golding & Hughes, 2012; Schofield & Beek, 2020). Furthermore, parents shared that repeated harsh discipline, created defensive children. Caldarella et al., (2023) found that the impact of repetitive, sanctions-based approaches in schools can escalate the behaviours that they are attempting to reduce, especially for CYP with additional needs. Pupils defensively mirrored the negative social interaction received by adults, back at adults. The mirroring of behaviour could be viewed through an insecure attachment lens (Ainsworth et al., 1978) or a Social Learning Theory perspective (Bandura, 1977). This suggests that a key element for pupils may be compassionate connections modelled by school staff, to ensure that every interaction is a positive intervention (Treisman, 2017) supporting the process of resilience, fostering positive MH, and school attendance. In terms of RQ2, this finding indicates

the importance of compassionate connection, respectful reciprocal communication between teachers and pupils, for the perception of a safe school environment.

5.3.3 Curriculum, Teaching & Learning

The finding here was that 80% of parents considered the current curriculum to be unsupportive. This was deepened by the perception of a supportive SEMH curriculum at primary school, with PSHE lessons and enrichment events well-communicated to parents. Parents perceived pupils to have poor social and friendship skills which prevented them communicating with others. One parent shared how post-COVID-19 psychoeducation resulted in increased anxiety, exacerbating existing needs. This illuminates the need for a systematic, monitored SEMH curriculum in secondary schools, with follow-up provision for pupils to reciprocally communicate with peers and staff about taught content. Brown et al., (2021) corrobate this finding and recommend improving classroom-based delivery of an evidence-based and prevention orientated curriculum. Maynard et al., (2019) and Nielsen et al., (2019) advocate for an internal and external protocol for curriculum communication to share messages and increase understanding of curriculum content and aims. Furthermore, Clarke et al., (2021) emphasise the importance of developing of social, emotional, and behavioural skills appropriate for developmental age. This is supported by PVT, which asserts that individuals need internal abilities (i.e. skills) to recover from loss of connection with others. When considering RQ2, this finding highlights the importance of communicating the curriculum to parents, for parents to feel connected to school learning, and for pupils to connect and reciprocally communicate with others.

Parents percieved that strict authoritarian teaching styles created a barrier for pupils to connect with adults. The loss of connection from strict teaching styles contributed

to avoidance behaviours, percieved to be driven by fear. Pupils were percieved to experience social-anxiety-related freeze responses, from anticipated fear of being asked a question in class and being negatively evaluated by teachers and peers, if unsure of the answer. Findings surrounding the wider efficacy of responsive teaching styles are corroborated by Gulliford & Miller (2023). It could be argued that a compassionate, interactive teaching style could be linked to the Secure Base Model for schools (Schofield & Beek, 2020) and the Therapetic Needs Hierarchy (Golding & Hughes, 2012). Furthermore, interpretation of this finding applying PVT suggests that connection and cues of safety from an adult are percieved through eye contact, smile, prosody of voice and small arm movements. This alludes to the consideration of microanalysis of interactions when teaching to provide cues of safety for pupils to build a positive perception of the relationship.

Compassionate communication styles were considered supportive i.e. positive, trusted invitations to connect and engage, with a curious, empathetic, attuned interaction without judgement. PVT aligns with the importance of reciprocity in communication i.e. sending and receiving signals of safety for connection and co-regulation. Extrapolating from this, cues of safety and gestures inviting connection, may be aspects of communication styles for teachers to be aware of and incorporate into practice. This will require teachers be attuned to their teaching and communication behaviours. Upon reflection, it could be hypothesised that a lack of reciprocal communication had allowed attendance difficulties to be maintained and entrenched e.g. a lack of reciprocity could be why online learning was not accessed, why punishments of isolation at school had been unsupportive, or why authoritarian communication styles blocked developing and maintaining any connection. When

contemplating RQ2, compassionate connection and reciprocal communication in teacher-pupil relationships may be supportive.

5.3.4 Pupil Voice

A pertinent theme identified parents' frustration about the lack of understanding by school staff about the physical difficulty of attending the school site. The single opportunity for pupils to share their views with adults was by attending a face-to-face meeting on the school site. Invitations to attend ideally provided an opportunity to communicate feelings and events, participate in open reciprocal conversation, and transparent decision-making. However, pupils were reluctant to speak in a room full of unfamiliar adults, and share authentic emotions, which exacerbated existing anxiety. These accounts illuminate the difficulty for pupils to access such meetings, be included and heard. Parents shared how pupils felt unable to attend the meeting due to; authoritarian communication styles of school staff, a lack of control, power, acceptance, and influence in decision-making. It could be argued that these findings highlight that a perceived lack of reciprocal communication, influence and power, fuelled cognitions of unimportance, low connection and belonging. Frustration from parents arose from no alternative methods for eliciting pupil voice being offered, such as a home visit.

The positioning of the voice of the child is statutory in the SEND Code of Practice (2015) graduated response of support, and the United Nations Convention on the Rights of the Child (1990). Yet, this finding of poor elicitation of pupil views is consistent with previous work of Beckles (2014). A paucity of literature in this area for ESNA was evident, which may warrant future exploration in research. When considering RQ2,

increased understanding of ESNA on the part of staff, including increased opportunities for pupil voice to be communicated is indicated.

5.3.5 Staff Development

Views shared by parents indicated they perceived a need for greater connection with pupils, with curious staff spending more time with individuals. One parent hypothesised if staff showed increased curiosity into a child's behaviour, and spent time with the pupil to compassionately connect and understand them, it could be mutually beneficial for staff, pupil MH and attendance.

This finding is echoed in the perspective that all behaviour is communication. Similar to an iceberg model, underlying factors lie beneath the ESNA behaviour, which need to be explored. Sucessful employment of a trauma-informed PACE (Playfulness–Acceptance-Curiosity-Empathy) approach (Golding & Hughes, 2012) at home had supported one parent to rebuild connections with her child. Playfulness encourages a light vocal tone and facial expressions of joy, which links with polyvagal cues of safety. Playfulness hopes to communicate safe, relaxed, positive interactions. Acceptance communicates safety to the child. Curiousity communicates a shared meaning behind behaviour. Empathy communicates stability and safety to a child. Therefore when considering RQ2, a PVT and PACE approach (Golding & Hughes, 2012) could support ESNA pupils with safe, compassionate interactions, and connection.

Additionally, parents percieved staff needed extra training to gain an accurate understanding of ESNA and MH needs, and effective strategies for support. This finding is in line with suggestions for school leaders to upskill school staff on MH

awareness, resilience, and personal wellbeing to improve psychological safety in the school environment (Education Support, 2022). In terms of RQ2, parents percieve staff training to potentially make the school environment psychologically safer, with pupils feeling able to express needs, and receive support.

5.3.6 Identifying Need and Monitoring Interventions

Parents reported a range of school-led interventions e.g. therapeutic, behavioural, physical or social adaptations as supportive. Evidence-based therapeutic interventions such as animal therapy, CBT interventions for anxiety, social interventions that supported depression and connection, and a graded exposure response to re-integration were valued by parents. Adaptations to the physical environment such as seating changes, alternative entrances and a calm space were psychologically supportive for pupils. These types of school-led interventions combined created increased psychological safety in the school environment. Theoretically, building a psychologically safe environment is fundamental to supporting diversity, inclusion, and well-being in a school environment (McClintock et al., 2021). In line with findings in the current study, and considering RQ2, suggestions that a school environment can foster psychological safety with systems of support, prevention, wellness promotion, and interventions based on student need, and that promote school–community collaboration (Cowan et al., 2013) may be supportive.

An additional finding emphasises the importance of parent-school communication of observed needs and their escalation, as a supportive factor. This finding can be considered as pertinent as all parents had observed concerns about internalised or externalised behaviours in their CYP, which impacted their MH and attendance. However, communication of concerns to school staff was percieved by parents as

often being unsupportively dismissed, and ignored. In terms of RQ2, reciprocal communication and compassionate connection between parent and school systems, would have been supportive. A WSA with reciprocal communication for collaboration between ecological systems with a child-centred approach at the core of actions (Bronfenbrenner, 2006) may enhance current provision. The perspective of collaboration with parents is advocated for in DfE guidance (2022), and positions engaging with parents as beneficial in supporting school attendance.

Parents shared implementing interventions and adaptations to the home environment to support psychologically safety e.g. changing their parenting approach to a therapeutic parenting style, incorporating principles of PACE (Hughes, 2006), providing a safe space, establishing connection, becoming attuned to needs, and taking time to connect and communicate. This finding supports the importance of creating a Secure Base (Schofield & Beek, 2004), therapeutic parenting (Naish, 2016) and the PVT principles of compassionate connection, safety and communication. When considering RQ2, this finding addresses the importance of interactions in the family system, and potentially bridging successful interventions between home and school.

5.3.7 Working with Parents

The researcher interpreted that parents felt unsupported by the lack of reciprocity in communication. Parents waiting weeks for responses or having promises to regularly communicate unfulfilled by school staff, negatively impacted relationships. Notably all parents reported that personal communication was supportive for an opportunity to gain clarity, feedback, advice, and encouragement. This finding is supported in the

literature when working with parents (DfE, 2022a). In terms of RQ2, findings suggest that timely reciprocal communication, personal communication, and connections with authenticity, empathy, and increased understanding, all located in PVT, would be supportive elements in a WSA.

Parental accounts indicated a perceived lack of compassionate connection with school staff. Instead experiences of families working with schools evoked negative emotions, such as blame, mistrust, frustration, and shame. This theme illuminated the impact of ESNA and CMHPs as a difficult time for parents, with ESNA conflicting with their personal values about the importance of education and school attendance. Managing the impact of ESNA on their lives e.g. facing physical violence, loss of employment and financial difficulties, the negative impact on daily family functioning, and concern for their child's MH and future was challenging. At this challenging time, compassionate connections between school staff and families would be supportive.

Bodycote (2022) highlights difficulties faced by parents of ESNA pupils, and Procter et al., (2021) iterates that schools must work with parents using a strengths-based approach. Cofie (2019) asserts that school staff should listen with openess, respond with understanding and provide genuine and realistic responses using language to convey empathy. Hence, in regards to RQ2, compassionate connection and empathy when working with parents would enhance a WSA.

5.3.8 Targeted Support

The finding that all parents perceived 'Targeted Support' to be unsupportive was significant. Challenges accessing specialist services include long waiting lists, no or incorrect signposting to services, and confusing referral processes. Multiple

professionals around a child made referrals for specialist support, but a lack of reciprocal communication and long waiting lists left parents feeling unsupported. High thresholds for support, with discharge if a pupil is unable to engage in administrative tasks, left families feeling ‘in no-man’s land’ (Participant 4). Parents perceived an additional barrier to targeted support to be specialist advice refused to be implemented by schools, which created a sense of frustration.

As shared in Chapter 2, several policy initiatives plus UK Government legislation committed to transforming access to CYP MH services as a national priority. Therefore in the current socio-political climate, this finding was expected to be the contrary in this study. A specific aim set out in ‘Transforming Children and Young People’s Mental Health Provision: A Green Paper’ (DoH & DfE, 2017) was to have MHSTs in 20-25% of the country by 2022/23 to provide support and early intervention for CMHP in schools. Furthermore, a commitment to ensure no longer than a four-week wait time for CYP to access specialist NHS MH support was made. In this small sample albeit with participants from three different regions of the country, no pupils had MHST provision available, and wait times for access to specialist services exceeded four-weeks. With barriers to targeted support meant that parents turned to paying for private services. Most parents accessed private support, with parents getting into debt in desperation to get answers and specialist support for their child. This finding adds to the discourse of parent dissatisfaction in accessing CAMHS support (Lissack & Boyle, 2022) and challenges in implementing the Green Paper for CYP MH (Symons, 2020). In terms of RQ2, timely access to specialist support, with reciprocal communication across systems, would have been supportive in a WSA, and theoretically support creating a psychologically safe environment.

5.4 Retroductive Theorising: A Polyvagal-Informed WSA

An aim of this study was to illuminate supportive practice, for potential enhancement of the WSA. It could be argued that findings indicate parents perceive an 'Ethos and Environment' that supports secure relationships with compassionate connections, psychological and environmental safety, and reciprocal communication to be most supportive in a WSA.

The domains of compassionate connection, physical and environmental safety and reciprocal communication are therapeutically addressed in individual polyvagal therapy (Dana. 2018). Therefore, in this section I will outline the three theoretical domains in polyvagal therapy and consider how the same principles may be applied in a polyvagal-informed WSA. An emergent PVT-informed WSA is presented, synthesising the findings from this study (Figure Eighteen).

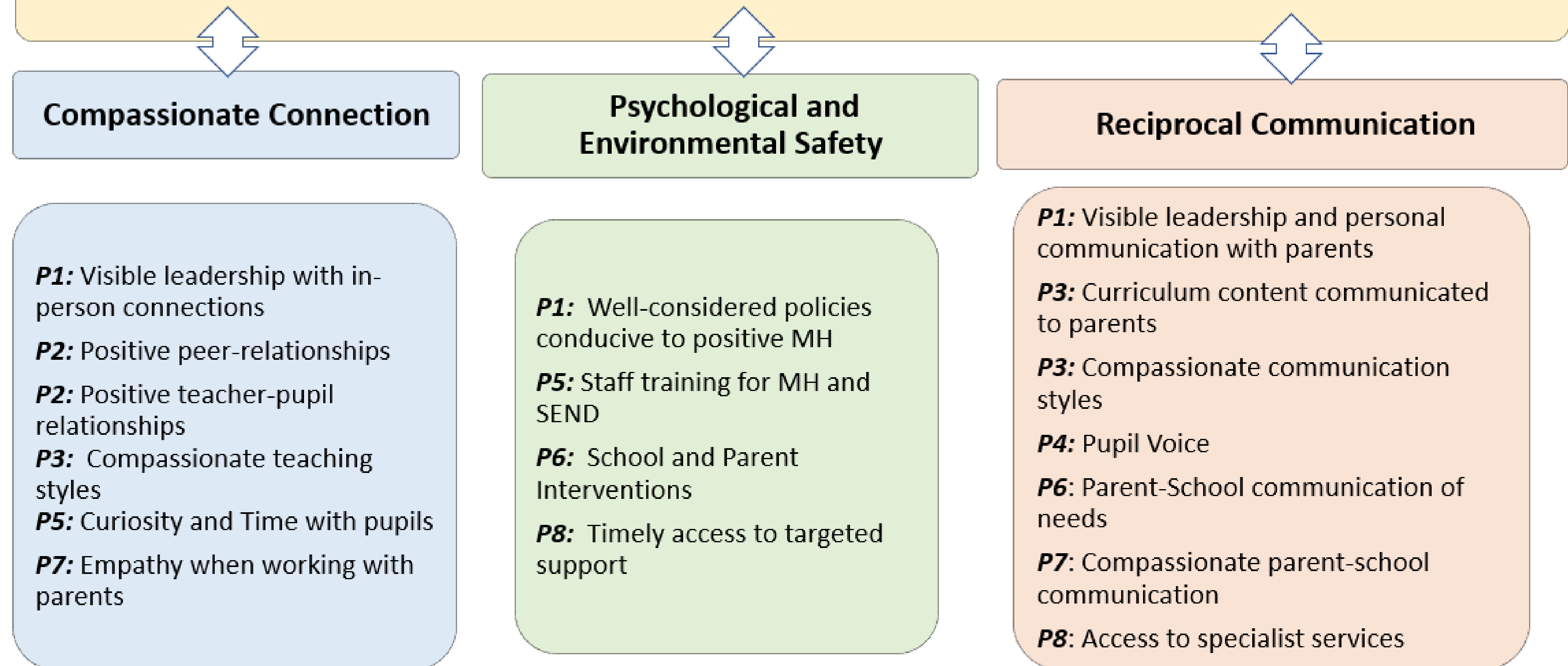

Figure Eighteen: Polyvagal-informed Whole-School Approach

5.4.1 Compassionate Connection

Findings indicate the potential importance of compassionate connection with presence in the following themes; ‘visible leadership with in-person connections’, ‘positive peer-relationships’, ‘positive teacher-pupil relationships’, ‘compassionate teaching styles’, ‘curiosity and time with pupils’, and ‘empathy when working with parents’. Therefore it could be argued that compassionate connection may be a crucial element in a WSA.

The first domain in polyvagal therapy, posits that the perception of compassionate connection fosters the ability to attend to others, seek opportunities for co-regulation, access a range of positive emotional responses and to reciprocate relationships. Co-regulation with an empathetic and emotionally present other offers security, attachment, a sense of belonging and social engagement. Connection offers increased capacity for self-regulation (Porges, 2012). Conversley, when an individual perceives themselves as unsucessful using social connection, the ANS engages in a fight-flight response to manage the perceived danger of disconnection from others and themselves, as a form of protection. The ommision of connection disrupts co-regulation skills, and triggers a neuroception of unsafety with the ANS looking for danger.

Chronic loss of connection, often experienced by ESNA pupils, could give the ANS a persistant message of danger, creating a habitual pattern of protective behaviours (Dana, 2018), keeping the individual disconnected from people and places such as school.

5.4.2 Psychological and Environmental Safety

The second domain in polyvagal therapy relates to psychological and environmental safety. This links with the findings relating to 'well-considered policies conducive to positive MH', 'staff training for MH and SEND', 'school and parent interventions' and 'timely access to targeted support.'

PVT posits that when neuroception detects a lack of safety in the environment, behaviour is limited to fight, flight, freeze behaviours. Responses to threat can be personal to the individual, with patterns of response shaped by their life experience. However, when neuroception becomes misattuned, it considers safe environments to be unsafe. Furthermore, PVT asserts that individuals need environmental safety to recover from any loss of connection. Therefore psychological and environmental safety will be a crucial resource for resilience in a WSA.

5.4.3 Reciprocal Communication

A third domain in polyvagal therapy encompasses reciprocal communication, which resonates with findings relating to 'visible leadership and personal communication with parents', 'curriculum content communicated to parents', 'compassionate communication styles', 'pupil voice', 'parent-school communication of needs', 'compassionate parent-school communication' and 'access to specialist services.'

PVT asserts that the ANS responds to social experiences as indicators of safety, illuminating the importance of relationships in a school environment. Theoretically, the ANS uses social communication to regulate, and therefore needs reciprocal social relationships. Reciprocity indicates supportive, attuned connections, which aids co-regulation and fosters a therapeutic alliance. When talking the tone of voice is

important, as are non-verbal cues of safety e.g. movement, posture, hand gestures, facial expression. Reciprocal talk indicates safe connection, social warmth and makes interactions familiar, predictable and safe (Dana, 2018) .

When communication is not reciprocated, there is a loss of connection which indicates vulnerablility, danger, and signals dysregulation. Unintentional moments of disconnection, violate expected responses which can lead to ANS misattunement and a loss of coregulation (Porges, 2017). Furthermore, disconnection for more than 30% of the time, leads to self criticism (Dana, 2018). Upon reflection this aligns with an observation made by the parent of Participant 4. Theoretically, if there is no connection and repair in relationships, protective responses become habitual and the individual turns to self-regulation strategies such as avoidance, rather than seeking co-regulation. This could offer a pontential mechanism in ESNA behaviours.

5.5 Summary

This emergent theoretical model offers a new perspective for a WSA to MH, with 'Ethos & Environment' (Principle 2) at the heart of a WSA, which alters the current WSA model (PHE, 2021) which holds 'Leadership & Management' (Principle 1) to be the most important element in a WSA. However the model still encompasses all evidence-based elements suggested for a WSA as found by Weare (2015).

5.6 RQ3 – What do parents consider to be supportive for pupils experiencing ESNA to attend?

This RQ aimed to capture parents' aspirations for effective provision in a WSA. Interestingly, themes shared by parents illuminated only two principles of the WSA 'Ethos & Environment' and 'Curriculum, Teaching & Learning.'

5.6.1 'Ethos & Environment'

5.6.1.2 Positive Interactions with staff

A pertinent finding was parents' aspiration for pupils to have positive connections and compassionate interactions with school staff, creating a positive social environment where pupils would feel safe, welcome, and motivated to attend. This supports the importance of relationships in supporting school attendance (Baker & Bishop, 2015).

5.6.1.3 Connection to others

This theme identified the importance of pupils feeling connected to others. Parents aspired for smaller class sizes to support pupils to make stronger connections with peers and adults, facilitate teacher knowledge of individual students, and allow adults to spend more time with each pupil, improving connection and belonging. The work of Allen & Kern (2017) on connection and belonging provides support for this finding.

5.6.1.4 Physical Environment and Resources

Parents expressed aspiring for a small school site with open natural spaces, facilitating familiarity to reduce anxiety about getting lost or being late, whilst fostering feelings of freedom and providing a place for relaxation. Attention to ventilation and temperature would support post-COVID-19 anxiety, and support learning. Plentiful resources to meet individual needs were desired e.g. laptops, handrails, and toilet access, to support attendance. Concurrence with this finding exists with literature that links school design and MH (Boys et al., 2022) and the positive impact of nature on MH (Jimenez et al., 2021).

5.6.2 'Curriculum, Teaching & Learning'

5.6.2.1 Therapeutic Teaching Style

All parents expressed the importance of quality teacher interactions and engagement with pupils. Parents wanted staff to spend time with pupils, be connected and positively interact. Desired staff qualities are linked to therapeutic relational principles (Bhide & Chakraborty, 2020), which concurs with teachers employing a therapeutic teaching style using trauma-informed teaching models (Wolpow et al., 2009).

5.6.2.2 Attuned Instructional Principles

Parents expressed hoping for teachers with knowledge of SEND and MH, who could adapt their instructional principles to attune to pupil needs and facilitate success and achievement. Effective and supportive communication styles showing care and interest towards pupils were deemed important. This theme echoes nurture and attunement principles in educational practice (Boxall, 2002; Education Scotland, 2017).

5.6.2.3 Collaborative Pedagogy

Parents aspired for collaborative learning opportunities linked to strengths and play to foster social skills and friendships. Parents hoped children would be enjoying learning, engaging, and mixing with others, moving around and not being sedentary or passive. Lessons with practical activities, choice, achievable tasks, and social interaction were hoped for. This finding implies the importance of a person-centred approach and holistic curriculum. These aspirations link address the importance of play in the curriculum (Whitebread et al., 2012) and co-operative learning strategies for building relationships in CYP (Wattanawongwan et al., 2021) in previous studies.

5.7 Retroductive Theorising: A polyvagal-informed WSA

The aspirational themes shared by parents, can be theorised to align with the polyvagal-informed approach with the three domains of compassionate connection, psychological and environmental safety, and reciprocal communication. Findings are illustrated in Figure Nineteen.

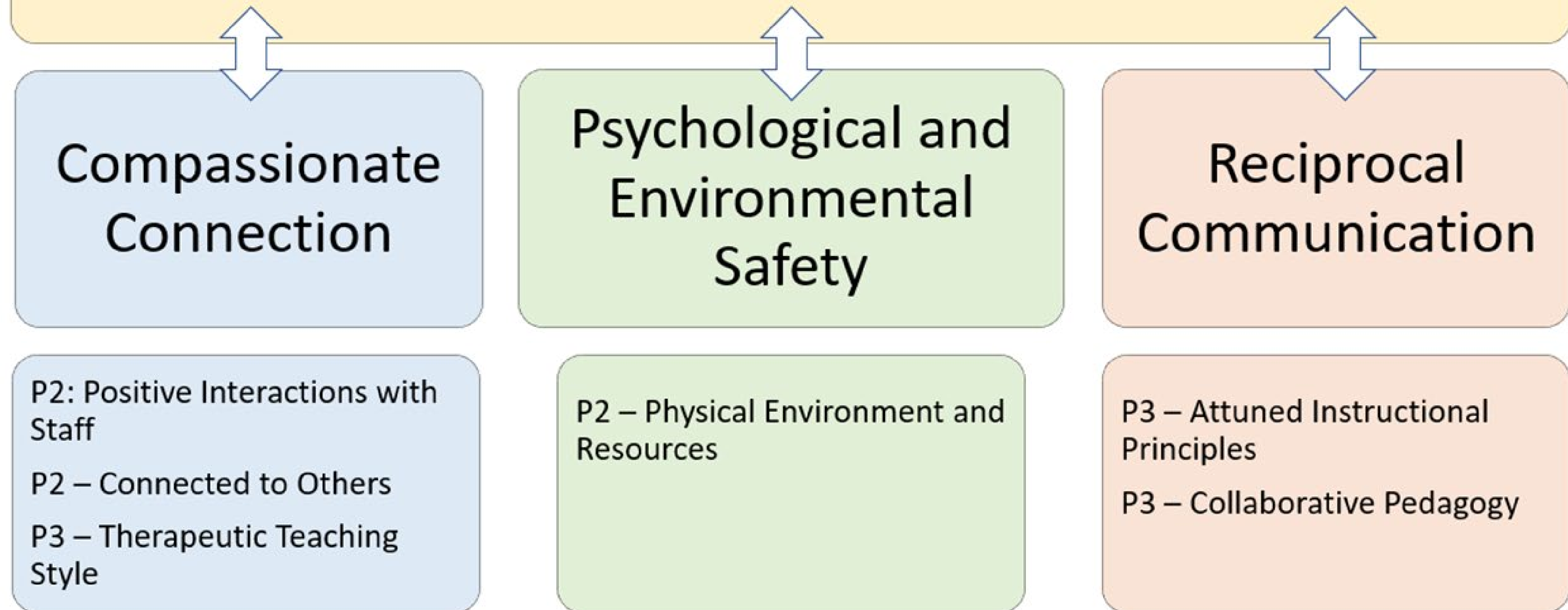

Figure Nineteen: Polyvagal-informed Whole-School Approach Model of Parent Aspirations

5.7.1 Summary

Theoretically, parental aspirations linked to the domains of PVT. This model illuminates the importance of the relational aspects of school including peer and teacher relationships and compassionate connections, previously discussed. The organisation of the physical school environment can indicate environmental safety and encountering cues of safety can foster resilience (Porges, 2011). PVT asserts that predictable sounds, comfortable temperatures, and access to natural environmental elements. Furthermore, an environment with natural elements are restorative, providing cues of safety. Connection with open spaces, trees, water, and animals support the ventral vagal system e.g. five minutes of viewing nature has been found to assist ANS recovery (Brown et al., 2013). The notion of reciprocal communication is also present in the themes of attuned instructional principles, and collaborative pedagogy including play.

5.8 Strengths

A strength of this study is that the findings are broadly supported within existing studies, suggesting validity.

Furthermore, cross-case interpretation through a polyvagal perspective offers a new and alternative lens on ESNA behaviours. Emergent retroductive theorising across cases offers a fresh perspective on potentially supportive elements of a WSA to MH.

Whilst examining each principle from a parental perspective, individual cases offered more specific details that can potentially be extrapolated to inform and enhance future practice in a WSA.

5.9 Theoretical Limitations

PVT is strongly critiqued within existing literature with no experimental verification. Firstly, the name is considered misleading, with two vagal circuits referenced. The older unmyelinated system of the dorsal vagus theoretically linked to the heart, immobilisation, and dissociation. Plus, the newer, evolved myelinated ventral vagus, theoretically linked to the lungs and face heart connection, allowing social interactions to influence feelings of safety. These two systems warrant the name 'bivagal' theory (Grossman & Taylor, 2007).

Secondly the evolved myelinated system was considered to only be evident in mammals. However studies have found vagus myelination in lungfish refuting this (Monteiro et al., 2018).

Thirdly, PVT is critiqued as oversimplifying heterogenous emotional reactions into three states of feeling safe, being in danger or perceiving threat to life, and making hypothetical leaps that three different sections of the vagal nerve reflect diverse levels of evolutionary development (Grossman & Taylor, 2007). For example, facial expressions, hearing, and heart rate are influenced by other nerves and systems in the body. The concept of neuroception encompasses multiple areas e.g. fear, threat, social behaviour, and emotional regulation. These have been studied in literature relating to brain structures unrelated to the vagus nerve (Liem, 2021).

Furthermore, the theoretical model for a WSA has been developed linked to the findings of this study. However experiences of ESNA are heterogeneous, making the model unique and not generalisable, in keeping with CR.

5.10 Methodological limitations of the current study

Several limitations were identified, outlined in Table Thirteen, accompanied with potential strategies to address these limitations in future research.

Table 13: Limitations and potential strategies to overcome these.

Limitation and Explanation	Implications for Future Research
The RCADS-P was administered and scored, as parent perceptions were the focus of the study. In clinical practice however both the RCADS-P and RCADS-C would be administered, scored, and triangulated. The lack of triangulation in this study may be viewed as a limitation. However one participant did ask for both parts of the questionnaire to be administered and scored, as this was offered as an ethical benefit for participation. The results corroborated each other, offering the researcher confidence in the study design and validity of the data generated.	If replicated, both the RCADS-P and RCADS-C could be administered and scored, with triangulation for improved confidence in the findings of the RCADS.
The RCADS (Chorprita et al., 2000) is a diagnostic tool for CYP MH, not a tool to measure polyvagal reactions or individual perceptions. However this study adopts a CR approach aiming to use findings in a theoretical not causal basis. Nevertheless, research tools should be well-matched to the concept being studied. A sense of safety is subjective and difficult to measure, therefore methodological limitations linked to the polyvagal interpretation of this study's findings exist.	If future researchers wished to develop a PVT informed WSA they may use a different tool to accurately measure polyvagal tone and a sense of safety e.g. pulse surveys, monitoring of breathing or heart rate.

A limitation was the use of an online survey, which did generate some dubious responses which had to be verified for authenticity.	To overcome this, the RCADS questionnaire could be administered during a face-to-face meeting before the interview phase commenced to ensure authenticity.
A limitation of the findings is the small sample size. This could impact generalisation, although this is a CR study which only aimed to theorise and not generalise.	To increase the sample size different recruitment procedures could be employed e.g. through NORMIDS consortium or over a longer duration, until a larger number of participants were recruited.
Potential bias in the qualitative sample must be acknowledged. Four participants were White British mothers of girls all with suspected neurodevelopmental needs relating to ASC, and one diagnosed with ADHD, all experiencing anxiety. Only one participant was a Father of French-Black origin, with a child mainly experiencing depression.	To overcome this stratified sampling from a greater number of participants could be used.
Potential bias in the findings may occur as participants experiences were based on self-report. It is not possible to say for certain that participants' ratings were accurate.	This could be overcome by providing pupils and schools an opportunity to share their experiences and

	triangulating with parent data.
A limitation relating to the finding Principle 3 - Curriculum Teaching & Learning was considered linked to the design of this study. Parents did not have curriculum information communicated to them, but it does not mean that there was no curriculum in place. The loss of communication may have created bias in the findings relating to the curriculum.	This could be overcome by gathering information from the school about their WSA and comparing if what they think they deliver is what is perceived by parents.
The use of CR TA data analysis could be considered a limitation with regard to reliability and validity. The method involves individual interpretation by the researcher and could be influenced by researcher-bias.	To overcome this Wiltshire & Ronkainen (2021) recommend generating themes with a peer separately and then coming together to share themes and compare and refine outcomes. Unfortunately, I had no peers with capacity for this during this research.

Despite the specific limitations highlighted, overall, this multiple embedded case-study series facilitated CR exploration of the mechanisms of the WSA. Theoretically informed insight into the WSA and parent perceptions of what can be supportive when supporting pupils and families experiencing ESNA with perceived MH needs, was

illuminated. The cross-case analysis of cases facilitated inferences and theorization to be drawn upon in relation to the WSA more effectively, which may not have been possible with individual case analysis. Cross-case analysis of the embedded case-study approach has thus successfully provided insight into the WSA framework and provided an opportunity for emergent theorization informed by parent voice.

5.11 Implications for Educational Psychologists

EPs are considered to hold an influential position and function as change-agents at school systems level. EPs can support schools to develop approaches to positive MH, using evidence-informed practice.

Table Fourteen: Implications for Educational Psychologists

WSA Principle	***Action***
P1 – Leadership & Management	• Offer guidance to school leaders to consider well-considered compassionate school policies, with reasonable adjustments to support pupils with MH needs, that do not conflict with one another.
P2 – Ethos & Environment	• Work with School Leaders to understand the importance of Ethos and Environment on MH in WSA training and create a secure base for pupils. • Enhance environmental cues of safety, compassionate interactions, and positive connections with all school staff and peers, to support co-regulation, and ANS responses reducing panic. • Promote person-centred, relational approaches in school to create a secure base, to reduce separation anxiety. • Encourage positive behaviour policies such as Restorative Practice as trauma informed practice.
P3 – Curriculum Teaching & Learning	• Support schools to plan and deliver a universal programme of work, that includes

	developmentally appropriate and evidence-based skills to support MH.
P5 – Staff Development	• Deliver training on relational, trauma informed approaches e.g. Emotion Coaching (Gottman et al.,1996), Restorative Practice (Wachtel, 2013), PACE (Golding & Hughes, 2012)
Other: **Build a developmental ESNA pathway**	• Consider early intervention monitoring for indicators of difficulty in Year Four including friendship and neurodevelopmental considerations. • Work with schools to plan enhanced transition to secondary support for schools beginning asap. e.g. play-based friendship activities in the pre-secondary summer holidays. • Create a ESNA pathway that incorporates gender differences and adolescent development trends. • Offer schools a toolkit on multiple ways to elicit pupil voice.
Working with families	• Explore sleep, eating patterns and consistent routines. • Ensure compassionate connections, creating a safe space to talk and share information.
Working with pupils	• Explore perceived threats. Consider intervention to reduce threats and enhance problem-solving skills to manage perceived threats. Plus encourage social connections. • Consider all systems around a child when data gathering to inform formulation.

5.12 Implications for Schools

Possible implications for schools from this study are presented in Table Fifteen, extrapolated from parental perspectives. However, the purpose of this study was not to generalize the findings, therefore implications should be tentatively considered.

Table Fifteen: Implications for Schools

WSA Principle	Action
P1 – Leadership & Management	• Plan strategy and policies to promote a positive learning environment, and conducive to positive MH. • Consider the physical environment layout including access to resources, space, and nature. • Ensure policies are enacted upon as writing. • Plan positive social connections permeating from the WSA to promote connection, safety and belonging. • Ensure transition plans to support relationship forming connections with staff and peers. • SLT to consider organisation of lunchtimes, assemblies, and lesson transitions to reduce panic triggering situations. • Visible and approachable leaders that parents and pupils feel safe to approach and communicate with. • Create strategies and policies to create a positive psychosocial environment i.e. positive attitudes, respect, diversity, inclusion, celebration of difference as a social norm. • SLT to support parents with in person psychologically safe interactions and commpassionate connections i.e. a non-judgemental stance, authenticity, and trust. • Clearly formatted policies with clear language for parents • Plan to foster connections during transition, with teachers and pupils e.g. develop peer-connections and friendship groups using play in the first term of Year Seven. • Plan transition to include familiar pupils and new pupils mixed together. • Prioritise creating a sense of belonging for Year Seven pupils at Secondary School.

P2 – Ethos & Environment	• Train staff on the importance of compassionate interactions • Create a secure base for children (adults who are available, sensitive, accepting of need and difference, co-operative) • Consider school day routine, sounds in the environment and light in the school environment. • Foster positive pupil interactions, friendships, and compassionate connections. • Encourage a positive psychosocial environment i.e. positive attitudes, respect, diversity, inclusion, celebration of difference as a social norm. • Create social capital and social trust in the school community
P3 – Curriculum, Teaching & Learning	• Include SEL skills, problem-solving and friendship skills in a systematic curriculum, well communicated and with follow up pastoral support. • Incorporate social learning opportunities e.g. groupwork, play and enrichment for pupils. • Teach children how to adjust behaviours to meet the social demand of the social environment. • Have a systematic and authentic SEL curriculum that is communicated internally to staff and pupils, and externally to parents to increase the understanding of content and aims. • Deliver a universal programme of work, that includes developmentally appropriate and evidence-based skills to support MH. • Use attuned instructional principles and collaborative pedagogy.
P4 – Pupil Voice	• Elicit pupil voice from all pupils, so they feel connected and listened to. • Offer multiple ways to elicit pupil voice. • Collect pupil voice to offer some control and reduce feeling unable to influence the environment, in turn reducing panic.

	• Encourage true participation in decision-making.
P5 – Staff Development	• Consider PACE training with staff to promote quality trauma informed interactions. • Regular training on SEND and MH.
P6 – Identifying Need & Monitoring Intervention	• Consider social interventions to encourage connections e.g. buddy system, friendship groups, animal therapy. • Ensure at least one safe, adult in school to support fostering a safe base and sense of connection. • Improve monitoring of any intervention and its impact • Consider therapeutic, behavioural, physical, and social interventions for pupils.
P7 – Working with Families	• Reciprocally communicate in a personal way with families with phone calls, regular communication and updates on actions. • Carry out any agreed actions to maintain trust. • Aim for compassionate interactions with parents with a non-judgemental stance to foster collaboration and positive relationships. • Encourage therapeutic parenting styles and courses. • Support parents to complete referral paperwork, managing expectations of external services. • Ensure curriculum content is communicated with parents.
P8 - Targeted Support	• Consider Polyvagal Therapy as an approach for ESNA pupils. • Consider group CBT by MHSTs e.g. Behavioural Activation to support depression. • Consider social connection groups for pupils with depression. • Consider Separation Anxiety Family Therapy as an intervention. • Consider a Graded Exposure approach to school re-integration for pupils linked to panic. • Consider teaching problem-solving skills. • Gain access with external specialist service providers in the local community, including

	MHSTs and CAMHS services where commissioned. • Ensure community links and up-to-date signposting information to be shared with parents. • Incorporate specialist advice from wider professionals into school practice, making reasonable adjustments.

5.13 Implications for Teachers

Findings from the current study demonstrate the importance of every interaction with a pupil. Teachers may focus upon developing positive relationships with pupils, with compassionate, consistent connections, acting with sensitivity and respect, modelling safety and the same behaviour expected from pupils. Detailed implications can be found in Table Sixteen.

Table Sixteen: Implications for Teachers

WSA Principle	***Action***
P2 – Ethos & Environment	**Relationships with pupils** • Prioritise forming positive relationships. • Aspire for every interaction to be compassionate and nurturing. • Be welcoming, available, consistent, and helpful. • Be sensitive to pupils, be aware and accepting of difference and have a shared understanding of need. • Implement reasonable adjustments. • Model the behaviours you expect to reciprocally receive. • Notice when they are not there and be curious as to what this behaviour communicates. • Maintain a connection during periods of absence.

	Classroom environment with features of safety • Ensure warm tone of voice, kind facial expressions. • Emotionally attuned interactions. • Reciprocal interchanges. • Quiet environment. • Consistent routines and predictable daily schedule. • Visual timetable aids. • Access to a quiet area. • Sensory regulating activities • Gentle movements. • Face-to-face interactions.
P3 – Curriculum, Teaching & Learning	**Curriculum** • Plan interactive, social activities with active participation by pupils. **Teaching & Learning** • Ensure positive, collaborative, compassionate interactions in therapeutic teaching style of communication to create a secure base, psychological safety and connection. • Consider using a PACE approach (Golding & Hughes, 2012) to increase time, curisity and emptahy with pupils. • Consider the use of Video Interaction Guidance to become attuned with their teaching style including eye gaze, smile, prosody of voice and hand movements.
P7 – Working with Families	• Reciprocally communicate in a compassionate way.

5.14 Future Research

The current study has theorised a polyvagal-informed WSA. A future study could adapt and trial a preventative WSA with a PVT theoretical basis with 'Ethos & Environment' at the heart, to explore its efficacy in improving resilience and school attendance.

Furthermore, it could be hypothesised that PVT could partially explain why there was a rise in ESNA after the COVID-19 pandemic, when the message about social environments, and social connections conveyed serious threat to life. In addition a PVT perspective may link to why many ASC pupils who have difficulty with social communication may experience prevalence of ESNA, than atypical peers. A case-study of polyvagal-based therapy to support ESNA pupils' whose ANS may be stuck in a defensive bias and who have not returned to school since the pandemic, may be conducted to explore efficacy in realigning the ANS and enabling a return to school.

Additionally, research exploring diverse ways to elicit pupil voice from ESNA pupils to inform staff training may be beneficial.

CHAPTER SIX: CONCLUSION

This study has explored the perceptions of parents of pupils experiencing ESNA linked to MH challenges, and their experience of the WSA in supporting their CYP. The overarching RQ considered what could be learnt from parental voice to potentially enhance current WSA practice, with the aspiration of emancipatory change to support the growing numbers of CYP presenting with MH challenges and the phenomenon of ESNA.

The exploratory research illuminated that parents are well-positioned to identify MH needs in cases of ESNA, with trends in this small sample indicating complex presentations of two or more CMHP at clinical levels, ascending throughout the school trajectory. This highlights the importance of preventative work in schools using a WSA or by EPs, and the importance of support during the transition from primary to secondary school.

Parents perceived the most prevalent CMHP faced by ESNA pupils to be separation anxiety, panic, and depression. A unique contribution to the literature is from this study is the interpretation of these results using PVT (Porges, 2011), highlighting the importance of cues of psychological safety in the school environment, compassionate relational connections, and reciprocal social communication. Findings also indicate the importance of consideration of potential MH needs in the school population, adjusting for gender and adolescent development when designing a WSA. Retroductive theorising using a CR lens, offers a fresh perspective of ESNA behaviours using PVT to synthesise presentations of MH in the manifestation of ESNA behaviours.

Parents perceptions of the WSA, highlighted that the most supportive principle was considered to be ‘Ethos & Environment’, rather than the current central principle of ‘Leadership & Management’. Surprisingly, the principle of ‘Targeted Support’ was found to be unsupportive, which was considered significant due to the socio-political commitment to transforming CYP MH. All themes shared linked to PVT and the domains of compassionate connection, psychological and environmental safety and reciprocal interaction used in individual polyvagal therapy. Therefore the same principles were retroductively theorised into an emergent polyvagal-informed WSA model, which may hold promise for any future consideration of a WSA to MH, whilst maintaining the evidence-based elements proposed by Weare (2015).

Accounts of aspirational provision shared by parents also aligned with the polyvagal-informed WSA model, emphasising the importance of relationships, feelings of safety, and organisation of the school environment, which is well-represented in the literature.

Further research is encouraged to provide deeper exploration of the utility of PVT, for pupils experiencing ESNA and MH challenges, and the WSA. It is hoped that the research can add a meaningful contribution to the literature and retroductive theorised models may offer insight into potentially supportive early intervention approaches.

Overall findings indicate the importance of relationships, reciprocal communication, feelings of safety, and compassionate connection. These appear to play an imperative role in supporting CYP MH, and individual responses to perceived threats in the school environment. Which in turn may impact CYP’s ability to feel able to attend school.

REFERENCES

Academies Act. (2010). Retrieved from https://www.legislation.gov.uk/ukpga/2010/32/pdfs/ukpga_20100032_en.pdf

Ackroyd, S., & Karlsson, J.C. (2014). Critical Realism, Research Techniques, and Research Designs. In P.K. Edwards, J. O'Mahoney, & S. Vincent (Eds), *Studying organizations using critical realism: A practical guide* (Online ed., pp.21-45). Oxford Academic. Retrieved from https://doi.org/10.1093/acprof:oso/9780199665525.003.0002

Adams, W.C. (2015). Conducting Semi-Structured Interviews. In K.E. Newcomer, H.P. Hatry, & J.S. Wholey. (Eds). *Handbook of practical program evaluation* (3rd ed., pp.356-377). Wiley & Sons. Retrieved from https://ds.amu.edu.et/xmlui/bitstream/handle/123456789/14233/Handbook_of_Practical_Program_Evaluation%20-%20745%20pages.pdf?sequence=1&isAllowed=y

Adi, Y., Killoran, A., Janmohamed, K., & Stewart-Brown, S., (2007). Systematic review of the effectiveness of interventions to promote mental wellbeing in children in primary education. Report 1: Universal approaches: non-violence related outcomes. In *Database of Abstracts of Reviews of Effects (DARE): quality-assessed reviews* (Online ed). York. Available from: https://www.ncbi.nlm.nih.gov/books/NBK73674/

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation.* Lawrence Erlbaum. Retrieved from https://psycnet.apa.org/record/1980-50809-000

Allen, K. A., & Kern, M. L. (2017). *School Belonging in Adolescents: Theory, Research and Practice* (1st ed.). Springer Social Sciences. Retrieved from https://link.springer.com/book/10.1007/978-981-10-5996-4

Alvares, G. A., Quintana, D. S., Kemp, A. H., Van Zwieten, A., Balleine, B. W., Hickie, I. B., & Guastella, A. J. (2013). Reduced heart rate variability in social anxiety disorder: associations with gender and symptom severity. *Plos One*, *8*(7), e70468. Retrieved from https://doi.org/10.1371/journal.pone.0070468

American Psychological Association. (2023). Panic. Retrieved from https://dictionary.apa.org/panic

Amerijckx, G., & Humblet, P. C. (2014). Child well-being: What does it mean? *Children & Society*, 28, 404–415. Retrieved from https://doi.org/10.1111/chso.12003

Angle, S. P. (1999). *Perceptions of College Students Diagnosed with Panic Disorder with Agoraphobia: Academic, Psychosocial, and Environmental Views of their College Experience.* (Doctoral thesis). Retrieved from https://vtechworks.lib.vt.edu/handle/10919/28107

Anna Freud Centre. (2023). *Mentally Healthy Schools Whole-school approach Pupil Voice*. Retrieved from https://mentallyhealthyschools.org.uk/whole-school-approach/pupil-voice/

Archer, M., Decoteau, C., Gorski, P., Little, D., Porpura, D., Rutzou, T., Smith, C., Steimitz, G., & Vandenberghe, F. (2016) What Is Critical Realism? *Perspectives: A newsletter of the American Sociology Association theory section.* Retrieved from http://www.asatheory.org/current-newsletter-online/what-is-critical-realism

Baeva, I. A., & Bordovskaia, N.V. (2015). The psychological safety of the educational environment and the psychological well-being of Russian secondary school pupils and teachers, *Psychology in Russia: State of the Art,* 8(1), 86-99. Retrieved from https://www.researchgate.net/publication/282683380_The_psychological_safety_of_the_educational_environment_and_the_psychological_well-being_of_Russian_secondary_school_pupils_and_teachers

Bahali, K., Tahiroglu, A. Y., Avci, A., & Seydaoglu, G. (2011). Parental psychological symptoms and familial risk factors of children and adolescents who exhibit school refusal. *East Asian Archives of Psychiatry*, *21*(4), 164-169. Retrieved from https://search.informit.org/doi/abs/10.3316/informit.891167358105280

Bahrami, F., & Yousefi, N. (2011). Females are more anxious than males: a metacognitive perspective. *Iranian Journal of Psychiatry and Behavioural Sciences*, *5*(2), 83–90. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3939970/

Baker, M., & Bishop, F. L. (2015). Out of school: A phenomenological exploration of extended nonattendance. *Educational Psychology in Practice*, *31*(4), 354–368. Retrieved from https://doi.org/10.1080/02667363.2015.1065473

Bandura, A., & Walters, R. H. (1977). *Social learning theory* (Vol. 1). Prentice Hall. Retrieved from https://books.google.co.uk/books?hl=en&lr=&id=rGMPEAAAQBAJ&oi=fnd&pg=PA141&dq=bandura+1977+social+learning+theory&ots=StMZGe1S6D&sig=lP7ap6Y-SF68A2dqKgCHxf9OXCA#v=onepage&q&f=false

Banerjee, R., Weare, K., & Farr, W. (2014). Working with 'Social and Emotional Aspects of Learning'(SEAL): Associations with school ethos, pupil social experiences, attendance, and attainment. *British Educational Research Journal*, *40*(4), 718-742.Retrieved from https://bera-journals.onlinelibrary.wiley.com/doi/abs/10.1002/berj.3114

Barrett, M., & Trevitt, J. (1991). *Attachment behaviour and the schoolchild. An introduction to educational therapy.* Routledge. Retrieved from https://books.google.co.uk/books/about/Attachment_Behaviour_and_the_Schoolchild.html?id=1Yk9AAAAIAAJ&redir_esc=y

Beckles, C. (2014). *An exploration of the perceptions and experiences of non-attenders and school staff within a secondary school context.* (Doctoral thesis). Retrieved from https://discovery.ucl.ac.uk/id/eprint/10021662/1/Chenelle%20Beckles%20Thesis.pdf

Berg, I. (1992). Absence from school and mental health. *The British Journal of psychiatry: the Journal of Mental Science*, *161*, 154–166. Retrieved from https://doi.org/10.1192/bjp.161.2.154

Bergin, C., & Bergin, D. (2009). Attachment in the classroom. *Educational Psychology Review*, *21*, 141-170. Retrieved from https://link.springer.com/article/10.1007/s10648-009-9104-0

Bertsia, V., & Poulou, M. (2023). Resilience: Theoretical Framework and Implications for school. *International Education studies,* 16(2), 1-12. Retrieved from https://www.researchgate.net/publication/368702706_Resilience_Theoretical_Framework_and_Implications_for_School

Bhaskar, R. (1979). *The Possibility of Naturalism* (4th ed.). Routledge. Retrieved from https://www.taylorfrancis.com/books/mono/10.4324/9781315756332/possibility-naturalism-roy-bhaskar

Bhaskar, R. A. (1986). *Scientific Realism and Human Emancipation* (1st ed.). Routledge. Retrieved from https://www.taylorfrancis.com/books/mono/10.4324/9780203879849/scientific-realism-human-emancipation-roy-bhaskar

Bhaskar, R. (2008). *A Realist Theory of Science* (1st ed.). Routledge. Retrieved from https://www.taylorfrancis.com/books/mono/10.4324/9780203090732/realist-theory-science-roy-bhaskar

Bhaskar, R. (2013). The Consequences of the Revindication of Philosophical Ontology for Philosophy and Social Theory. In M. Archer and A. Maccarini (Eds.), Engaging *with the World* (1st ed., pp.11-21). Routledge. Retrieved from https://discovery.ucl.ac.uk/id/eprint/10014468/

Bhaskar, R., & Danermark, B. (2006). Metatheory, Interdisciplinarity, and Disability Research: A Critical Realist Perspective,' *Scandinavian Journal of Disability Research*, 8, 278–97. Retrieved from https://sjdr.se/articles/10.1080/15017410600914329

Bhide, A., & Chakraborty, K. (2020). General Principles for Psychotherapeutic Interventions in Children and Adolescents. *Indian Journal of Psychiatry*, *62*(2), 299–318. Retrieved from https://doi.org/10.4103/psychiatry.IndianJPsychiatry_811_19

Birch, S. & Gulliford, A. (2023). Educational psychology and mental health in schools: a new or an old role? In T. Cline, A. Gulliford and S. Birch (Eds.), Educational *Psychology: Topics in Applied Psychology*. (3rd ed., pp. x-x). Routledge.

Bitsika, V., Heyne, D. A., & Sharpley, C. F. (2021). Is bullying associated with emerging school refusal in autistic boys? *Journal of Autism and Developmental Disorders*, *51*, 1081-1092. Retrieved from https://link.springer.com/article/10.1007/s10803-020-04610-4

Bitsika, V., Sharpley, C., & Heyne, D. (2022). Risk for school refusal among autistic boys bullied at school: Investigating associations with social phobia and separation anxiety. *International Journal of Disability, Development and Education,* 69(1), 190-203. Retrieved from DOI: 10.1080/1034912X.2021.1969544

Blank, L., Baxter, S., Goyder, L., Guillaume, L., Wilkinson, A., Hummel, S. & Chilcott, J. (2009). In *Systematic Review of the Effectiveness of Universal Interventions Which Aim to Promote Emotional and Social Well-being in Secondary Schools.* National Institute for Clinical Excellence. Retrieved from https://arc-kss.nihr.ac.uk/resource-library/166-best-practice-review-of-whole-school-approach-in-mhsts-literature-review-final-report/file

Blumenthal, H., Leen-Feldner, E. W., Babson, K. A., Gahr, J. L., Trainor, C. D., & Frala, J. L. (2011). Elevated social anxiety among early maturing girls. *Developmental Psychology*, *47*(4), 1133–1140. Retrieved from https://doi.org/10.1037/a0024008

Bodycote, B. (2022). *An Exploration of the Experiences of Parents Who Seek to Resolve School Attendance Problems and Barriers.* (Doctoral Thesis). Retrieved from https://www.researchgate.net/publication/365099014_An_Exploration_of_the_Experiences_of_Parents_Who_Seek_to_Resolve_School_Attendance_Problems_and_Barriers

Bonnel, C., Blakemore, S.J., Fletcher, A., & Patton, G (2019). Role Theory of Schools and Adolescent Health, *Lancet Child & Adolescent Health*, 3(10), 742-748. Retrieved from https://pubmed.ncbi.nlm.nih.gov/31303445/

Boorn, C., Hopkins Dunn, P., & Page, C. (2010). Growing a nurturing classroom. *Emotional and Behavioural Difficulties*, *15*(4), 311-321. Retrieved from https://www.tandfonline.com/doi/abs/10.1080/13632752.2010.523223

Bowlby, J. (1969). *Attachment and Loss: Attachment (Vol. 1).* New York. Basic. Retrieved from https://link.springer.com/referenceworkentry/10.1007/978-1-4614-6086-2_9126

Boxall, M. (2002). *Nurture Groups in School: Principles and Practice.* Paul Chapman.

Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development.* SAGE Publications.

Boys, J., Jeffery, A., & Mavrogianni, A. (2022). *Adapting school design for learning, health, and wellbeing during and post pandemic.* UCL. Retrieved from https://www.located.co.uk/wp-content/uploads/2023/03/Adapting-school-design-UCL-2022_Final-Amends.pdf

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology, *Qualitative Research in Psychology,* 3(2), 77-101. Retrieved from https://www.tandfonline.com/doi/abs/10.1191/1478088706qp063oa

Braun, V., & Clarke, V., (2019). *Answers to Frequently Asked Questions About Thematic Analysis.* Retrieved from file:///C:/Users/cveli080/Downloads/NZQAfrequentlyaskedquestionsaboutthematicanalysisApril2019%20(2).pdf

British Educational Research Association. (2018). *Ethical Guidelines for Educational Research.* Retrieved from https://www.bera.ac.uk/publication/ethical-guidelines-for-educational-research-2018

British Psychological Society. (2017). *BPS Practice Guidelines.* Retrieved from https://doi.org/10.53841/bpsrep.2017.inf115

British Psychological Society Ethics Committee. (2021). *Code of Human Research Ethics.* Retrieved from https://www.bps.org.uk/guideline/bps-code-human-research-ethics

Broadwin, I. T. (1932). A contribution to the study of truancy. *American Journal of Orthopsychiatry, 2,* 253–259. Retrieved from https://onlinelibrary.wiley.com/doi/10.1111/j.1939-0025.1932.tb05183.x

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design.* Harvard University Press. Retrieved from https://khoerulanwarbk.files.wordpress.com/2015/08/urie_bronfenbrenner_the_ecology_of_human_developbokos-z1.pdf

Bronfenbrenner, U., & Morris, P. A. (2006). The Bioecological Model of Human Development. In R. M. Lerner & W. Damon (Eds.), *Handbook of child psychology: Theoretical models of human development* (pp. 793–828). John Wiley & Sons, Inc. Retrieved from https://psycnet.apa.org/record/2006-08774-014

Brown, D.K., Barton, J.L., & Gladwell, V.F. (2013). Viewing nature scenes positively affects recovery of autonomic function following acute-mental stress. *Environmental Science & Technology*, 47(11) 5562-5569. Retrieved from https://pubs.acs.org/doi/10.1021/es305019p

Brown, R., Van Godwin, J., Edwards, A., Burdon, M., & Moore, G. (2021). *Development of a theory of change and evaluability assessment for the whole school approach to mental health and emotional wellbeing.* Cardiff: Welsh Government, GSR report number 78/2021. Retrieved from https://gov.wales/whole-school-approach-mental-and-emotional-wellbeing-evaluability-assessment

Bryman, A. (2016). *Social Research Methods* (5th ed.). Oxford University Press. Retrieved from https://ktpu.kpi.ua/wp-content/uploads/2014/02/social-research-methods-alan-bryman.pdf

Buch-Hansen. H., & Nesterova, I. (2021). Towards a science of deep transformations: Initiating a dialogue between degrowth and critical realism. *Ecological Economics*,190, 1-9. Retrieved from https://doi.org/10.1016/j.ecolecon.2021.107188.

Burman, E. (2016). *Deconstructing Developmental Psychology* (3rd ed.). Routledge. Retrieved from https://doi.org/10.4324/9781315727127

Butt, T. (2008). *George Kelly: The Psychology of Personal Constructs*. Palgrave MacMillan.

Caldarella, P., Larsen, R. A. A., Williams, L., & Wills, H. P. (2023). Effects of Middle School Teachers' Praise-to-Reprimand Ratios on Students' Classroom Behaviour. *Journal of Positive Behaviour Interventions*, 25(1), 28–40. Retrieved from https://doi.org/10.1177/10983007211035185

Carbado, D. W., Crenshaw, K. W., Mays, V. M., & Tomlinson, B. (2013). INTERSECTIONALITY: Mapping the Movements of a Theory. *Du Bois review: social science research on race*, *10*(2), 303–312. Retrieved from https://doi.org/10.1017/S1742058X13000349

Carless, B., Melvin, G. A., Tonge, B. J., & Newman, L. K. (2015). The role of parental self-efficacy in adolescent school-refusal. *Journal of Family Psychology*, *29*(2), 162. Retrieved from https://psycnet.apa.org/record/2015-04292-001

Carroll, H.C.M. (2011). The peer relationships of primary school pupils with poor attendance records, *Educational Studies*, 37(2), 197-206. Retrieved from https://www.tandfonline.com/doi/abs/10.1080/03055698.2010.510240

Cefai, C. (2021). A Transactional, Whole-School Approach to Resilience, in Michael Ungar (Ed.), *Multisystemic Resilience: Adaptation and Transformation in Contexts of Change*. (pp.220-231). Oxford University Press. Retrieved from https://doi.org/10.1093/oso/9780190095888.003.0013

Centre for Addiction and Mental Health. (2021). *RCADS Quick Guide.* Retrieved from https://www.camh.ca/-/media/files/rcads-quick-guide-pdf.pdf

Child Outcomes Research Consortium. (2023). Revised Children’s and Anxiety Depression Scale and Sub-scales (RCADS). Retrieved from https://www.corc.uk.net/outcome-experience-measures/revised-childrens-anxiety-and-depression-scale-rcads/

Children & Families Act (2014). Retrieved from https://www.legislation.gov.uk/ukpga/2014/6/contents

Childs, J., & Grooms, A. A. (2018). Improving school attendance through collaboration: A catalyst for community involvement and change. *Journal of Education for Students Placed at Risk (JESPAR)*, *23*(1-2), 122-138. Retrieved from https://www.tandfonline.com/doi/abs/10.1080/10824669.2018.1439751

Chockalingam, M., Skinner, K., Melvin, G. & Yap, M.B.H. (2022). Modifiable Parent Factors Associated with Child and Adolescent School Refusal: A Systematic Review, *Child Psychiatry and Human Development*, 1-17. Retrieved from https://link.springer.com/article/10.1007/s10578-022-01358-z

Chorpita, B. F., Yim, L., Moffitt, C., Umemoto, L. A., & Francis, S. E. (2000). Assessment of symptoms of DSM-IV anxiety and depression in children: A revised child anxiety and depression scale, *Behaviour Research and Therapy,* 38(8), 835-855. Retrieved from https://www.corc.uk.net/media/1226/rcads-parentreported.pdf

Chorpita, B.F., Moffitt, C.E., & Gray, J. (2005). Psychometric properties of the Revised Child Anxiety and Depression Scale in a clinical sample, *Behaviour Research and Therapy,* 43(3), 309-322. Retrieved from https://doi.org/10.1016/j.brat.2004.02.004.

Clapper, T.C. (2010). *Creating the Safe Learning Environment*, Professionals Against Improperly Labelling Active Learners, 3(2), 1-6. Retrieved from https://www.researchgate.net/profile/Timothy-Clapper/publication/257835881_Creating_the_safe_learning_environment/links/59e0e051aca2724cbfd6b8d1/Creating-the-safe-learning-environment.pdf

Clarke, A., Sorgenfrei, M., Mulcahy, J, Davie, P., Friedrich, C., & McBride, T. (2021). *A systematic review on the effectiveness of school-based interventions.* Retrieved from file:///C:/Users/cveli080/Downloads/adolescent-mental-health-summary%20(2).pdf

Cocking, C., Sherriff, N., Aranda, K., & Zeeman, L. (2020). Exploring young people's emotional well-being and resilience in educational contexts: A resilient space? *Health*, 24(3), 241-258. Retrieved from doi:10.1177/1363459318800162

Cofie, J. (2019). *Communicating with Families: Operating from a Place of Empathy* Retrieved from https://www.responsiveclassroom.org/communicating-with-families-operating-from-a-place-of-empathy/

Cohen, L., Manion, L., & Morrison, K. (2018). Research Methods in Education (8th ed.). Routledge. Retrieved from https://doi.org/10.4324/9781315456539

Collishaw, S. (2015). Annual Research Review: Secular trends in child and adolescent mental health. Journal of Child Psychology and Psychiatry, 56, 370-393. Retrieved from https://doi.org/10.1111/jcpp.12372

Connolly, S. E., & Mullally, S.L. (2023). School Distress in UK School Children: The Parental Lived Experience, Med Rxiv. Retrieved from https://www.medrxiv.org/content/10.1101/2022.09.28.22280324v1

Corcoran, S. & Kelly, C. (2023). A meta-ethnographic understanding of children and young people's experiences of extended school non-attendance. Journal of Research in Special Educational Needs, 23, 24-37. Retrieved from https://doi.org/10.1111/1471-3802.12577

Cortina, M., Linehan, T., & Sheppard, K. (2021). *Working towards mentally healthy schools and FE colleges.* Anna Freud Centre. Retrieved from https://mentallyhealthyschools.org.uk/media/2595/working-towards-mentally-healthy-schools-and-fe-colleges-final.pdf

Cowan, K.C., Vaillancourt, K., Rossen, E., & Pollitt, K. (2013). Safe and successful Schools Framework. NASP. Retrieved from file:///C:/Users/cveli080/Downloads/safe-successful-schools-framework%20(1)%20(1).pdf

Creswell, J. W., & Clark, V. L. P. (2017). *Designing and Conducting Mixed Methods Research.* Thousand Oaks, CA: SAGE Publications.

Crotty, M. J. (1998). *The foundations of social research: Meaning and perspective in the research process.* SAGE. Retrieved from https://www.torrossa.com/en/resources/an/5019222

Dana, D. (2018). *The Polyvagal Theory in Therapy: Engaging the rhythm of regulation.* W.W. Norton & Company.

Dannow, M.C., Esbjørn, B.H., & Risom, S.W. (2020). The Perceptions of Anxiety-related School Absenteeism in Youth: A Qualitative Study Involving Youth, Mother, and Father, *Scandinavian Journal of Educational Research*, 64:1, 22-36. Retrieved from https://www.tandfonline.com/doi/abs/10.1080/00313831.2018.1479302

Department for Education. (2018a). *Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children*. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf

Department for Education. (2018b). *Mental Health and Behaviour in Schools*. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1069687/Mental_health_and_behaviour_in_schools.pdf

Department for Education. (2020). *School attendance parental responsibility measures: Statutory guidance for local authorities, school leaders, school staff, governing bodies, and the police.* Retrieved from https://www.gov.uk/government/publications/parental-responsibility-measures-for-behaviour-and-attendance

Department for Education. (2022a). *Working Together to Improve School Attendance.* Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1099677/Working_together_to_improve_school_attendance.pdf

Department for Education. (2022b). *School Attendance: Guidance for maintained schools, academies, independent schools, and local authorities.* Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1073591/School_attendance_guidance_May-2022.pdf

Department for Education. (2022c). *Behaviour in schools.* Retrieved from https://www.gov.uk/government/publications/behaviour-in-schools--2

Department for Education. (2023a). *Keeping children safe in education.* Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1161273/Keeping_children_safe_in_education_2023_-_statutory_guidance_for_schools_and_colleges.pdf

Department for Education. (2023b). *Pupil Absence in schools in England.* Retrieved from https://explore-education-statistics.service.gov.uk/find-statistics/pupil-absence-in-schools-in-england

Department for Education & Department of Health & Social Care. (2015). *Special educational needs and disability code of practice: 0 to 25 years: Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities*. Retrieved from https://www.gov.uk/government/publications/send-code-of-practice-0-to-25

Department of Health. (2015). *Future in mind: promoting, protecting, and improving our children and young people's mental health and wellbeing.* Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

Department of Health & Department for Education (2017) *Transforming children and young people's mental health provision: a green paper.* Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf

De Thierry, B. (2015). Teaching *the child on the trauma continuum*. Grosvenor House Publishing.

Di Emidio, D. (2021). Policy 'Meandering': The Influence of Mental Health and Well-being in Educational Policies. *Crossing Conceptual Boundaries*, *11*(1), 18-33. Retrieved from https://repository.uel.ac.uk/item/8912z

Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: a meta-analysis of school-based universal interventions. *Child Development,* 82(1), 405–432. Retrieved from https://doi.org/10.1111/j.1467-8624.2010.01564.x

Education Act (1996). Retrieved from https://www.legislation.gov.uk/ukpga/1996/56/contents

Education Act (2002). Retrieved from https://www.legislation.gov.uk/ukpga/2002/32/section/175

Education Regulations (Pupil Registration, England). (2006). Retrieved from https://www.legislation.gov.uk/uksi/2006/1751/contents/made

Education Scotland. (2017). *Applying Nurture as a Whole-school Approach.* Retrieved from https://education.gov.scot/media/2cbbaekj/inc55applyingnurturingapproaches120617.pdf

Education Support. (2022). *Psychological Safety in schools* Retrieved from https://www.educationsupport.org.uk/media/danhwsk3/2-psychological-safety-in-schools.pdf

Egger, H. L., Costello, E. J., & Angold, A. (2003). School Refusal and Anxiety Disorders: A Community Study*. Journal of the American Academy of Child and Adolescent Psychiatry, 43,* 787-807. Retrieved from https://www.sciencedirect.com/science/article/pii/S0890856709609795

Ek, H., & Eriksson, R. (2013). Psychological factors behind truancy, school phobia, and school refusal: A literature study. *Child & Family Behaviour Therapy*, *35*(3), 228-248. Retrieved from https://www.tandfonline.com/doi/abs/10.1080/07317107.2013.818899

Elliott, J. (1999). Practitioner Review: School Refusal: Issues of Conceptualisation, Assessment, and Treatment. *The Journal of Child Psychology and Psychiatry and Allied Disciplines, 40*(7), 1001-1012. Retrieved from https://pubmed.ncbi.nlm.nih.gov/10576531/

Emmerson, P., Cains, R., Savage, R., Smith, S., Tikly, R., & Woodhouse, L. (2004). *Emotionally based school refusal – Guidance for schools and support agencies.* West Sussex County Council. Retrieved from https://westsussex-local-offer.s3.amazonaws.com/public/system/attachments/475/original/ebsr_manual.pdf

Epstein, R., Brown, G., & O'Flynn, S. (2019). *Prosecuting parents for truancy: who pays the price?* Coventry University Retrieved from http://covrj.uk/wp-content/uploads/2019/01/PROSECUTINGParents.pdf

Equality Act. (2010). Retrieved from https://www.gov.uk/guidance/equality-act-2010-guidance

Escalante, A. (2021). *We've Misunderstood Depression: It's Trying to Save Us.* Retrieved from https://theprimarycarer.com/2021/01/11/weve-misunderstood-depression-its-trying-to-save-us/

Fennell, H. A. (2005). Living leadership in an era of change. *International journal of leadership in education*, *8*(2), 145-165. Retrieved from https://www.tandfonline.com/doi/abs/10.1080/1360312042000270487

Filippello, P., Buzzai, C., Costa, S., & Sorrenti, L. (2019). School refusal and absenteeism: Perception of teacher behaviours, psychological basic needs, and academic achievement. *Frontiers in Psychology*, *10*, 1471. Retrieved from https://www.frontiersin.org/articles/10.3389/fpsyg.2019.01471/full

Fincher, S. & Tenenberg, J. (2005). Guest editorial: Making sense of card sorting data. *Expert Systems*, 22(3) 89-93. Retrieved from https://faculty.washington.edu/jtenenbg/publications/fincherMakingSenseOfCardSorting-expSys2005.pdf

Finning, K., & Dubicka, B. (2022). Emotional Disorders and Attendance at School. In K. Finning, T. Ford, & D. Moore (Eds.), *Mental Health and Attendance at School* (pp. 38-58). Cambridge University Press. Retrieved from https://www.cambridge.org/core/books/abs/mental-health-and-attendance-at-school/mental-health-and-attendance-at-school/4F91A32FBB0561EEC3537D5FE5183A2A

Finning, K., Ford, T., Moore, D. A., & Ukoumunne, O. C. (2020). Emotional disorder and absence from school: findings from the 2004 British Child and Adolescent Mental Health Survey. *European Child & Adolescent Psychiatry*, *29*(2), 187–198. Retrieved from https://doi.org/10.1007/s00787-019-01342-4

Finning, K., Ukoumunne, O.C., Ford, T., Danielson-Waters, E., Shaw, L., Romero De Jager, I., Stentiford, L. and Moore, D.A. (2019a). The association between

anxiety and poor attendance at school – a systematic review. *Child and Adolescent Mental Health*, 24: 205-216. Retrieved from https://doi.org/10.1111/camh.12322

Finning, K., Ukoumunne, O. C., Ford, T., Danielsson-Waters, E., Shaw, L., De Jager, & Moore, D. A. (2019b). The association between child and adolescent depression and poor attendance at school: A systematic review and meta-analysis. *Journal of Affective Disorders*, *245*, 928-938. Retrieved from https://pubmed.ncbi.nlm.nih.gov/30699878/

Fledderjohann, J., Erlam, J., Knowles, B., Broadhurst, K. (2021) Mental health and care needs of British children and young people aged 6–17, *Children and Youth Services Review*, 126, 1-10. Retrieved from https://doi.org/10.1016/j.childyouth.2021.106033

Ford, T., Goodman, R., & Meltzer, H. (2003). The British Child and Adolescent Mental Health Survey 1999: the prevalence of DSM-IV disorders. *Journal of the American Academy of Child and Adolescent Psychiatry*, *42*(10), 1203–1211. Retrieved from https://doi.org/10.1097/00004583-200310000-00011

Fornander, M. J., & Kearney, C. A. (2019). Family environment variables as predictors of school absenteeism severity at multiple levels: Ensemble and classification and regression tree analysis. *Frontiers in Psychology*, *10*, 1-9. Retrieved from https://www.frontiersin.org/articles/10.3389/fpsyg.2019.02381/full

Garratt, K., Laing, J., Long, R., Parkin, E. (2022) Support for Children and Young People's Mental Health (England). *UK Parliament House of Commons Research Library*. Retrieved from https://commonslibrary.parliament.uk/research-briefings/cbp-7196/

Gerhardt, S. (2014). *Why love matters: How affection shapes a baby's brain*. Routledge. Retrieved from https://doi.org/10.4324/9781315758312

Ginsberg, J. P., Drury, R., Porges, S. W., & Thayer, J. F. (2019). Heart rate variability, health, and well-being: A systems perspective. *Frontiers in public health*, 7, 1-3. Retrieved from https://www.frontiersin.org/articles/10.3389/fpubh.2019.00323/full

Glazzard, J. (2019). A whole-school approach to supporting children and young people's mental health, *Journal of Public Mental Health*, 18 (4), 256-265. Retrieved from https://doi.org/10.1108/JPMH-10-2018-0074

Golding, K. S. & Hughes, D. A. (2012). *Creating Loving Attachments. Parenting with PACE to nurture confidence and security in the troubled child.* Jessica Kingsley Publishers.

Gonzálvez, C., Kearney, C. A., Jiménez-Ayala, C. E., Sanmartín, R., Vicent, M., Inglés, C. J., & García-Fernández, J. M. (2018). Functional profiles of school refusal behaviour and their relationship with depression, anxiety, and stress. *Psychiatry Research*, *269*, 140-144. Retrieved from https://www.sciencedirect.com/science/article/pii/S0165178118311703

Goodman, A., & Goodman, R. (2009). Strengths and difficulties questionnaire as a dimensional measure of child mental health. *Journal of the American Academy of Child & Adolescent Psychiatry*, *48*(4), 400-403. Retrieved from https://www.sciencedirect.com/science/article/pii/S0890856709600472

Gottfried, M. A., & Gee, K. A. (2017). Identifying the Determinants of Chronic Absenteeism: A Bioecological Systems Approach. *Teachers College Record*, *119*(7), 1–34. Retrieved from https://doi.org/10.1177/016146811711900704

Gottman, J. M., Katz, L. F., & Hooven, C. (1996). Parental meta-emotion philosophy and the emotional life of families: Theoretical models and preliminary data. *Journal of Family Psychology,* 10(3), 243-268. Retrieved from https://www.johngottman.net/wp-content/uploads/2011/05/Parental-meta-emotion-philosophy-and-the-emotional-life-of-families-Theoretical-models-and-preliminary-data.pdf

Graziano, P. A., Reavis, R. D., Keane, S. P., & Calkins, S. D. (2007). The role of emotion regulation in children's early academic success. *Journal of School Psychology*, *45*(1), 3-19. Retrieved from https://www.sciencedirect.com/science/article/pii/S0022440506000859

Gregory, I. R., & Purcell, A. (2014). Extended school non-attenders' views: Developing best practice. *Educational Psychology in Practice*, *30*(1), iii–iii. Retrieved from https://doi.org/10.1080/02667363.2014.886858

Gren-Landell, M. (2021). *School attendance problems: a research update and where to go*. Retrieved from https://jerringfonden.se/wp-content/uploads/2021/04/202101-Jerringfonden-Antologi-A5-sammanslagen.pdf

Grossman, P., & Taylor, E. W. (2007). Toward understanding respiratory sinus arrhythmia: Relations to cardiac vagal tone, evolution and biobehavioural functions. *Biological Psychology*, 74(2), 263– 285. Retrieved from https://pubmed.ncbi.nlm.nih.gov/17081672/

Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 105–117). SAGE Publications. Retrieved from https://ethnographyworkshop.files.wordpress.com/2014/11/guba-lincoln-1994-competing-paradigms-in-qualitative-research-handbook-of-qualitative-research.pdf

Gubbels, J., van der Put, C. E., & Assink, M. (2019). Risk factors for school absenteeism and dropout: A meta-analytic review. *Journal of Youth and Adolescence*, *48*, 1637-1667. Retrieved from https://link.springer.com/article/10.1007/s10964-019-01072-5

Guest, G., MacQueen, K.M., & Namey, E. E. (2012). Applied thematic analysis. SAGE Publications. Retrieved from https://doi.org/10.4135/9781483384436

Gulliford, A., & Miller, A. (2015). Raising educational achievement: What can instructional psychology contribute? In T. Cline, A. Gulliford, & S. Birch (Eds.), *Educational psychology* (2nd ed., pp.83–107). Routledge/Taylor & Francis Group. Retrieved from https://www.taylorfrancis.com/chapters/edit/10.4324/9781315719962-13/raising-educational-achievement-instructional-psychology-contribute-anthea-gulliford-andy-miller

Gulliford A. & Miller, A. (2023) Managing Classroom Behaviour: How can Psychology help? In (Eds.) Cline, T., Gulliford, A., & Birch, S. Educational Psychology. (3rd Edition). Topics in Applied Psychology. (pp.x-x). London: Routledge.

Hammersley, M. (2008). Troubles with Triangulation. In M.M. Bergmann (Ed.), *Advances in Mixed Methods Research*. (pp, 22-36). SAGE. Retrieved from https://oro.open.ac.uk/20474/

Hanna, G. L., Fischer, D. J., & Fluent, T. E. (2006). Separation anxiety disorder and school refusal in children and adolescents. *Paediatrics in review*, *27*(2), 56–63. Retrieved from https://doi.org/10.1542/pir.27-2-56

Hansen, C., Sanders, S. L., Massaro, S., & Last, C. G. (1998). Predictors of severity of absenteeism in children with anxiety-based school refusal. *Journal of Clinical Child Psychology*, *27*(3), 246–254. Retrieved from https://doi.org/10.1207/s15374424jccp2703_2

Havik, T., Bru, E., & Ertesvåg, S. K. (2014). Parental perspectives of the role of school factors in school refusal. *Emotional & Behavioural Difficulties, 19*(2), 131–153. Retrieved from https://doi.org/10.1080/13632752.2013.816199

Hewitt, O.M., Tomlin, A., & Waite, P. (2021). The experience of panic attacks in adolescents: an interpretative phenomenological analysis study, *Emotional and Behavioural Difficulties,* 26:3, 240-253. Retrieved from https://www.tandfonline.com/doi/full/10.1080/13632752.2021.1948742

Heyne, D., Gren-Landell, M., Melvin, G., & Gentle-Genitty, C. (2019). Differentiation between school attendance problems: Why and how? *Cognitive and Behavioural Practice, 26* (1), 8–34. Retrieved from https://doi.org/10.1016/j.cbpra.2018.03.006

Heyne, D., Kearney, C., & Finning, K. (2022). Mental Health and Attendance at School: Setting the Scene. In K. Finning, T. Ford, & D. Moore (Eds.), *Mental Health and Attendance at School* (pp.1-21). Cambridge University Press. Retrieved from https://assets.cambridge.org/97819116/23144/excerpt/9781911623144_excerpt.pdf

Higgins, M. (2022). *The Ideal School: Exploring the perceptions of autistic students experiencing Emotionally Based School Non-Attendance (EBSNA).* (Doctoral Thesis). Retrieved from https://repository.essex.ac.uk/33345/

Holmes, J. (2001). *The search for the secure base: Attachment theory and psychotherapy* (1st Edition*).* Brunner-Routledge. Retrieved from https://www.taylorfrancis.com/books/mono/10.4324/9781315783260/search-secure-base-jeremy-holmes

House of Commons, Education and Health and Social Care Committees. (2018). *The Government's Green Paper on mental health: failing a generation.* Retrieved from https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/642/642.pdf

Hughes, D. (2006). *Building the bonds of attachment: Awakening love in deeply troubled children.* Jason Aaronson. Retrieved from https://books.google.co.uk/books/about/Building_the_Bonds_of_Attachment.html?id=qBKQQgAACAAJ&redir_esc=

Hughes, P.M., Ostrout, T.L., & Lewis, S. (2022). The impact of parental and individual factors on school refusal: a multiple-mediation model, *Journal of Family Studies,* 28:4, 1488-1503. Retrieved from DOI: 10.1080/13229400.2020.1842232

Hutchings, M. (2015.) *Exam Factories? the impact of accountability measures for children and young people*. National Union of Teachers. Retrieved from https://www.basw.co.uk/system/files/resources/basw_112157-4_0.pdf

Hutzell, K.L. & Payne, A.A. (2018). The Relationship Between Bullying Victimization and School Avoidance: An Examination of Direct Associations, Protective Influences, and Aggravating Factors, *Journal of School Violence,* 17(2), 210-226. Retrieved from DOI: 10.1080/15388220.2017.1296771

Ingul, J. M., & Nordahl, H. M. (2013). Anxiety as a risk factor for school absenteeism: what differentiates anxious school attenders from non-attenders? *Annals of general psychiatry*, *12*(1), 1-9. Retrieved from https://annals-general-psychiatry.biomedcentral.com/articles/10.1186/1744-859X-12-25

Jimenez, M. P., DeVille, N. V., Elliott, E. G., Schiff, J. E., Wilt, G. E., Hart, J. E., & James, P. (2021). Associations between nature exposure and health: a review of the evidence. *International Journal of Environmental Research and Public Health*, *18*(9), 4790. Retrieved from https://www.mdpi.com/1660-4601/18/9/4790

Johnson, A. M., Falstein, E. I., Szurek, S. A., & Svendsen, M. (1941). School phobia. *American Journal of Orthopsychiatry, 11,* 702–711. Retrieved from https://psycnet.apa.org/record/2013-37773-012

Jongerden, L., Simon, E., Bodden, D. H., Dirksen, C. D., & Bögels, S. M. (2015). Factors associated with the referral of anxious children to mental health care: the influence of family functioning, parenting, parental anxiety, and child impairment. *International journal of methods in psychiatric research*, *24*(1), 46–57. Retrieved from https://doi.org/10.1002/mpr.1457

Kadir, N. B. Y. (2020). Insecure attachment. *Encyclopaedia of personality and individual differences*, 2260-2266. Retrieved from https://link.springer.com/referenceworkentry/10.1007/978-3-319-24612-3_2025

Katz, F., Leith, E., & Paliokosta, E. (2016). Fifteen-minute consultation for a child not attending school: a structured approach to school refusal. *Archives of Disease in Childhood-Education and Practice*, *101*(1), 21-25. Retrieved from https://ep.bmj.com/content/101/1/21.short

Kawsar, M.D.S., Yilanli, M, & Marwaha, R. (2022) *School Refusal.* Stat Pearls Publishing. Available from: https://www.ncbi.nlm.nih.gov/books/NBK534195/

Kearney, C. A. (2008). School absenteeism and school refusal behaviour in youth: a contemporary review. *Clinical Psychology Review*, *28* (3), 451–471. Retrieved from https://doi.org/10.1016/j.cpr.2007.07.012

Kearney, C. A. (2016). *Managing school absenteeism at multiple tiers: An evidence-based and practical guide for professionals*. Oxford University Press.

Kearney, C. A., & Albano, A. M. (2004). The functional profiles of school refusal behaviour: Diagnostic aspects. *Behaviour Modification*, *28*(1), 147-161. Retrieved from https://pubmed.ncbi.nlm.nih.gov/14710711/

Kearney, C.A., Chapman, G. & Caitlin-Cook, L. (2005). School Refusal Behaviour in Young Children. *International Journal of Behaviour, Consultation & Therapy,* 1 (3), 216-222. Retrieved from https://files.eric.ed.gov/fulltext/EJ844397.pdf

Kearney, C.A., Gonzalvez, C., Graczyk, P.A., & Fornander, M.J. (2019). Reconciling Contemporary Approaches to School Attendance and School Absenteeism: Toward Promotion and Nimble Response, Global Policy Review and Implementation, and Future Adaptability (Part 1). *Frontiers in Psychology,* 10, 1-16. Retrieved from https://www.frontiersin.org/articles/10.3389/fpsyg.2019.02222/full

Kearney, C. A., & Silverman, W. K. (1993). Measuring the function of school refusal behaviour: The School Assessment Scale. *Journal of Clinical Child Psychology, 22*(1), 85–96. Retrieved from https://doi.org/10.1207/s15374424jccp2201_9

Kelly, G. (1955). *Personal construct psychology.* Norton

Kessler, I., & Bach, S. (2014). Comparing Cases in Edwards, P., O'Mahoney, J. and Vincent, S. (eds) Studying Organizations Using Critical Realism: A Practical Guide, Oxford University Publishing.

Keyes, C. L. M., & Martin, C. C. (2017). The complete state model of mental health. In M. Slade, L. Oades, & A. Jarden (Eds.), *Wellbeing, recovery, and mental health* (pp. 86–97). Cambridge University Press. Retrieved from https://doi.org/10.1017/9781316339275.009

Kok, B. E., Coffey, K. A., Cohn, M. A., Catalino, L. I., Vacharkulksemsuk, T., Algoe, S. B., Brantley, M., & Fredrickson, B. L. (2013). How positive emotions build physical health: perceived positive social connections account for the upward spiral between positive emotions and vagal tone. *Psychological Science*, *24*(7), 1123–1132. Retrieved from https://doi.org/10.1177/0956797612470827

Kopershoek, H., Canrinus, E.T., Fokkens-Bruinsma, M., & de Boer, H. (2020). The Relationship between school belonging and Student's, Motivational, Social-Emotional, Behavioural, and Academic Outcomes in Secondary Education: A Meta-Analytic Review, *Research Papers in Education*, 35 (6), 641-680. Retrieved from https://www.tandfonline.com/doi/full/10.1080/02671522.2019.1615116

Kostenius, C., Gabrielsson, S. & Lindgren, E. (2020). Promoting Mental Health in School—Young People from Scotland and Sweden Sharing Their Perspectives. *International Journal of Mental Health & Addiction*, 18, 1521–1535. Retrieved from https://doi.org/10.1007/s11469-019-00202-1

Lauchlan. F. (2003). Responding to Chronic Non-attendance: A review of intervention approaches, *Educational Psychology in Practice,* 19:2, 133-146. Retrieved from https://www.tandfonline.com/doi/abs/10.1080/02667360303236

Lavis, P., & Robson, C. (2015). *Promoting Children and Young People's Emotional Health and Wellbeing: A Whole School and College Approach*. Public Health England. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1020249/Promoting_children_and_young_people_s_mental_health_and_wellbeing.pdf

Leeds for Learning (2021). *Extended School Non- Attendance (*ESNA*). Guidance, Advice and Resources for School Staff.* Retrieved from https://www.google.com/search?q=Leeds+city+council+ESNA&rlz=1C1GCEA_enGB1006GB1006&oq=Leeds+city+council+ESNA&aqs=chrome..69i57j33i160l3.8444j0j4&sourceid=chrome&ie=UTF-8

Lees, H.E. (2014). *Education without schools: Discovering alternatives.* Bristol Policy Press. Retrieved from https://doi.org/10.51952/9781447306429

Levine, J. C., Fleming, R., Piedmont, J. I., Cain, S. M., & Chen, W. J. (2016). Heart rate variability and generalized anxiety disorder during laboratory-induced worry and aversive imagery. *Journal of Affective Disorders*, *205*, 207–215. Retrieved from https://doi.org/10.1016/j.jad.2016.07.019

Li, A., Guessoum, S. B., Ibrahim, N., Lefèvre, H., Moro, M. R., & Benoit, L. (2021). A systematic review of somatic symptoms in school refusal. *Psychosomatic medicine*, *83*(7), 715-723. Retrieved from https://pubmed.ncbi.nlm.nih.gov/33951013/

Liem, T. (2021). Critique of Polyvagal Theory, German Journal of Osteopathy, 19, 34-37. Retrieved from file:///C:/Users/cveli080/Downloads/CritiqueofthePolyvagalTheory-FinalTranslation%20(1).pdf

Lincoln, Y. S., & Guba, E. G. (1986). But is it rigorous? Trustworthiness and authenticity in naturalistic evaluation. *New directions for program evaluation*, 30, 73-84. Retrieved from https://onlinelibrary.wiley.com/doi/10.1002/ev.1427

Lissack, K., & Boyle, C. (2022). Parent/carer views on support for children's school non-attendance: 'How can they support you when they are the ones who report you?' *Review of Education*, 10, e3372. Retrieved from https://doi.org/10.1002/rev3.3372

Literat, I. (2013). "A Pencil for your Thoughts": Participatory Drawing as a Visual Research Method with Children and Youth. *International Journal of Qualitative Methods*, *12*(1), 84–98. Retrieved from https://doi.org/10.1177/160940691301200143

Long, R., & Danechi, S. (2023). *School Attendance in England: House of Commons Research Briefing CBP-9710.* House of Commons Library. Retrieved from https://researchbriefings.files.parliament.uk/documents/CBP-9710/CBP-9710.pdf

Luthar, S. S. (2006). Resilience in Development: A Synthesis of Research across Five Decades. In: D. Cicchetti, & D. J. Cohen (Eds.), *Developmental Psychopathology: Risk, Disorder, and Adaptation* (pp. 739-795). Wiley. Retrieved from https://www.researchgate.net/publication/232578665_Resilience_in_Development_A_Synthesis_of_Research_across_Five_Decades

Lyon, E. (2023). Reciprocal Leadership Theories. Retrieved from http://emilylyonmsu.weebly.com/uploads/9/1/7/0/91708566/reciprocalleadershiptheories__1_.pdf

MacDonald, G. & O'Hara, K (1998). *Ten Elements of Mental Health, its Promotion and Demotion: Implications for Practice*. Society of Health Education and Health Promotion Specialists. Retrieved from https://books.google.co.uk/books/about/Ten_Elements_of_Mental_Health_Its_Promot.html?id=GoUvtwAACAAJ&redir_esc=y

Malcolm, H., Wilson, V., Davidson, J., & Kirk, S. (2003). *Absence from schools: a study of its causes and effects in seven LEAs*. Retrieved from https://dera.ioe.ac.uk/id/eprint/8655/1/RR424.pdf

Martin, C., Cabrol, S., Bouvard, M. P., Lepine, J. P., & Mouren-Simeoni, M. C. (1999). Anxiety and depressive disorders in fathers and mothers of anxious school-refusing children. *Journal of the American Academy of Child & Adolescent Psychiatry*, 38(7), 916-922. Retrieved from https://www.sciencedirect.com/science/article/pii/S0890856709665424

Masten, A. S. (2014). Global perspectives on resilience in children and youth. *Child development*, *85*(1), 6–20. Retrieved from https://doi.org/10.1111/cdev.12205

Maynard, B.R., Brendel, K.E., Bulanda, J.J., Heyne, D., Thompson, A.M. & Pigott, T.D. (2015). Psychosocial Interventions for School Refusal with Primary and Secondary School Students: A Systematic Review. *Campbell Systematic Reviews*, 11,1-76. Retrieved from https://doi.org/10.4073/csr.2015.12

Maynard, B.R., Farina, A., Dell, N.A., Kelly, M. S. (2019) Effects of trauma- informed approaches in schools: A Systematic Review, *Campbell Systematic Reviews* 15, e1018. Retrieved from https://onlinelibrary.wiley.com/doi/full/10.1002/cl2.1018

McClintock, A. H., Fainstad, T. L., & Jauregui, J. (2021). Creating Psychological Safety in the Learning Environment: Straightforward Answers to a Longstanding Challenge. *Academic Medicine: Journal of the Association of American Medical Colleges*, *96*(11S), S208–S209. Retrieved from https://doi.org/10.1097/ACM.0000000000004319

McEvoy, P., & Richards, D. (2006) A critical realist rationale for using a combination of quantitative and qualitative methods. *Journal of Research in Nursing*. 11(1), 66-78. Retrieved from doi:10.1177/1744987106060192

McShane, G., Walter, G., & Rey, J. M. (2004). Functional outcome of adolescents with 'school refusal.' *Clinical Child Psychology and Psychiatry*, *9* (1), 53-60. Retrieved from https://journals.SAGEpub.com/doi/abs/10.1177/1359104504039172?journalCode=ccpa

Melvin, G. A., Heyne, D., Gray, K. M., Hastings, R. P., Totsika, V., Tonge, B. J., & Freeman, M. M. (2019). The Kids and Teens at School (KiTeS) framework: An inclusive bioecological systems approach to understanding school absenteeism and school attendance problems. *Frontiers in Education,* 4(61), 1-9. Retrieved from https://www.frontiersin.org/articles/10.3389/feduc.2019.00061/full

Mental Health Taskforce. (2016). *The five year forward view for mental health: A report from the independent Mental Health Taskforce to the NHS in England. Retrieved from*

https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

Mertens, D. M. (2015). Mixed Methods and Wicked Problems. *Journal of Mixed Methods Research*, 9(1), 3–6. Retrieved from https://journals.sagepub.com/doi/pdf/10.1177/1558689814562944

Mohammadinia, L., Ardalan, A., Khorasani-Zavareh, D., Ebadi, A., Malekafzali, H., & Fazel, M. (2018). Domains and Indicators of Resilient Children in Natural Disasters: A Systematic Literature Review. *International Journal of Preventive Medicine*, *9(1)*, 54. Retrieved from https://doi.org/10.4103/ijpvm.IJPVM_1_18

Monteiro, D. A., Taylor, E. W., Sartori, M. R., Cruz, A. L., Rantin, F. T., & Leite, C. A. (2018). Cardiorespiratory interactions previously identified as mammalian are present in the primitive lungfish. *Science Advances*, 4(2), eaaq0800. Retrieved from https://pubmed.ncbi.nlm.nih.gov/29507882/

Moon, K., & Blackman, D. (2014). A guide to understanding social science research for natural scientists. *Conservation Biology: The Journal of the Society for Conservation Biology*, *28*(5), 1167–1177. Retrieved from https://doi.org/10.1111/cobi.12326

Moos, R. & Moos, B. (2009). *Family Environment Scale Manual: Development, Applications, Research* (3rd ed.). Consulting Psychologist Press.

Moran, H. (2001). 'Who do you think you are? Drawing the ideal self: a technique to explore a child's sense of self.' *Clinical Child Psychology and Psychiatry*, 6(4), 599-604. Retrieved from https://doi.org/10.1177/1359104501006004016

Moran, H. (2020). *A beginner's guide to personal construct therapy with children and young people.* HJ Moran Publishing

Mukumbang, F. C. (2023). Retroductive Theorizing: A Contribution of Critical Realism to Mixed Methods Research. *Journal of Mixed Methods Research*, *17*(1), 93–114. Retrieved from https://doi.org/10.1177/15586898211049847

Naish, S. (2016) *Therapeutic Parenting in a Nutshell: Positives and Pitfalls.* CreateSpace Independent Publishing Platform

National Institute for Health & Care Excellence. (2008). Social and emotional wellbeing in primary education, Public Health guideline [PH12]. Retrieved from https://www.nice.org.uk/guidance/ph12

National Institute for Health & Care Excellence. (2009). Social and emotional wellbeing in secondary education. Public Health guideline [PH20]. Retrieved from https://www.nice.org.uk/guidance/ph20

National Institute for Health & Care Excellence. (2011). Common mental health problems: identification and pathways to care. Clinical guideline [CG123] Retrieved from https://www.nice.org.uk/guidance/cg123

NHS Digital (2023). *MHCYP Surveys - Mental Health of Children and Young People in England - Findings from the 2017 Follow Up Surveys webinar.* Retrieved from https://digital.nhs.uk/news/events/2023-events/mhcyp-surveys---mental-health-of-children-and-young-people-in-england---findings-from-the-2017-follow-up-surveys-webinar

Nielsen, B., Laursen, H. D., Reol, L., Jensen, H., Kozina, A., Vidmar, M., Rasmusson, M., Marusic, I., Denk, A., Roczen, N., Jurko, S., & Ojstersek, A. (2019). Social, emotional, and intercultural competencies: a literature review with a particular focus on the school staff, *European Journal of Teacher Education*, 42(3), 410-428. Retrieved from https://www.researchgate.net/publication/332592662_Social_emotional_and_intercultural_competencies_a_literature_review_with_a_particular_focus_on_the_school_staff

Norwich, B., Moore, D., Stentiford, L., & Hall, D. (2022). A critical consideration of 'mental health and wellbeing' in education: Thinking about school aims in terms of wellbeing. *British Educational Research Journal*, 48, 803– 820. Retrieved from https://bera-journals.onlinelibrary.wiley.com/doi/full/10.1002/berj.3795

Not Fine In School. (2020). *School Attendance Difficulties: Parent Survey 2020.* Retrieved from https://notfineinschool.co.uk/nfis-surveys#:~:text=NFIS%20School%20Attendance%20Difficulties%3A%20Parent%20Survey%202020,-This%20survey%20follows&text=We%20recognise%20that%20the%20situation,regard%20to%20school%20attendance%20difficulties.

Office for National Statistics. (2023). *Pupil Attendance in schools. Week 20 2023.* Retrieved from https://explore-education-statistics.service.gov.uk/find-statistics/pupil-attendance-in-schools

Ofsted. (2021). Securing good attendance and tackling persistent absence. Retrieved from https://www.gov.uk/government/publications/securing-good-attendance-and-tackling-persistent-absence/securing-good-attendance-and-tackling-persistent-absence

Ofsted. (2022). *Education Inspection Framework.* Retrieved from https://www.gov.uk/government/publications/education-inspection-framework/education-inspection-framework

O'Mahoney, J., & Vincent, S. (2014). Critical Realism as an Empirical Project: A Beginner's Guide. In P.K. Edwards, J. O'Mahoney, & S. Vincent (Eds.), *Studying Organizations Using Critical Realism: A Practical Guide* (Online ed., pp.1-20). Oxford Academic. Retrieved from https://doi.org/10.1093/acprof:oso/9780199665525.003.0001

O'Reilly, M., Svirydzenka, N., Adams, S., & Dogra, N. (2018). Review of mental health promotion interventions in schools. *Social Psychiatry & Psychiatric Epidemiology*, *53*, 647-662. Retrieved from https://link.springer.com/article/10.1007/s00127-018-1530-1

Park, G., & Thayer, J. F. (2014). From the heart to the mind: cardiac vagal tone modulates top-down and bottom-up visual perception and attention to emotional stimuli. *Frontiers in psychology*, *5* (278),1-10. Retrieved from https://doi.org/10.3389/fpsyg.2014.00278

Patalay, P., O'Neill, E., Deighton, J., & Fink, E. (2020) School characteristics and children's mental health: A linked survey-administrative data study, *Preventive Medicine,* 141, 1-7. Retrieved from https://www.sciencedirect.com/science/article/pii/S0091743520303169?via%3Dihub

Perez, L. M., & Sundheim, C.J. (2018) Mother-Infant Psychotherapy Informed by Polyvagal Theory, *Journal of Infant, Child, and Adolescent Psychotherapy,* 17:3, 145-153. Retrieved from https://www.researchgate.net/publication/326603527_Mother-Infant_Psychotherapy_Informed_by_Polyvagal_Theory

Piqueras, J. A., Martín-Vivar, M., Sandin, B., San Luis, C., & Pineda, D. (2017). The Revised Child Anxiety and Depression Scale: A systematic review and reliability generalization meta-analysis. *Journal of Affective Disorders*, *218*, 153–169. Retrieved from https://doi.org/10.1016/j.jad.2017.04.022

Plagens, G.K. (2011). *Social Capital and Education: Implications for Student and School Performance.* Retrieved from https://core.ac.uk/download/pdf/4951135.pdf

Popoola, M., & Sivers, S. (2021). Hearing the voices of Children & Young People: An Ecological Systems Analysis of Individual Difference and Experiences during the COVID-19 Lockdown, DECP Debate, 177, 21-25. Retrieved from https://explore.bps.org.uk/content/bpsdeb/1/177/21

Porges, S. W. (2004). Neuroception: A subconscious system for detecting threats and safety. *Zero to Three*, 24, 19–24. Retrieved from https://eric.ed.gov/?id=EJ938225

Porges, S. W. (2011). *The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation.* W.W Norton & Co. Retrieved from https://psycnet.apa.org/record/2011-04659-000

Porges, S.W. (2012) Polyvagal Theory: why this changes everything [Webinar] in NICABM TraumaTherapySeries. Retrieved from https://www.flexiblemindtherapy.com/uploads/6/5/5/2/65520823/nicabm-porges-2012.pdf

Porges, S.W. (2017). Vagal pathways: Portals to compassion. In E.M. Seppala, E. Simon-Thomas, S.L, Brown, M.C., Worline, C.D, Cameron & J.R Doty (Eds) Oxford Handbook of Compassionate Science (pp.189-202). New York, Oxford University Press.

Porges, S.W. (2022). Polyvagal Theory: A Science of Safety. *Frontiers in Integrative Neuroscience,* 16, 871227. Retrieved from https://www.frontiersin.org/articles/10.3389/fnint.2022.871227/full

Porges, S.W., Doussard-Roosevelt, J.A., and Maiti, A.K. (1994). Vagal tone and the physiological regulation of emotion. *Monographs of the Society for Research in Child Development,* 59: 167-186. Retrieved from https://doi.org/10.1111/j.1540-5834.1994.tb01283.x

Procter, T., Roberts, L., Macdonald, I., Morgan-Clare, A., Randell, B., Banerjee, R. (2021). *Best Practice Review of the Whole-School approach within MHSTs in the South-East and East of England: Evaluation Report*. Retrieved from https://arc-kss.nihr.ac.uk/document-download/158-best-practice-review-of-whole-school-approach-wsa-within-mhsts-in-the-south-east-and-east-of-england-evaluation-report/file

Public Health England. (2021). *Promoting Children and Young People's Emotional Health and Wellbeing: A Whole School and College Approach*. Retrieved from https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing

Putnam, R. D. (1994). Social capital and public affairs. *Bulletin of the American Academy of Arts and Sciences*, 5-19. Retrieved from https://www.jstor.org/stable/3824796

Raleigh, C. (2019). *What is the prevalence of Social Anxiety Disorder among adolescents in Ireland? How does it impact their lives and how do schools address it?* Retrieved from https://uel.ac.uk/sites/default/files/rite-vol-9-no-2-nov-19-article-5-raleigh.pdf

Rappo, G., Alesi, M., & Pepi, A. (2017). The effects of school anxiety on self-esteem and self-handicapping in pupils attending primary school. *European Journal of Developmental Psychology*, *14* (4), 465-476. Retrieved from https://www.tandfonline.com/doi/abs/10.1080/17405629.2016.1239578

Riley, K. (2017). *Place, Belonging and School Leadership: Researching to Make the Difference.* Bloomsbury Academic. Retrieved from http://dx.doi.org/10.5040/9781474293020

Riley, K.C. (2022). *Compassionate Leadership for school belonging.* UCL Press. Retrieved from https://discovery.ucl.ac.uk/id/eprint/10146072/1/Compassionate-Leadership-for-School-Belonging.pdf

Robinson, O.C. (2014). Sampling in Interview-Based Qualitative Research: A Theoretical and Practical Guide, *Qualitative Research in Psychology*, 11(1), 25-41. Retrieved from https://www.tandfonline.com/doi/full/10.1080/14780887.2013.801543

Robson, C. (2002). *Real World Research: A Resource for Social Scientists and Practitioner-Researchers* (2nd ed.). Blackwell Publishers Ltd.

Robson, C., & McCartan, K. (2016). Real World Research (4th ed.). Wiley.

Rutter, M. (1993). Resilience: Some Conceptual Considerations. *Journal of Adolescent Health,* 14, 626-631. Retrieved from https://doi.org/10.1016/1054-139x(93)90196-v

Rutter, M. (2012). Resilience as a dynamic concept. *Development and psychopathology*, *24*(2), 344. Retrieved from https://doi.org/10.1017/S0954579412000028

Rutter, M., & O'Connor, T. G. (1999). Implications of attachment theory for childcare policies. In J. Cassidy & P.R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 823–844). The Guilford Press.

Sadler, K., Vizard, T., Ford, T., Marcheselli, F., Pearce, N., Mandalia, D., Davis., J, Brodie, E., Forbes, N., Goodman, A., Goodman, R., & McManus, S. (2018). *Mental Health of Children and Young People in England, 2017*. Available at: https://dera.ioe.ac.uk/32622/1/MHCYP%202017%20Summary.pdf

Sale, J. E. M., Lohfeld, L. H., & Brazil, K. (2002). Revisiting the quantitative-qualitative debate: Implications for mixed-method research. *Quality and Quantity,* 36, 43–53. Retrieved from https://pubmed.ncbi.nlm.nih.gov/26523073/

Saunders, M.N.K. (2015) Using mixed methods - combining card sorts and in-depth interviews. In F. Lyon, G. Möllering & M.N.K. Saunders (Eds), Handbook of Research Methods on Trust. (2nd ed, pp.134-144). Edward Elgar Publishing Ltd. Retrieved from https://doi.org/10.4337/9781781009246.00022

Sayer, A. (2000). Realism and Social Science. SAGE Publications Ltd. Retrieved from https://doi.org/10.4135/9781446218730

Sayer, A. (2004). Why critical realism? In S. Fleetwood, & S. Ackroyd (Eds.), *Critical realist applications in organisation and management studies* (pp. 6-20). Routledge.

Scambler, G. (2014). Critical Realism. In W.C. Cockerham, R. Dingwall & S. Quah (Eds.), *The Wiley Blackwell Encyclopedia of Health, Illness, Behaviour, and Society.* Retrieved from https://doi.org/10.1002/9781118410868.wbehibs341

Scandura, T.A. & Williams, E.A. (2000). Research Methodology in Management: Current Practices, Trends, and Implications of Future Research. *Academy of Management Journal,* 43.6, 1248-1264. Retrieved from https://www.researchgate.net/publication/273077241_Research_Methodology_in_Management_Current_Practices_Trends_and_Implications_for_Future_Research

Schofield, G. & Beek, M. (2004). Providing a Secure Base: Tuning in to Children with Severe Learning Difficulties in Long-Term Foster Care. Adoption & Fostering, 28(2), 8–19. Retrieved from https://doi.org/10.1177/030857590402800203

Schofield, G. & Beek, M. (2020). *The Secure Base model: promoting attachment awareness in school. Putting the Model into practice* [PowerPoint slides]. Retrieved from https://www.uea.ac.uk/groups-and-centres/centre-for-research-on-children-and-families/secure-base-model/secure-base-in-schools

Setia M. S. (2016). Methodology Series Module 3: Cross-sectional Studies. *Indian Journal of Dermatology*, *61*(3), 261–264. Retrieved from https://doi.org/10.4103/0019-5154.182410

Shucksmith, J., Summerbell, C., Jones, S., & Whittaker, V. (2007). Mental wellbeing of children in primary education (targeted/indicated activities). *Database of Abstracts of Reviews of Effects Quality-assessed Reviews*. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK73846

Skedgell, K., & Kearney, C. A. (2016). Predictors of Absenteeism Severity in Truant Youth: A Dimensional and Categorical Analysis. *American Secondary Education*, *45*(1), 46–58. Retrieved from http://www.jstor.org/stable/45147878

Slater, R. (2007). Attachment: Theoretical development and critique, *Educational Psychology in Practice*, 23:3, 205-219, Retrieved from DOI 10.1080/02667360701507285

Solihull Community Educational Psychology Service. (2020). *Emotionally-Based School Non-attendance: Guide for Professionals.* Retrieved from https://www.solihull.gov.uk/sites/default/files/2021-12/Emotionally-Based-School-Non-Attendance-Guidance-for-Schools.pdf

Special Educational Needs and Disability Regulations. (2014). Retrieved from https://www.legislation.gov.uk/uksi/2014/1530/pdfs/uksi_20141530_en.pdf

Stirling, S., & Emery, H. (2016*). A whole-school framework for emotional well-being and mental health: Supporting resources for whole-school leaders.* National Childrens Bureau. Retrieved from https://www.ncb.org.uk/sites/default/files/uploads/files/NCB%20School%20Well%20Being%20Framework%20Leaders%20Resources_0.pdf

Stroobant, E., & Jones, A. (2006). School refuser child identities. *Discourse Studies in the Cultural Politics of Education*, *27*(2), 209-223. Retrieved from https://doi.org/10.1080/01596300600676169

Suldo, S. M., & Shaffer, E. J. (2008). Looking beyond psychopathology: The dual-factor model of mental health in youth. *School Psychology Review, 37*(1), 52–68. Retrieved from https://psycnet.apa.org/record/2008-04355-006

Symons, R. (2020). Implementing the Green Paper: The Challenges of multidisciplinary team collaboration. A review of the evidence, *Journal of Education and Health,* 38(1), 1-5. Retrieved from https://sheu.org.uk/sheux/EH/eh381rs.pdf

Thambirajah, M. S., Grandison, K. J., & De-Hayes, L. (2008). *Understanding school refusal: A handbook for professionals in education, health, and social care*. Jessica Kingsley Publishers.

The Children's Society. (2020). The Good Childhood Report. Retrieved from https://www.childrenssociety.org.uk/sites/default/files/2020-11/Good-Childhood-Report-2020.pdf

Thomas, G. (2013). How to do your Research Study. SAGE Publications. London.

Thomas, G. (2015). How to do your Case Study. SAGE Publications. London.

Tonge, B.J., & Silverman, W.K. (2019). Reflections on the Field of School Attendance Problems: For the Times They Are a-Changing?, *Cognitive and Behavioural Practice,* 26 (1). Retrieved from https://www.sciencedirect.com/science/article/pii/S1077722918301056

Treisman, K. [@dr_treisman]. (2023, July 4). "Every interaction is an intervention" (Treisman, 2017)- my final thought as heading home. [Tweet]. Twitter https://twitter.com/dr_treisman/status/1109165317014605825?lang=en

UN Commission on Human Rights. (1990). *Convention on the Rights of the child,* E/CN.4/RES/1990/74. Retrieved from https://www.refworld.org/docid/3b00f03d30.html

University of Birmingham. (2021). Code of Practice for Research. Retrieved from https://www.birmingham.ac.uk/documents/university/legal/research.pdf

Van Dick, R., Ketturat, C., Häusser, J.A., & Mojzisch, A. (2017). Two sides of the same coin and two routes for improvement: Integrating resilience and the social identity approach to well-being and ill-health. *Health Psychology Open*, 4(2). Retrieved from doi:10.1177/2055102917719564

Wachtel, T. (2013). *Defining Restorative*, International Institute of Restorative Practices. Retrieved from http://www.iirp.edu/pdf/Defining-Restorative.pdf

Walker, R. J. (2023). *Psychological states according to polyvagal theory infographic.* Retrieved from https://www.swtraumatraining.com/polyvagal-theory

Want, H. (2020). *A Narrative Oriented Inquiry into emotionally based school avoidance: hearing the voices of young people and their parents.* (Doctoral thesis). Retrieved from https://eprints.nottingham.ac.uk/view/supervisors_t/Gulliford=3AAnthea=3A=3A.html

Warin, J. (2017). Creating a whole school ethos of care*, Emotional and Behavioural Difficulties,* 22:3, 188-199. Retrieved from https://www.tandfonline.com/doi/abs/10.1080/13632752.2017.1331971

Wattanawongwan, S., Smith, S. D., & Vannest, K. J. (2021). Cooperative Learning Strategies for Building Relationship Skills in Students with Emotional and Behavioural Disorders. *Beyond Behaviour*, *30*(1), 32–40. Retrieved from https://doi.org/10.1177/1074295621997599

Weare, K. (1999). *Promoting Mental, Emotional and Social Health: A Whole School Approach* (1st ed.). Routledge. Retrieved from https://doi.org/10.4324/9780203048610

Weare, K. (2015). *What works in promoting social and emotional well-being and responding to mental health problems in schools.* National Children's Bureau. Retrieved from https://www.ncb.org.uk/sites/default/files/uploads/files/ncb_framework_for_promoting_well-being_and_responding_to_mental_health_in_schools.pdf

Wells, J., Barlow, J. & Stewart-Brown, S. (2003). *A systematic literature review of universal approaches to mental health promotion in schools.* Retrieved from https://d1wqtxts1xzle7.cloudfront.net/68546442/A_systematic_review_of_universal_approac20210803-30693-1rd3tit.pdf?1627994379=&response-content-disposition=inline%3B+filename%3DA_systematic_review_of_universal_approac.pdf&Expires=1688314029&Signature=TleGkMByDdv3CnzCFRI~F0uFL3N1KdXbDAP6G1tvMUC0-MNdksD6qHQtX-egXhpNvy2Fr9Zd2sCGVc06BL6jT6weuBAgMqhP6z7BgAN0bV7P4u87g4HlcJEXgHa2kj~TapZFlpBYTJct21JK~1ZO-mpP6dy7P3umEGibVL~6uHBeU-EB8bUtLJCwCqZgUCLZ8EhgXAt5ZJq5TXUipY9y~AjgbCU4glzNLnqXIZEJtntB-x3Gin7M-Hm6Z0fCPKV2ItqWxx4l4mga1GTd~T8t1PA~jm-RhOLzH~Jfh6vqoW1t2NyiBlM6KIVcaq8Ai9htCfOAVALZ1iXG0OQAljt1~g__&Key-Pair-Id=APKAJLOHF5GGSLRBV4ZA

West Sussex Educational Psychology Service (2022). *EBSA Guidance Document Updated 2022*. Retrieved from https://schools.westsussex.gov.uk/Page/10483.

Whaley, A. L., & Longoria, R.A. (2009). Preparing Card Sort Data for Multidimensional Scaling Analysis in Social Psychological Research: A Methodological Approach, *The Journal of Social Psychology*, 149(2), 105-115. Retrieved from https://pubmed.ncbi.nlm.nih.gov/19245050/

Whitebread, D., Basilio, M., Kuvalja, M., & Mohini, V. (2012*). A report on the value of children's play with a series of policy recommendations*. University of Cambridge. Retrieved from https://www.csap.cam.ac.uk/media/uploads/files/1/david-whitebread---importance-of-play-report.pdf

Widnall, E., Adams, E.A., Plackett, R., Winstone, L., Haworth, C.M.A., Mars, B., Kidger, J. (2022). Adolescent Experiences of the COVID-19 Pandemic and School Closures and Implications for Mental Health, Peer Relationships and Learning: A Qualitative Study in South-West England. *International Journal of Environmental Research and Public Health*. 19(12), 7163. Retrieved from https://doi.org/10.3390/ijerph19127163

Wiener, J. (2003). Resilience and Multiple Risks: A Response to Bernice Wong. *Learning Disabilities Research & Practice,* 18, 77-81. Retrieved from https://onlinelibrary.wiley.com/doi/abs/10.1111/1540-5826.00061

Weiner, J., Francois, C., Stone-Johnson, C., & Childs, J. (2021). Keep safe, keep learning: principals' role in creating psychological safety and organizational learning during the COVID-19 pandemic. *Frontiers in Education*, 5, 618483. Retrieved from https://www.frontiersin.org/articles/10.3389/feduc.2020.618483/full

Wilkins, J. (2008). School characteristics that influence student attendance: Experiences of students in a school avoidance program. *The high school journal*, 12-24. Retrieved from https://www.jstor.org/stable/40660745

Williams, J. (2016). Drawing the Ideal School Technique. Using a drawing technique based on personal construct psychology with pupils with ASD. [PowerPoint slides]. Retrieved from https://www.ucl.ac.uk/educational-psychology/new_site/resources/JaneWilliams_DECP2016conference.pdf

Williams, J., & Hanke, D. (2007). 'Do you know what sort of school I want?': Optimum features of school provision for pupils with autistic spectrum disorder. *Good Autism Practice (GAP)*, *8*(2), 51-63. Retrieved from https://www.researchgate.net/publication/233544234_Do_you_know_what_sort_of_school_I_want_Optimum_features_of_school_provision_for_pupils_with_autistic_spectrum_disorder

Williamson, J. B., Porges, E. C., Lamb, D. G., & Porges, S. W. (2015). Maladaptive autonomic regulation in PTSD accelerates physiological aging. *Frontiers in psychology*, *5*, 1571. Retrieved from https://www.frontiersin.org/articles/10.3389/fpsyg.2014.01571/full

Wiltshire, G., & Ronkainen, N. (2021). A realist approach to thematic analysis: making sense of qualitative data through experiential, inferential and dispositional theme, *Journal of Critical Realism*, 20 (2), 159-180. Retrieved from https://www.tandfonline.com/doi/full/10.1080/14767430.2021.1894909

Wolpow, R., Johnson, M. M., Hertel, R., & Kincaid, S. O. (2009). *The heart of learning and teaching: Compassion, resiliency, and academic success*. Office of Superintendent of Public Instruction (OSPI) Compassionate Schools. Retrieved from https://kellogg.cps.edu/ourpages/auto/2021/5/12/43524531/theheartoflearningandteaching-textonly.pdf

World Health Organisation (2001). *Mental Health: A State of Well-Being.* Retrieved from: http://www.who.int/features/factfiles/mental_health/en/

Yap, M., Pilkington, P., Ryan, S.M., Jorm, A. (2013). Parental factors associated with depression and anxiety in young people: A systematic review and meta-analysis. Journal of Affective Disorders, 156, 8-23. Retrieved from https://www.sciencedirect.com/science/article/pii/S0165032713008057?via%3Dihub

Yin, R. K. (2009). Case Study Research: Design and methods (4th Ed.). SAGE.

Yin, R. (2014). Case Study Research Design and Methods (5th ed.). SAGE.

Young, J. [@creative.clinical.psychologist]. (2022, July 4). Therapeutic Needs Hierarchy [Tweet]. Retrieved from https://twitter.com/courts_chelsea/status/1534645499684392960/photo/1

Zachariadis, M., Scott, S., & Barrett, M. (2010). *Designing mixed-method research inspired by a critical realism philosophy: A tale from the field of IS innovation,* ICIS 2010 proceedings, 265. Retrieved from https://aisel.aisnet.org/icis2010_submissions/265/

Zins, J., Bloodworth, M., Weissberg, R., & Walberg, H. (2004). The scientific base linking social and emotional learning to school success. In J. Zins, R. Weissberg, M. Wang, & H. Walberg (Eds.*), Building academic success on social and emotional learning: What does the research say?* (pp. 3-22). Teachers College Press. Retrieved from https://www.researchgate.net/publication/242224840_The_Scientific_Base_Linking_Social_and_Emotional_Learning_to_School_Success

APPENDICES

Appendix 1 – Initial Study Advert

Are you a parent/carer of a child who has been unable to attend school for 6 weeks or more, and is struggling with their mental health?

This study has been approved by the ethics committee of the School of Disability and Inclusion, at the University of Birmingham (Ref.ERN_22-0186)

Could you complete a questionnaire via email to help find out whether any of these common mental health problems are impacting your child's school attendance?

- Separation Anxiety
- Social Anxiety
- Generalised Anxiety
- Panic
- OCD
- Low Mood

If you are interested in taking part or want to know more information about this doctoral research, please get in touch:

Would you be willing to help further by participating in ...

Interview about the 'whole school approach' of support you have experienced?

By sharing the 'Ideal School' and 'non-ideal School' provision to support your child in attending school?

Appendix 2 – Study Information Sheet

Study Information sheet.

Exploratory case-studies of the perspectives of parents/carers of pupils with extended school non- attendance (ESNA) experiencing a range of common mental health problems and the use of the wholeschool approach in supporting their needs.

Background Information

My name is Lizzie Evans, I am a Trainee Educational Psychologist who has previously been a Primary School Teacher and Education Mental Health Practitioner. Since September 2020, I have been registered as a postgraduate research student at the University of Birmingham, where I am undertaking the three-year, full-time professional doctorate training in Educational Psychology. As part of my training, I am undertaking a two-year supervised practice placement within Coventry EPS and undertaking this substantive research study for my thesis.

This information leaflet has been given to you because I am seeking your agreement to take part in this research project. Before you decide whether you would like to take part, please read this leaflet so that you understand why the researchis being conducted and what being part of the project will entail. If you would like further information or would like to ask any questions about the information below, please do not hesitate to ask (contact details are provided at the end of this leaflet).

My Research Aims

I am interested in finding out about the experiences and views of parents of pupils who are experiencing extended school non-attendance and whose mental health difficulties are a factor in this. I am interested in the life experiences upon which you draw as parents, and parent voice about both the benefits and limitations of the current recommendedwhole school approach. I also aim to capture parents' views of what a non-ideal and ideal school would be like for a pupil experiencing attendance difficulties due to a range of common mental health issues, in order to consider future provision needs.

Justification: *Why do this research?*

Extended school non-attendance (ESNA) is commonly associated with anxiety but impacted by other mental health issues such as low mood/depression which is not as represented in the literature. Anxiety is also an umbrella term for different types of anxiety e.g. phobia, social anxiety, separation anxiety, GAD. I would like to explore if parent voice expresses a need for schools need to take different approaches to provide support for the different types of mental health issues faced by pupils. There is a gap in the literature about parents' perspectives. I am interested in their experience of mental health and school attendance is this like for them. What has their experience of school support been? How can this be improved in the future?

Why is it relevant?

ESNA is growing local and national issue and widespread impact on parents and pupils. ESNA is an issue that is part of Educational Psychology work at individual casework and whole school levels.

What contribution to knowledge and educational psychology practice do you anticipate it will offer?

This study will add to the limited evidence-base of parent perspectives of ESNA, especially if opinions are gained from mothers, fathers and participants from diverse backgrounds who are currently under-represented in the literature. It will add to our understanding about support that parents and pupils may need to cope with mental health issues that are a huge factor in ESNA. It will support the knowledge about Educational Psychology casework at an individual level and systemic work with schools and parents. It is hoped that Findings could support collaborative working with parents, enabling more efficient collaboration to support improving school attendance and the psychological wellbeing of young people. Educational Psychology practice could be improved by enhancing staff training (Mental Health Leads in schools and the whole school approach training) and psychoeducation provided to support young people and parental awareness of SEMH and ESNA.

Your involvement

If you are willing to take part in the study, there are potentially 3 Phases.

Phase 1 - Collection of questionnaire data using Revised Child and Adolescent Depression Scale (parent self-report) via email. This will be analysed, and you will receive brief feedback about which common mental health problem your childmay be experiencing out of the 6 areas that it measures– separation anxiety, social anxiety, panic, generalised anxiety,obsessive compulsive disorder, and low mood/depression.

From these questionnaires six parents will be contacted to participate in Phase 2 and 3 of the study. I will make arrangements for an initial online meeting which will last approximately five to ten minutes where I can introduce myself, answer any questions you have.

Phase 2 - We will arrange the research interview (of approximately one-hour's duration) at a time and location convenient to you, online or in person. The process will involve an in-depth discussion about the eight aspects of the whole school approach in supporting your child's mental health and attendance at school. An overview of the eight aspects of the whole school approach will be provided to you in advance, so you can consider the areas that we will bediscussing. The interview will be recorded to enable me to capture the details of your account and ensure accuracy.

Phase 3 - We will arrange the research interview (of approximately one-hour's duration) at a time and location convenient to you, online or in person. The process will involve drawing and discussing your non-ideal and ideal schoolthat could support your child and what this would incorporate.

A follow-up meeting is planned to take place in November 2022, to offer me a chance to give feedback on initial findings to youand provide you the opportunity to confirm whether the findings reflect your views, or that they do not. (You do not need to engage in this follow-up meeting if you prefer not to!)

What will the findings be used for?

The research findings will also be written in my doctoral thesis for the University of Birmingham, which will be published,in full, online in the University e-theses database. Shorter papers summarising the research may be written for submission to a peer-reviewed journal for publication, and findings from the study may also be disseminated at professional conferences. Please note, your name, school and any other identifying information will not be included inany of the reports.

What will happen to the data that is collected?

Immediately after your interview, the electronically audio-recorded and video-recorded data will be transferred from the devices to a password-protected folder on the University of Birmingham's secure electronic data storage system, BEAR Data Share. The files will then be erased from the recording devices. Electronic transcripts and notes/drawings will also be held in a password-protected folder on BEAR Data Share. Any written notes and forms will be scanned in and also stored on BEAR Data Share in a password protected folder. Original paper notes and forms will be shredded. In accordance with university research policy, data will be stored on BEAR Data Share for 10 years after completion of the project. A 10-year expiry date will be set for the electronic data stored on BEAR Data Share.

If I change my mind, can I withdraw from the study?

- You have a right to stop the interview (and the recording) any time, without having to give a reason.
- You also have the right to ask me to redact any part of your interview transcription. You can choose to exclude specific comments from the interview transcript, which will not be analysed. However, it will notbe possible to erase excerpts from the audio recording.
- If you choose to withdraw completely from the study during or immediately after the interview, therecording will be deleted from the recording devices immediately.
- Following the interview, you can withdraw your data from the research, for a period of up to fourteendays, by contacting the researcher (see contact details below)

Will my information be kept confidential in the study?

- Yes! Anything that you say will be treated as confidential, which means that it cannot be identified asyours.
- Pseudonyms will be used throughout the transcript and research report. Family relationships orprofessional roles may be referred to (e.g. brother, teacher, or doctor).
- Every care will be taken to minimise the reporting of specific or unique case details that may reveal youridentity. Please contact me if there is anything that you would like to be left out.
- If, for any reason, I become seriously concerned about your own or others' safety and/or well-being, I have a responsibility to pass on this information to the university tutor or placement supervisor, in orderto decide how to offer support. This would be fully discussed with you first.

Where can I seek further information?

- Please feel free to ask me any questions you may have now.
- There will also be opportunity for questions and discussion after the interview.
- If you have any remaining questions or concerns after the interview, please use the following contacts:

Researcher: Lizzie Evans
Research supervisors: Nicholas Bozic

Placement supervisor: Sophie Pitt

Thank you very much for taking the time to read this information leaflet and for considering your participation in thestudy.

Appendix 3 – RCADS-P Questionnaire

RCADS

NHS ID: ....

Child/ Young Person's NAME:

....

Relationship to Child/Young Person : ....

Date: ☐☐/ ☐☐/ 20☐☐ **Time:** ☐☐h☐☐m

Please put a circle around the word that shows how often each of these things happens to your child. There are no right or wrong answers.

1	My child worries about things	Never	Sometimes	Often	Always
2	My child feels sad or empty	Never	Sometimes	Often	Always
3	When my child has a problem, he/she gets a funny feeling in his/her stomach	Never	Sometimes	Often	Always
4	My child worries when he/she thinks he/she has done poorly at something	Never	Sometimes	Often	Always
5	My child feels afraid of being alone at home	Never	Sometimes	Often	Always
6	Nothing is much fun for my child anymore	Never	Sometimes	Often	Always
7	My child feels scared when taking a test	Never	Sometimes	Often	Always
8	My child worries when he/she thinks someone is angry with him/her	Never	Sometimes	Often	Always
9	My child worries about being away from me	Never	Sometimes	Often	Always
10	My child is bothered by bad or silly thoughts or pictures in his/her mind	Never	Sometimes	Often	Always
11	My child has trouble sleeping	Never	Sometimes	Often	Always
12	My child worries about doing badly at school work	Never	Sometimes	Often	Always
13	My child worries that something awful will happen to someone in the family	Never	Sometimes	Often	Always
14	My child suddenly feels as if he/she can't breathe when there is no reason for this	Never	Sometimes	Often	Always
15	My child has problems with his/her appetite	Never	Sometimes	Often	Always
16	My child has to keep checking that he/she has done things right (like the switch is off, or the door is locked)	Never	Sometimes	Often	Always
17	My child feels scared to sleep on his/her own	Never	Sometimes	Often	Always
18	My child has trouble going to school in the mornings because of feeling nervous or afraid	Never	Sometimes	Often	Always
19	My child has no energy for things	Never	Sometimes	Often	Always
20	My child worries about looking foolish	Never	Sometimes	Often	Always

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21	My child is tired a lot	Never	Sometimes	Often	Always
22	My child worries that bad things will happen to him/her	Never	Sometimes	Often	Always
23	My child can't seem to get bad or silly thoughts out of his/her head	Never	Sometimes	Often	Always
24	When my child has a problem, his/her heart beats really fast	Never	Sometimes	Often	Always
25	My child cannot think clearly	Never	Sometimes	Often	Always
26	My child suddenly starts to tremble or shake when there is no reason for this	Never	Sometimes	Often	Always
27	My child worries that something bad will happen to him/her	Never	Sometimes	Often	Always
28	When my child has a problem, he/she feels shaky	Never	Sometimes	Often	Always
29	My child feels worthless	Never	Sometimes	Often	Always
30	My child worries about making mistakes	Never	Sometimes	Often	Always
31	My child has to think of special thoughts (like numbers or words) to stop bad things from happening	Never	Sometimes	Often	Always
32	My child worries what other people think of him/her	Never	Sometimes	Often	Always
33	My child is afraid of being in crowded places (like shopping centers, the movies, buses, busy playgrounds)	Never	Sometimes	Often	Always
34	All of a sudden my child will feel really scared for no reason at all	Never	Sometimes	Often	Always
35	My child worries about what is going to happen	Never	Sometimes	Often	Always
36	My child suddenly becomes dizzy or faint when there is no reason for this	Never	Sometimes	Often	Always
37	My child thinks about death	Never	Sometimes	Often	Always
38	My child feels afraid if he/she have to talk in front of the class	Never	Sometimes	Often	Always
39	My child's heart suddenly starts to beat too quickly for no reason	Never	Sometimes	Often	Always
40	My child feels like he/she doesn't want to move	Never	Sometimes	Often	Always
41	My child worries that he/she will suddenly get a scared feeling when there is nothing to be afraid of	Never	Sometimes	Often	Always
42	My child has to do some things over and over again (like washing hands, cleaning, or putting things in a certain order)	Never	Sometimes	Often	Always
43	My child feels afraid that he/she will make a fool of him/herself in front of people	Never	Sometimes	Often	Always
44	My child has to do some things in just the right way to stop bad things from happening	Never	Sometimes	Often	Always
45	My child worries when in bed at night	Never	Sometimes	Often	Always
46	My child would feel scared if he/she had to stay away from home overnight	Never	Sometimes	Often	Always
47	My child feels restless	Never	Sometimes	Often	Always

Questions © 2003 Bruce F. Chorpita, Ph.D

Appendix 4 – Ethical Approval

SC

Susan Cottam (Research Support Services)
To: Nicholas Bozic (Disability, Inclusion and Special Needs)
Cc: Elizabeth Evans (Ap. Ed. and Child Psy. D. FT)

Tue 10/05/2022 15:41

Dear Dr Bozic

Re: "An exploratory mixed methods study of the perspectives of parents/carers of pupils with extended school non-attendance (ENAS) experiencing a range of common mental health problems, and the use of the whole school approach in supporting their needs"
Application for Ethical Review ERN_22-0186

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

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

I would like to remind you that any substantive changes to the nature of the study as described in the Application for Ethical Review, and/or 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 also 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 and referred to in any future applications for ethical review. It is now a requirement on the revised application form (https://intranet.birmingham.ac.uk/finance/accounting/Research-Support-Group/Research-Ethics/Ethical-Review-Forms.aspx) to confirm that this guidance has been consulted and is understood, and that it has been taken into account when completing your application for ethical review.

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

Mrs Susan Cottam
Research Ethics Manager
Research Support Group
University of Birmingham
Email:
Video/phone: If you would like to arrange a Teams/Zoom/telephone call, please email me and I will get in touch with you as soon as possible.
Web: https://intranet.birmingham.ac.uk/finance/RSS/Research-Support-Group/Research-Ethics/index.aspx
Postal address:

Click Research Governance for further details regarding the University's Research Governance and Clinical Trials Insurance processes, or email researchgovernance@contacts.bham.ac.uk with any queries relating to research governance.

Notice of Confidentiality:
The contents of this email may be privileged and are confidential. It may not be disclosed to or used by anyone other than the addressee, nor copied in any way. If received in error please notify the sender and then delete it from your system. Should you communicate with me by email, you consent to the University of Birmingham monitoring and reading any such correspondence.

Appendix 5 – Ethical Amendment

Samantha Waldron (Research Strategy and Services Central)
To: Nicholas Bozic (Disability, Inclusion and Special Needs)
Cc: Elizabeth Evans (Ap. Ed. and Child Psy. D. FT)

Mon 08/08/2022 10:07

Dear Dr Bozic

Re: "Exploratory mixed methods study of the perspectives of parents/carers of pupils with extended school non-attendance (ENAS) experiencing a range of common mental health problems and the use of the whole school approach in supporting their needs"
Application for Ethical Review ERN_22-0186A

Thank you for the above application for amendment, which was reviewed by the Humanities and Social Sciences Ethical Review Committee.

On behalf of the Committee, I can confirm that this amendment now has full ethical approval.

I would like to remind you that any substantive changes to the nature of the study as now amended, and/or 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. A revised amendment application form is now available at https://intranet.birmingham.ac.uk/finance/accounting/Research-Support-Group/Research-Ethics/Ethical-Review-Forms.aspx . Please ensure this form is submitted for any further amendments.

Please also 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 and referred to in any future applications for ethical review. It is now a requirement on the revised application form (https://intranet.birmingham.ac.uk/finance/accounting/Research-Support-Group/Research-Ethics/Ethical-Review-Forms.aspx) to confirm that this guidance has been consulted and is understood, and that it has been taken into account when completing your application for ethical review.

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.

If you require a hard copy of this correspondence, please let me know.

Kind regards,

Ms Sam Waldron (she/her)
Research Ethics Officer
Research Support Group
University of Birmingham
Email:
Video/phone: If you would like to arrange a Teams/Zoom/telephone call, please email me and I will get in touch with you as soon as possible.

Please be aware that the University is moving to a new research ethics review system, Ethics Review Manager (ERM), to replace the current online Self Assessment Forms (SAFs) and for Ethical Review (AER). **In the initial phase from 13th June 2022, ERM will be piloted for all PGR and unfunded staff projects.** Funded staff projects will continue to use the Worktribe ethics checklist and AER form until the end of the year, when the second phase of ERM will be fully rolled out to these too. Further information about ERM will be available from midday on 13th June 2022 at https://intranet.birmingham.ac.uk/finance/rss/ethics-and-governance/research-ethics/index.aspx.

Web: https://intranet.birmingham.ac.uk/finance/RSS/Research-Support-Group/Research-Ethics/index.aspx
Click Research Governance for further details regarding the University's Research Governance and Clinical Trials Insurance processes, or email researchgovernance@contacts.bham.ac.uk with any queries relating to research governance.

Appendix 6 - Amended Research Advert

Are you a parent/carer of a child who has been unable to attend school for 30 days in total or more, since September 2021, and who is struggling with their mental health?

This study has been approved by the ethics committee of the School of Disability and Inclusion, at the University of Birmingham (Ref.ERN_22-0186-A)

Could you complete an online questionnaire to help find out whether any of these common mental health problems are impacting your child's school attendance?

To access the questionnaire, please click on the link https://forms.office.com/r/TedshYTKTh

OR use the QR code for instant access:

Would you be willing to complete an optional interview and receive a £20 Amazon gift card upon completion to thank you for your time?

The optional interview would ask about the your experience of the 'whole school approach' of support for mental health and ask you to share your ideas for the 'Ideal School' and 'non-ideal School' provision to help your child to attend school?

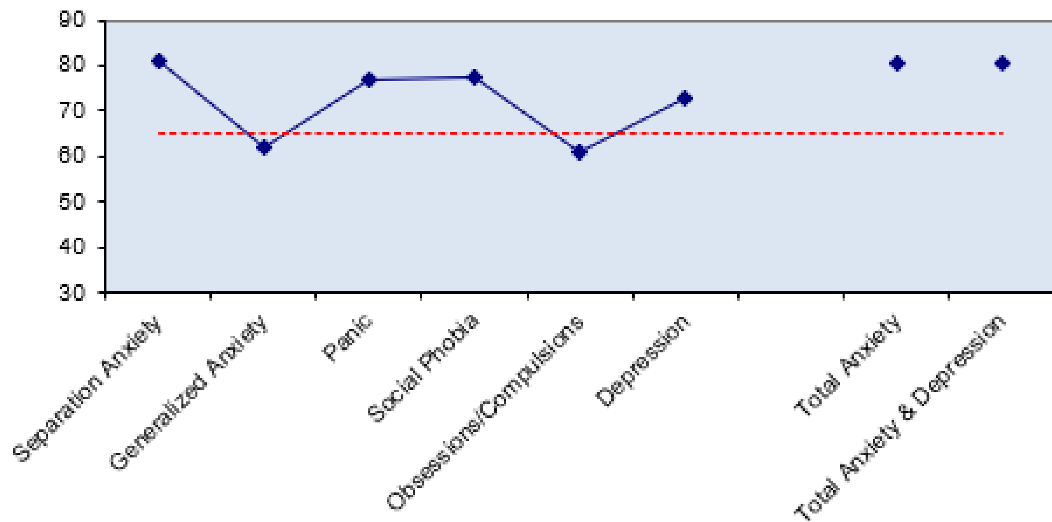
Coventry SEND Support Service

Appendix 7 – RCADS-P Scoring Graph Example

Gender = girl (boy or girl)

Grade = 6 (3 - 12 only)

Scales	Raw Scores	T Scores
Separation Anxiety	16	> 80
Generalized Anxiety	8	62
Panic	8	77
Social Phobia	23	77
Obsessions/Compulsions	5	61
Depression	12	73
Total Anxiety	60	> 80
Total Anxiety & Depression	72	> 80



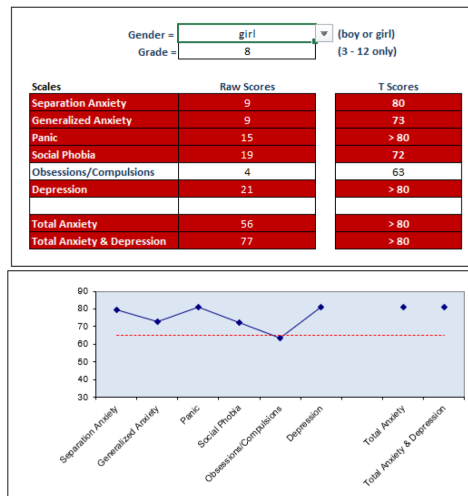
Appendix 8 – Parents Result Letter Example

Dear XXXXXXX

Thank- you for completing the Revised Child Anxiety & Depression Scale (RCADS)-Parent questionnaire (Chorpita & Spence, 2022) This is a robust and well used tool for parent report of young people's symptoms of anxiety and depression across six areas of mental health.

The graph and table below show the analysis of the scores. The red line on the graph and the highlighted red areas in the table, indicate the threshold for clinical mental health support. This is not an official diagnosis. Scores indicate that your child should be receiving professional mental health support, as she scored highly for need in for anxiety and depression.

If you are not yet receiving any support, please show these results to your GP or school Education Mental Health Practitioner (if you have one). The RCADS also has a child self-report questionnaire, but for my study I am only looking at parental views. However, if you are going to use this information to gain further mental health support, I am happy to share and analyse the child questionnaire for you, so you have a full picture to show healthcare professionals when seeking support.



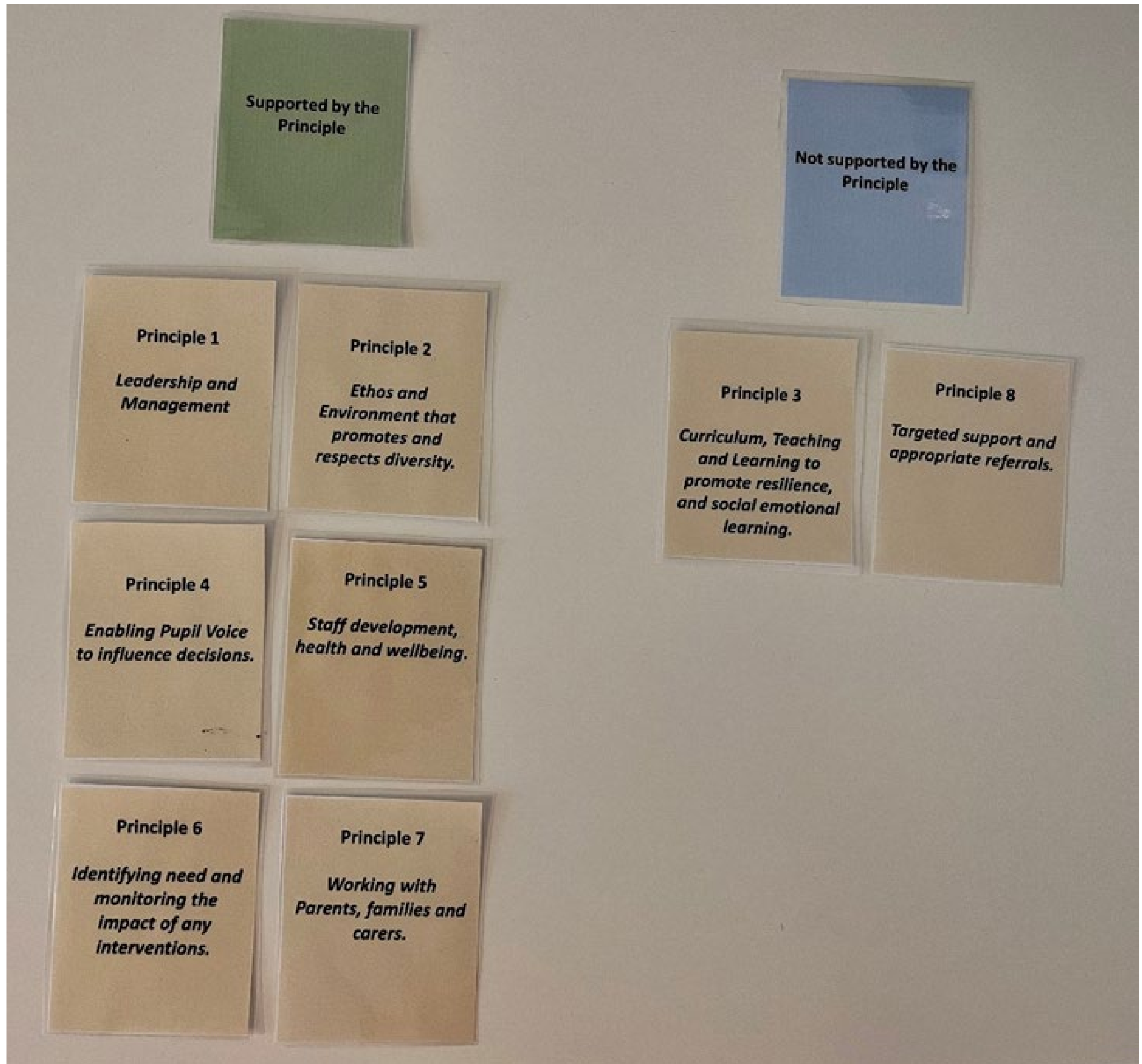
Gender = girl (boy or girl)
Grade = 8 (3 - 12 only)

Scales	Raw Scores	T Scores
Separation Anxiety	9	80
Generalized Anxiety	9	73
Panic	15	> 80
Social Phobia	19	72
Obsessions/Compulsions	4	63
Depression	21	> 80
Total Anxiety	56	> 80
Total Anxiety & Depression	77	> 80

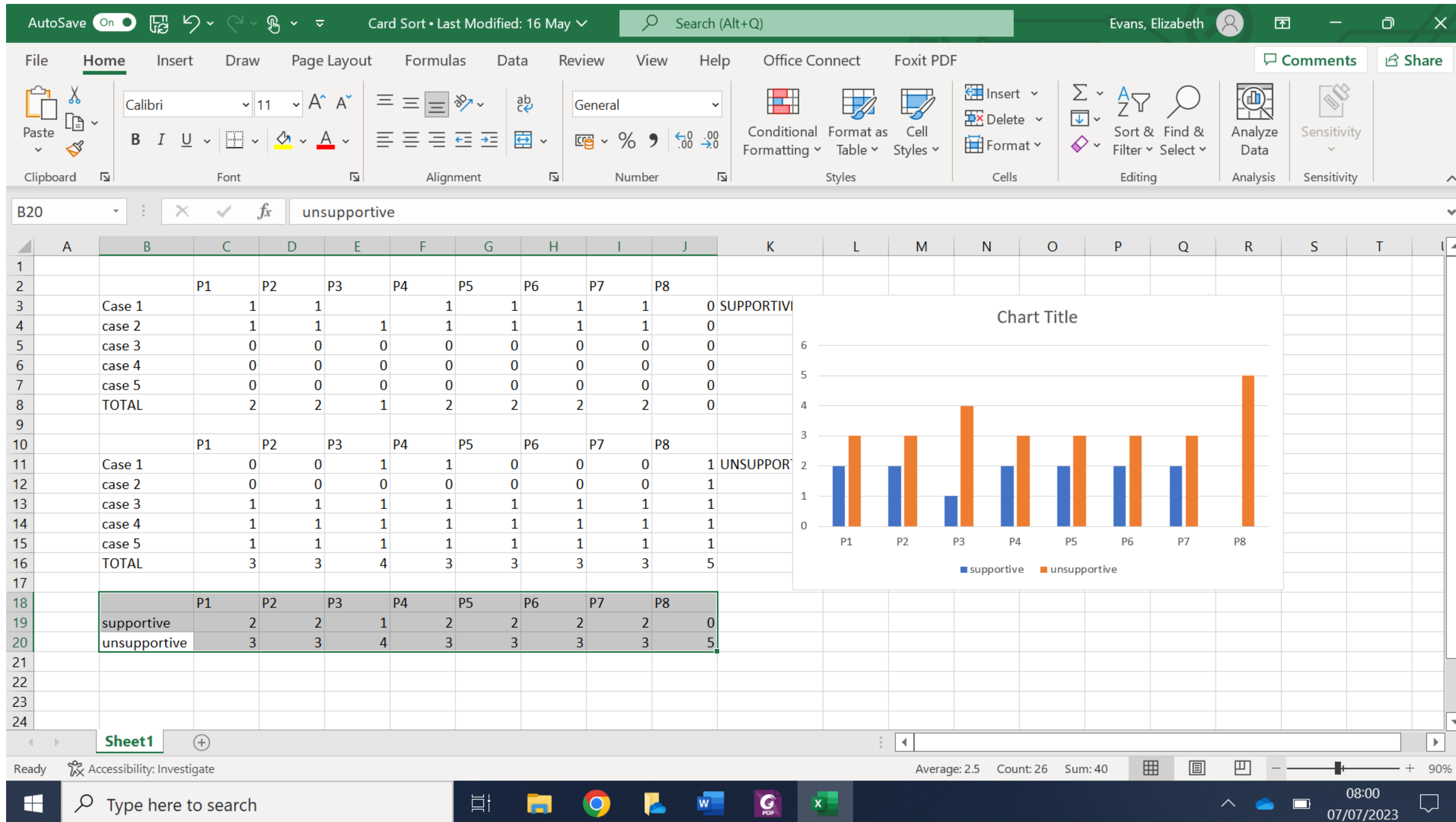
Would you like to participate in the next phase of the research? Next steps would include a relaxed interview about your experience of the 'Whole school approach to Mental Health' (Transforming children and young people's mental health provision: a Green Paper, 2017) and your view of this as a framework of support. To support you to think about the areas you may be comfortable to talk about, I will send you a template ahead of the interview to allow you to consider and reflect on the 8 areas of the whole school approach and about the stories you may wish to share. The final part of that session will be to sketch and discuss together your non-ideal and ideal schools that you feel would support you and your child's mental health and attendance challenges. We could do this in person, as I could travel to you or meet at a Coventry Council Building, at a time/place arranged for your convenience. Upon completion of the interview, you would receive a £20 Amazon gift card for compensation for your time.

Wishing you and your family, all the best.

Appendix 9 - Card Sort Example



Appendix 10 – Excel Card Sort Analysis



Appendix 11 – Semi-structured Interview Schedule

Interview Information Sheet.

Eight principles to promoting a whole school or college approach to mentalhealth and well-being.

In the Government Green Paper '*Transforming Children and Young People's Mental Health Provision' (2017)*, it was suggested that schools apply the 8 principles of a whole school approach (shown on the left) to create a culture to protect and promote young people's mental health and wellbeing. This evidence-informed, whole school approach is advised by the National Institute for Health and Care Excellence (NICE) and the Department for Education (DfE) to act as a protective factor for pupils.

This study aims to find out your experience of the 'whole school approach', and how it has supported you, as a parent of a child with mental health and attendance challenges.

Can you tell me an overview about your child and their attendance and mental health challenges? e.g. age, school? When did you notice there was a problem for your child? How did it start? How long has it been going on? Who did you speak to about it first? How did you learn about the factors? What professionals have offered you help e.g. Mental Health in Schools Teams? Have you had any mental health diagnoses?	
Principle linked to the whole school approach	**Questions in Blue** (Prompts/ideas of what questions cover, in examples underneath. You do NOT need to know all the answers to these!)
1.Leadership and Management	**Q. What has been your experience of school leaders throughout your challenges with mental health and attendance?** e.g. Do you feel that there is a co-ordinated approach towards mental health, in your child's school that has supported you? Is there a curriculum, special assemblies, mental health events, referral plans and signposts to support families? e.g. What has been your experience of the Headteacher/ SENDCo/ Senior Mental Health Lead/ class teacher/ Pastoral Team/ school governor/ other teachers, and support staff? Is there a group or individual responsibility? Have they advocated for the needs of your child? How have school leaders helped you? e.g. Do you know if mental health and attendance is included in any of their policies (safeguarding, relationships, behaviour) and school improvement plans? Have any pupils or staff been involved in these policies as part of a working group? Have these policies been any help to you?

2. Ethos and Environment that promotes and respects diversity.	**Q. In your experience, has there been an individualised response to your child's needs where behaviour may be influences by mental health or other needs?** **Q. Have relationships between staff and pupils promoted wellbeing, belonging and a liking for school for your child?** **Q. How has the school ethos supported you?** *(Ethos = norms, values, policies, beliefs, rituals, ceremonies, feel)* e.g. Is difference valued and embraced? Is respect and difference part of the curriculum? Is there an anti-bullying or mental health week? Is your child taught social skills, co-operative learning and have positive social interactions? Is your child taught how to manage conflict, self-regulation and how to build effective relationships? **Q. How does the school's culture and environment promote inclusivity to support you?** *(Culture = furniture, layout, environment, temperature, acoustics, lighting)* e.g. How has the physical, social, emotional environment in school supported your child's attendance or mental health needs to feel valued and included? (Time out/calm area/garden, entrance, sensory need adaptations, resources/adaptations provided e.g. ear defenders)
3. Curriculum, teaching and learning to promote resilience and social emotional learning.	**Q. What focus is given within the curriculum content, teaching/learning, or assessments about social and emotional learning at school, for your child?** e.g. PSHE schemes e.g. SEAL/Jigsaw, Relationships Education, Health Education, PE, Citizenship, emotional wellbeing, exam stress, anxiety, transition support. **Q. In your experience, was your child's resilience** *(the capacity to recover quickly from difficulties)* **taught and promoted?** Would this have supported your situation?
4. Enabling the Pupil Voice to influence decisions.	**Q. In your experience, how has the school given pupils the opportunity to express their views and influence decisions linked to their mental health and attendance?** Do you think this would be help support you? e.g. Have they been invited to share views at meetings or any other time? Is there a person they can speak to in school when upset or happy?
5. Staff development, health, and wellbeing.	**Q. From your experience do you feel that staff are supported with their own wellbeing, that impacts the way they support your child?** **Q. From your experience, do staff have a good understanding of the mental health issue facing your child and how to support them with this?**
6. Identifying need and monitoring impact of any interventions.	**Q. Did the school identify the mental health need for your child and communicate this with you?** **Q. Do you know how they measure pupil wellbeing in your child's school?** e.g. do they use feedback sheets, wellbeing questionnaires, strengths and difficulties questionnaire, and share these results with you? **Q. What intervention and support have they put in place to support your child's mental health in school? How did they measure the impact of this?** e.g. Circle of Friends, playtime buddy, CBT interventions from Mental Health in School Team. **Q. How does your child's school encourage or monitor attendance? Have you had any support with attendance?** e.g. 100% attendance certificates, rewards, attendance officer.

7. Working with parents, families, and carers	Q. Have the school clearly communicated mental health support offered in your local area, to support your family? Q. How has the school worked in partnership with you, to promote emotional health and attendance? What has been helpful? What has been difficult? e.g. Have they offered you anything extra – pastoral team support, parenting support, Family Conversations, Social care, local charity help? Q. Do you feel that you have been able to work together? Q. Have there been family factors that have impacted mental health and attendance that you needed support with?
8.Targeted support and appropriate referrals.	Q. Have you been offered any support from outside agencies? e.g. CAMHS, Social Care, SENDIASS, Education Mental Health Practitioners, School Nurse, counselling service, Specialist services e.g. speech and language, Occupational Therapy, SEND services, careers services. Q. In your experience, did the school have timely and effective processes to identify your child's needs, and refer them to the appropriate support services?
Q. Is there anything that you would like to add linked to the 'whole school approach' and mental health support that you needed from school, from your experience?	

Appendix 12 – Excerpt of Interview Transcript.

199 school. But that's not gonna happen. So I've got me a bit realistic about that. So what I've done is
200 just kept it real and sent the emails.

201 L: Yeah.

202 R: Umm, the first e-mail was when I kind of connected in with Phoebe. It was a bit of a breakthrough
203 and I got all of her worries about why she didn't want to go to school and it initially started out with
204 that somebody had got jumped and their bag was snatched and she didn't erm she was she had bad
205 anxiety that her phone was gonna get stolen. And then there was another problem about the
206 teacher calling her out that she was going to be called you know, silly like. OK, against her peers she
207 didn't know the answer and she didn't want that to happen. And so she wanted that to not go down
208 and but right at the initial bit was PE. She couldn't bear to get herself dressed and she didn't want to
209 engage with the PE lessons because other people would think that she was silly, but they worked
210 with her on that, that they said initially said, let's do an observation lesson. And that happened. And
211 then, because she did it, her fear of PE went away and then it went into something else where she
212 couldn't get dressed quick enough to get back to her class and she was still trying to transition of
213 where to go. And so it wasn't consistent of what whatever the next issue was that was blocking her.

214 L: Yeah.

215 R: And we didn't jump on it quick enough, but so she just kept and then all around her was the
216 dramas of the girls or the school and the friendships all trying to build up. And she got into her
217 herself into a bit of confrontation with another little girl and found herself in a situation where she
218 thought she had to go and confront this girl and didn't realize that the whole of the school well a big
219 number of the children behind her had congregated thinking that Phoebe was going to fight another
220 little girl. So they did this thing whereas she was walking, she got up and approached the girl to say
221 what are you doing talking about my friend about this. So that and she turned around and
222 everyone's screaming fight fight like they do in that mob mentality and says she felt a bit err...she
223 just freaked out by that whole situation and that's where I think she definitely blocked right and the
224 anxiety sort of took another whole new level of can't cope with this secondary school malarkey. And
225 that's probably where she hit the burn out and so she just gave up. And so she just stayed asleep and
226 didn't eat and she was in a world of pain.

227 L: Yeah. Oh.

Appendix 13 – Drawing the Ideal School Parent Instruction Sheet

UNIVERSITY OF BIRMINGHAM

Phase 3 - Drawing the 'Ideal School'

Introduction:

Drawing 'the Ideal School', has been adapted and developed by Heather Moran (2001), who has been a teacher, educational psychologist and now works as a clinical psychologist. It's based on ideas from Personal Construct Psychology (Kelly, 1955). This seeks to explore important core ideas about themselves and how they view the world. Individuals behave in a way that makes sense to them according to their own view of the world. The technique enables individuals to become actively involved in understanding themselves and expressing their views. This activity aims to collect Parents views on school provision for children and families of pupils, with mental health challenges that are factors in them finding it difficult to attend school in person.

Guidelines:

1. The researcher will provide the equipment needed: a black pen and two sheets of plain A4 sized paper. They will record the audio for the task, to ensure that they report accurately.
2. We will allow about an hour to complete the activity, perhaps with a short break if necessary
3. The researcher will act as a scribe for the activity, reporting **EXACTLY** what the parent says using the parents' words.
4. The parent is asked to make quick drawings or sketches (rather than detailed drawings). It doesn't matter if an error is made and stick people are fine!
5. The researcher will ask the questions written below. There are no right or wrong answers, and you may have as much time as you need to respond to these.

*Part 1: Drawing the kind of school you would **not** like*

The school

Think about the kind of school you would not like your child to go to. This is not a real school.
Make a quick drawing of this school in the middle of this paper.
Tell me three things about this school. What kind of school is this?

The classroom

Think about the sort of classroom you would not like your child to be in. Make a quick drawing of this classroom in the school. Draw some of the things in this classroom.

The children

Think about some of the other pupils at the school you would not like your child to go to. Make a quick drawing of some of these children. What are the children doing?
Tell me three things about these children.

The adults

Think about some of the adults at the school you would not like your child to go to. Make a quick drawing of some of these adults. What are the adults doing?
Tell me three things about these adults.

Your child

Think about the kind of school you would not like your child to go to. Make a quick drawing of what they would be doing at this school.
Tell me three things about the way they feel at this school.

Part 2: Drawing the kind of school you would like.

The school

Think about the kind of school you would like your child to go to. This is not a real school. Make a quick drawing of this school in the middle of this paper.
Tell me three things about this school. What kind of school is this?

The classroom

Think about the sort of classroom you would like your child to be in. Make a quick drawing of this classroom in the school. Draw some of the things in this classroom.

The children

Think about some of the other pupils at the school you would like to go to. Make a quick drawing of some of these children. What are the children doing?
Tell me three things about these children.

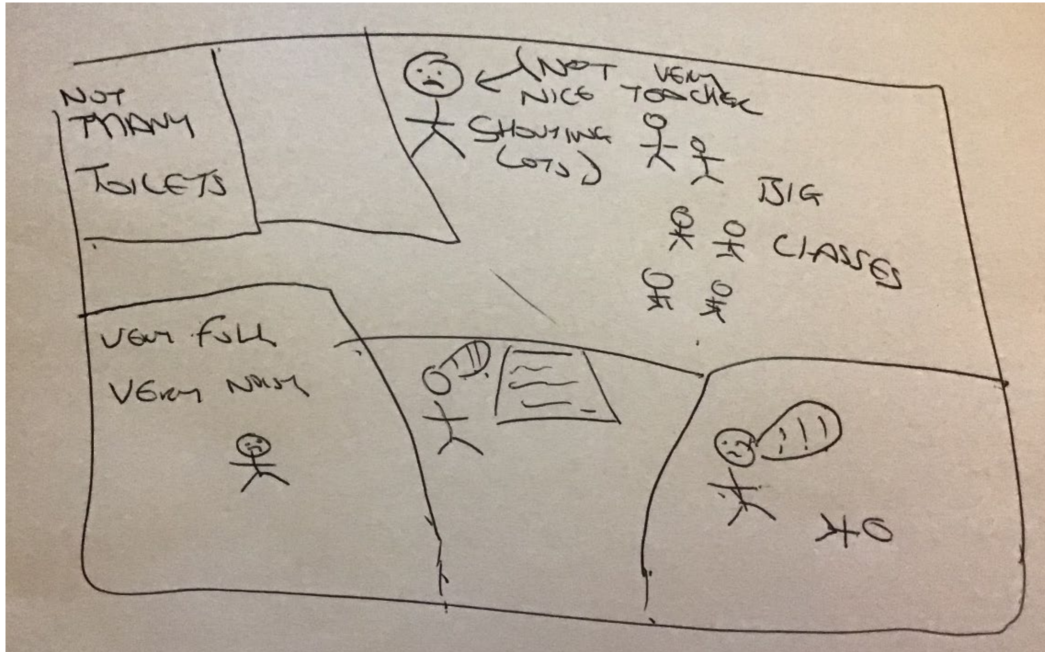
The adults

Think about some of the adults at the school you would like your child to go to. Make a quick drawing of some of these adults. What are the adults doing?
Tell me three things about these adults.

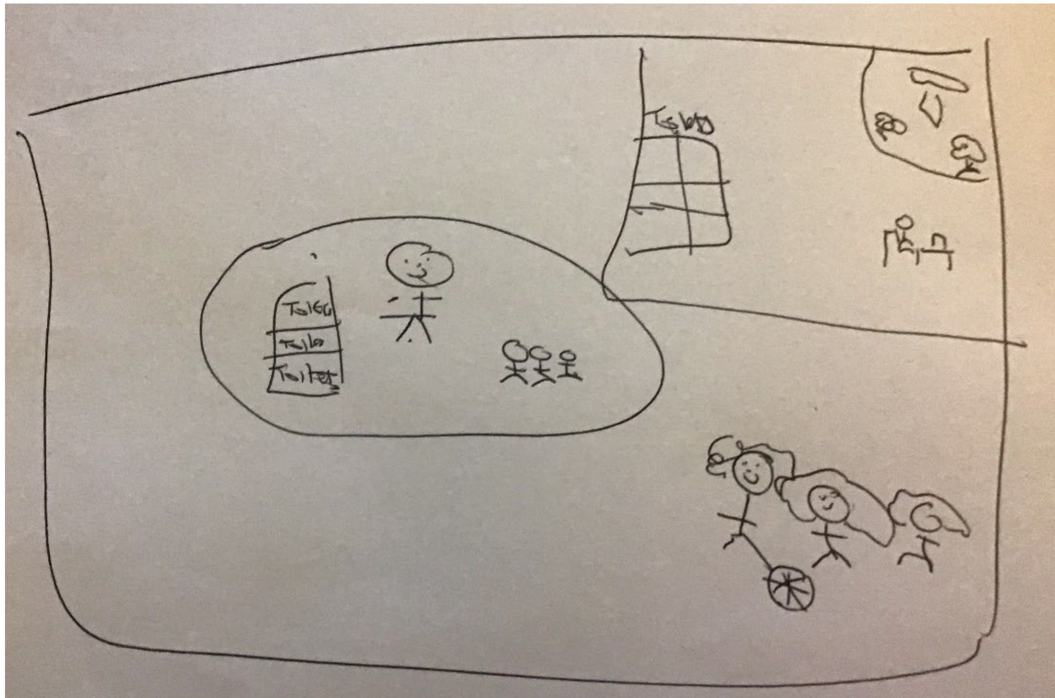
Your child

Think about the kind of school you would like your child to go to. Make a quick drawing of what your child would be doing at this school. Tell me 3 things that they might be feeling at this school.

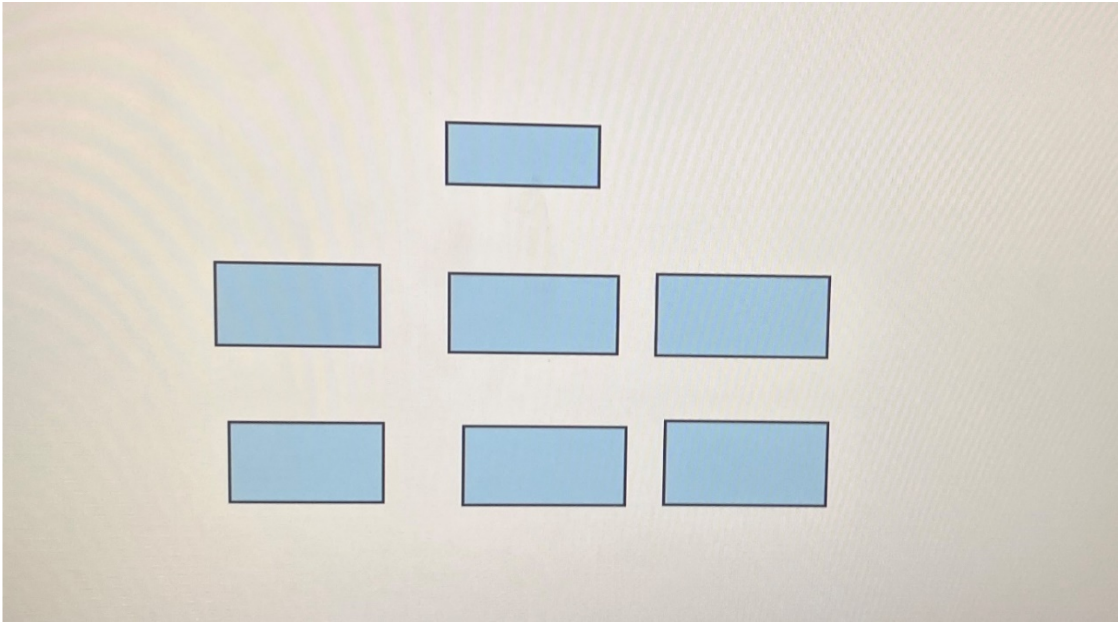
Appendix 14 – DIST Examples



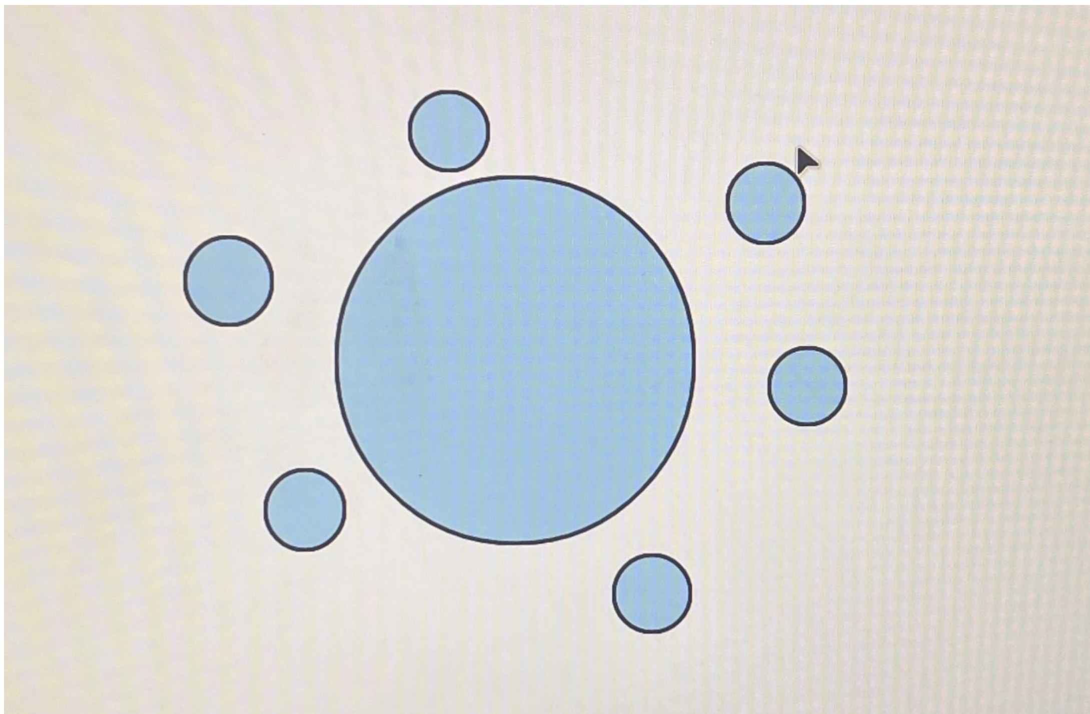
Non-Ideal School Drawing Example



Ideal School Drawing Example



Non-Ideal School Online Drawing Example



Ideal School Online Drawing Example

Appendix 15 – Organisation of Units of Analysis into Principles of the WSA

Appendix 16 – Principle Coding Guide for Consistency

Original:

P1- Leadership	P2 - Ethos Environment	P3- Curriculum T and L	P4 – Pupil voice	P5 – Staff development	P6 – Identify need Interventions	P7 – Working with families	P8 – Targeted support and referrals
STRATEGY *Commitment to WSA & MH by SLT and staff. *School priority *Plans connect rather than compete with other SIP. *Financial planning *Capacity and resources *Co-ordinated change responsibilities *clear systems and processes STRUCTURE & SYSTEMS ABSENCE RECORDING STAFF ROLES *Visible leadership. - physical presence of support *Commit to CPD *Commit to ways of working *Named MH lead *MH lead can signpost, lead assessments and refer	SCHOOL CLIMATE -PHYSICAL -SOCIAL -EMOTIONAL ENVIRONMENT BELONGING ENJOYMENT FEELING LISTENED TO CONNECTEDNESS ENGAGED SAFE CALM ENVIRONMENT CULTURE OF RESPECT INCLUSIVE and VALUES DIVERSITY POLICY ALIGNMENT BEHAVIOUR ATTENDANCE BULLYING POLICY TO DELIVERY	PROGRAMMES of WORK *PSHE *SRE *Health Education *Arts *Citizenship *Growth Mindset *BLP *SEAL PROMOTE RESILIENCE AND SEL SKILLS *Citizenship qualification *Friendship support *Resilience *Wellbeing Education Return (COVID) RELEVANT LESSONS AFTER VALID ASSESSMENT TOOLS ADMINISTERED TOPICAL EVENTS OR WEEKS *Exam stress *Anti-bullying *MH week *Assemblies	CONSULTATION AUTHENTIC INVOLVEMENT IN DECISION-MAKING CONTROL AND THEIR OPINIONS MATTER INCLUSIVE & CREATIVE VIEWS OF ALL STUDENTS SCHOOL COUNCIL	KNOWLEDGE and SKILLS RELEVANT TRAINING STAFF MH&WB – *Psychological first aid *Stress STAFF AND STUDENT WELLBEING	IDENTIFY ADDITIONAL NEED SIGNPOST TO LOCALLY AVAILABLE SUPPORT INTERVENTIONS EVIDENCE BASED INTERVENTION EARLY SIGNS- GIRLS, Y4 – Y9 ENTRENCHED EARLY INTERVENTION ASC & PUBERTY LINK? MONITORING IMPACT SEND COP and GRAUDUATED APPROACH INDIVIDUALISED RESPONSE TO SEND NEEDS	*Collective and individual responsibility PRIVATELY PAID PROFESSIONALS PARENT SOURCED CHARITY PARENTING TRAINING AND SUPPORT PARTNERSHIP FAMILY LIFE REINFORCING SCHOOL MESSAGES PARENTAL VALUES STRENGTH_BASED APPROACH TO WORKING WITH PARENTS SO FEEL NO EXCLUSION, BLAME OR STIGMA PARENTAL MH	MULTI-AGENCY PROFESSIONALS *LA Educational Psychologist *Early Help (Social Care) *School Nurse *Counsellor *LA Hospital Education Teachers (Art/English) *CAMHS/RISE *NHS Neuro-developmental team SPEEDY AND APPROPRIATE REFERRALS WAITING LISTS PAPERWORK BARRIER MHST AND EMHP
*Governor *Multidisciplinary team approach *Effective and strategic SENCO role *All adults in school know SEN PASTORAL SYSTEM *Pastoral lead IN-HOUSE SERVICES POLICY BEHAVIOUR BULLYING ILLNESS *Plans and policies reflected in practice *Supportive policy *WB policy MONITORING *Provision reviewed	PEER SUPPORT and RELATIONSHIPS TEACHER-STUDENT RELATIONSHIPS *exceptional individual staff – SENCO mat leave, English teacher, safaguarding	COMMUNICATION OF THIS?			USE OF VALIDATE MH TOOLS	PARENTS FEEL NO SUPPPORT but rich interview data— cognitive dissonance. Linked to failure to re-engage? IMPERSONAL AND IRRELEVANT COMMUNICATION	
OTHER INCIDENTAL THEMES.							

Annotations during Analysis

P1- Leadership	2. P2 - Ethos Environment	P3- Curriculum T and L	P4 – Pupil voice	P5 – Staff development	P6 – Identify need (A) Interventions (B)	P7 – Working with families	P8 – Targeted support and referrals	Other
Leader qualities genuine understanding consistency/ inconsistency follow through policies ineffective inaccessible Behavior management Bullying sending
nowhere communication senco headteacher	Quality individual staff member friendship lack belonging connections	teacher qualities Need a therapeutic teaching style vs command control Authoritarian teaching style – targeted 1 subject at start of gradual issue respect curiosity kindness caring spend time	meeting offered child needs not a case need creative ways	more CPD CPD - m[illegible]	Proactive parents Parents paying Parents make own interventions Not quick WFH Laptop + online learning welfare Gradual escalation of difficulties COVID Y4 – Y9 peak refuse friendship including girls transition to secondary ASC plus early periods + hormones diagnose Authority problem strengths] Art English future hopes	us vs them fight – SIDES school = barrier in parent child relationship (sides) Impersonal electronic communication Parent MH + strong emotions family values school		ASC girls – burnout – masking – [illegible] Effective if successful Impact COVID team – parent WFH – rigidity thinking – habits change values school vs happiness therapeutic parenting High Emotions Tx boy depression Impact of parent mental health *Need neuro MH pathway

unidentified

Appendix 17 – Nascent Experiential Themes

AutoSave On · Data Analysis - Experiential, Inferential and Dispositional Themes 23.12.22 (1) • Last Modified: 14 May · Evans, Elizabeth

File | Home | Insert | Draw | Page Layout | Formulas | Data | Review | View | Help | Office Connect | Foxit PDF | Comments | Share

B1 · fx · Transcript 1 - Y6

	A	B	C
3	**Principle 1 - WSA Leadership & Management**		
4	Staff offered a physical presence of support	Staff offered a physical presence of support. "So eventually, they said we will do what we can sort of like to help. And they were gonna meet us at the gate to bring her in. A couple of times they were gonna turn up at the house to try and help me get her in. But it wasn't really working."(L23-26)	
5	Managing bodily symptoms of anxiety create a barrier to attenda	bodily symptoms of anxiety acted as a barrier to being able to attend. "She started having constant diarrhoea every single day because she was getting herself that stressed. So obviously she couldn't go to school then. So they then decided that if she had an upset tummy that day, she couldn't go in."(L26-29)	
6	Laptop was provided to offer alternative access to learning	a laptop was provided to offer alternative access to school. "They gave me a laptop and said see if I could do stuff at home with her. But that was stressing her out."(L29-30)	
7		"They've given us a laptop to try and get us to do work at home and trying to set stuff up to get done."(L76/77)	
8	Pro-active SENDCo and graded exposure approach to re-integration with attending the school site	Proactive SENDCO offering graded exposure type support "Now she's going in, because the lady that was on maternity leave, she came back and she basically put into place where she would be coming in for half an hour, with 1 teacher, going into a room, just playing games just so she's through the school gates. It's sort of worked apart from every now and again she does just not want to go. (L30 -34)	
9	Positive understanding from leaders	Positive response from leaders "They have been quite understanding"(L76)	
10	Feeling uncertain if believed	Uncertain if believed "Because you almost feel like they don't believe you sometimes, that even though they say that they do, you sort of feel like, do they believe that she doesn't want to go to school?"(L77-80)	
	Inconsistent Headteacher involvement	Headteacher contact "It was the headteacher that I spoke to when this was all going on back in	

Transcript 1 ExperientialThemes | Transcript 2 ExperientialThemes | Transcript 3 ExperientialThem ...

Ready · Accessibility: Investigate · 100%

Appendix 18 – Mature Experiential Themes

Comparisons Mature Exp Themes - 30.01.23 • Last Modified: 6 April

A2 | Transcript 1 - Lexi Y6 and Nicky

	A	B	C	D	E
1	Mature - experiential themes master list	Mature experiential themes master list	Mature- experiential themes master list	Mature- experiential themes master list	Mature - experiential themes master list
2	Transcript 1 - Lexi Y6 and Nicky	Transcript 2 - Daniel Y9 and Micheal	Transcript 3- Pheobe Y7 and Rachel	Transcript 4 - Rosa Y9 and Nicky	Transcript 5 - Shannon Y10 and Leanne
3	Data shows that participants in this study expressed that..	"Data shows that participants in this study expressed that..."	"Data shows that participants in this study expressed that..."	"This participant expresses that..."	"This participant expresses that..."
4	Principle 1 - WSA Leadership & Management	Principle 1 - WSA Leadership & Management	Principle 1 - WSA Leadership & Management	Principle 1 - WSA Leadership & Management	Principle 1 - WSA Leadership & Management
5	Staff offered a physical presence of support to help by meeting at the gate and in the home. But it wasn't working.	Leaders visited the home to talk	Parents requested a meeting with the SENDco	Had meeting with year head but not SENCO until over a year after the year head meeting although clearly an issue, pupil is not just a naughty child.	Parent thinks leadership has been really poor e.g. pupil fell asleep in class, due to high anxiety at night and was put into isolation. SENCO and headteacher feedback was get her to bed earlier.
6	Parent felt she had an understanding response from leaders	Parents are invited into school to talk with leaders	Reporting ongoing daily absence via phone call in response to email or text message as school check everyday	Not seen a headteacher.	Massive changes at the school of headteachers and teaching staff that hasn't helped the situation.
7	Able to reach leaders and speak easily anytime via telephone	Feels organised as pupil sucessfully back in school	Parents asked pastoral team link for a meeting with SENDCo which took 3 weeks to arrange. Poor commmunication and email responses from SENDCO or anyone for 3 weeks.	Money all ploughed into academi, not into SEND.	pupil never won attendance awards s went to appointments for her health needs so could never get 100%
8	Feeling uncertain if believed by school leaders sometimes even though they say they do. Question leaders belief of the problem.	School protocol to investigate absence in person at the home after student is absent for 15 days in a month	Parents chasing the SENCO to confirm meeting time and very short direct response given that appeared dismissive.	Year head told parent they were understaffed.	Primary school attendance coding allowed medical apointments so attendance above 95%, not like at secondary school.
9	Spoke to Headteacher at the beginning of academic year	Pupils had the opportunity to speak 1:1 to leaders confidentially	No involvement from the headteacher	SENCO has good understanding but the department is too small and not fit for purpose.	Parent questioned IEP as not had meetings. IEP copied from old school into their template but had not been actioned or updated
10	Headteacher limited involvement as SENDCO is main contact of support		Only email contact with the pastoral team, not met	RISE suggested a part time timetable for pupil be put in place but school refused	When pupil was bullied it was downplayed and bullies not sanctioned. Bullies spinning her weelchair so she had no control impacted her not wanting to go to school.
11	Pro-active SENDCo returned from maternity leave and put in graded exposure approach to re-integration with attending the school site for 30 minutes a day, which works most of the time.		Policies found herself by parent and got off the internet.	RISE suggested work was sent home to be completed but school refused as against school policy.	issues were sorted severly for SEND pupil than for all involved.

Compare T1 and T2 | **Mature Exp Themes Master List** | Principle 1 Themes | Principle 2 Themes

Appendix 19 – Example of Spreadsheet with Experiential, Inferential and Dispositional Themes

Experiential Theme	Inductive Theme	Dispositional Theme
Supportive peers had a positive impact on attendance	positive peer support: encouraging attendance	positive peer relationships: encouragement
Peer supported him.	positive peer support : encouraged attendance	positive peer relationships: encouragement
At primary school friends were a factor helping attendance	positive peer support encouraging attendance	positive peer relationships: encouragement
Being a Year 6 pupil and head of the school supported attendance at primary school	social status and respect of Y6 head of school supported attendance.	positive peer relationships: social status of Y6
Pupil was fine in primary school because with the same 30 children from R to Y6	peer support: encouraging attendance as familiar	positive peer support: familiarity
chosen secondary school was the biggest mistake of her life. Parent knew friendships were important so appealed to get pupil into school where friends were going, but process so long classes were already decided and she was not placed with her friends.	loss of familiar peer support prevented wanting to attend.	peer support removed: crucial and without this unfamiliar friendships pupil was unable to cope during primary-to-secondary transition.
Separated from familiar friends on school site during transition. Paent asked for her to be moved but told no.	separation from familiar peers in transition	peer support removed: separated from familiar peers during primary-to-secondary transition
Pupil felt completely alone and lacked confidence to make new friends immediately.	feeling isolated and lacking confidence to make new friends	school environment: feeling isolated , peer-relationships:Transition lacking confidence to make new peer connections
Parent empathy for difficulty making friends with people who have known each other for years and the negative impact on your inner voice	difficult to connect with established peer groups that negatively impacts your inner voice	peer-relationships:Transition - needing support to form new peer relationships with existing friendship groups.
Lost touch with all friends as not there gradually	loss of peer relationships	peer-relationships: loss of connection
anxious friend let her down so now not speaking	let down by friend, loss of relationships	peer-relationships: managing let down and loss
Pupil was bullied throughout secondary school because of cerebal palsy	Bullied by peers due to cerebal palsy	peer-relationships: bullying
Bullied in year 7 and 8 because she wore leg splints.	Bullied as wore leg splints	peer-relationships: bullying

Appendix 20 – Final Themes Example for one Principle of the WSA

Cross Case themes for Principle 1 – Leadership and Management

Principle 1 - Leadership and Management

Experiential Theme	Inductive Theme	Dispositional Theme
Staff offered a physical presence of support to help by meeting at the gate and in the home. But it wasn't working.	In-person physical support by leaders	Visible Proactive Leadership - in person
Parents are invited into school to talk with leaders	Leaders invite in-person communication with parent	Visible Proactive Leadership - in person
Pupils had the opportunity to speak 1:1 to leaders confidentially	Leaders invite in-person communication with pupil	Visible Proactive Leadership - in person
No involvement from the headteacher (4 months)	No contact with headteacher	Invisible Leadership
Not seen a headteacher (2 years)	No contact with headteacher	Invisible Leadership
Poor personal connection with primary SENDCO	No personal connection with SENDCO	Invisible leadership - no personal connection
Massive changes at the school of headteachers and teaching staff that hasn't helped the situation.	Changing leaders and staff has been unhelpful	Changing Leadership
Only email contact with the pastoral team, not met in person.		Communication system - negative/email/ impersonal
Able to reach leaders and speak easily anytime via telephone	Easy to communicate with leaders	Communication Systems - positive/telephone
Spoke to Headteacher at the beginning of academic year	Prescence of headteacher	Clear Roles and Responsibilities
Headteacher limited involvement as SENDCO is main contact of support	Role of SENDCO as main contact	Clear Roles and Responsibilities
SENDCO/Safeguarding involvement-dual role of same individual	Role of SENDCO as main contact	Clear Roles and Responsibilities

School did not put any MH support in place and said that they were not MH professionals	School not signposting	Role to signpost to targeted mental health support not fulfilled
Senior Mental Health Lead was mentor who offered Early Help support.	Senior Mental Health Lead referred to Early Help	Clear role and responsibility - Refer to Early Help
Point of contact is pastoral team lead who stepped in to look after the pupil	Pastoral Team Lead is point of contact	Pastoral System, Clear Roles, and Responsibilities
Pro-active SENDCo returned from maternity leave and put in graded exposure approach to re-integration with attending the school site for 30 minutes a day, which works most of the time.	Proactive SENDCO with evidence-based style interventions	Effective and strategic SENDCO role
SENDCO definitely has knowledge of MH and anxiety	Knowledgeable SENDCO	Effective and strategic SENDCO role
SENDCO offers reassurance, updates on action and efforts with regular communication by telephone that is absolutely amazing.	Regular telephone communication by SENDCO	Effective and strategic SENDCO role, Communication Systems - positive/telephone
Instant communication with parents by SENDCO via telephone daily to find out about situation for over 4 months	Proactive and investigative communication by SENDCO	Effective and strategic SENDCO role, Communication Systems - positive/telephone Personal traits of Leaders - curious, persistent, reliable
Proactive SENDCO's return had made parent feel supported by intention and positivity to take action.	SENDCo's positive influence: proactivity, intention to act	Effective and strategic SENDCO role, Personal Traits of Leaders - positive, proactive, intentional
Parents asked pastoral team link for a meeting with SENDCo which took 3 weeks to arrange. Poor communication and email responses from SENDCO or anyone for 3 weeks.	Parents liaise with Pastoral team to SENDCO to arrange a meeting, 3 weeks to respond.	Ineffective SENDCO role, Pastoral Team, Communication systems - negative/email/duration response,
Parents chasing the SENCO to confirm meeting time and very short direct response given that appeared dismissive.	Parents chase SENDCO about meeting	Ineffective SENDCO role, Communication systems - negative/impersonal, short, email, Personal Traits of Leaders - dismissive

Since Year 8 problems experienced with maths, IEP not implemented by teachers as plan not distributed or actioned	IEP not implemented since Y8	Ineffective SENDCO role - IEP not shared or actioned
Since Y8 maths has been identified as a problem with an IEP that was not communicated or implemented	IEP not communicated or actioned with staff	Ineffective SENDCO role - IEP not shared or actioned
Parent questioned IEP as not had meetings. IEP copied from old school into their template but had not been actioned or updated	No parent meetings to review IEP. IEP not actioned or updated	Ineffective SENDCO role - IEP not actioned or updated
Had meeting with year head but not SENCO until over a year after the year head meeting although clearly an issue, pupil is not just a naughty child.	Meeting with year head, then 1 year passed until saw SENDCO	Clear roles and Responsibilities - year head. Ineffective SENDCO role - long wait to meet (1 year 8 months-total)
Parent felt she had an understanding response from leaders	Showing understanding	Personal Traits of leaders: understanding
After 4 months SENDCO was accepting that the parent could not get the pupil into school.	Showing acceptance and empathy of difficulty	Personal Traits of leaders: acceptance
Feeling uncertain if believed by school leaders sometimes even though they say they do. Question leaders' belief of the problem.	Authenticity of responses in doubt	Personal Traits of leaders: doubting authenticity
Pastoral Team Lead attempted to connect with pupil, but authoritarian style blocked developing and maintaining connection	Pastoral Team authoritarian style blocked connection with pupil	Traits of Leaders: authoritarian style blocked connection.
Parent thinks leadership has been really poor e.g. pupil fell asleep in class, due to high anxiety at night and was put into isolation. SENCO and headteacher feedback was get her to bed earlier.	Leaders appeared to blame parent routines and punish child	Traits of leaders: blaming and unaware impact of anxiety

Leaders demonstrated poor understanding of sleep difficulties due to anxiety, punishing the child and blaming the parenting routine.	poor understanding of impact sleep difficulty	Poor understanding of impact of sleep difficulty from anxiety
Managing bodily symptoms of anxiety created a barrier to attendance because and leaders decided she could not attend with diarrhoea.	Policy acts as a barrier to attendance	Conflicting Outcomes: Medical Policy and Attendance
When pupil was bullied it was downplayed and bullies not sanctioned. Bullies spinning her wheelchair, so she had no control impacted her not wanting to go to school.	Bullying of SEND downplayed and not sanctioned	Ineffective Bullying policy
Issues were sorted more severely for SEND pupil than for all involved.	SEND pupil treated more severely than non-SEND pupils in bullying incident	Unsupportive bullying policy for SEND
Parent thinks leadership has been really poor e.g. pupil fell asleep in class, due to high anxiety at night and was put into isolation.	Behaviour Policy - punitive and unsupportive of difficulties linked to high anxiety	Conflicting policies: MH and behaviour policy
School has an attendance policy and contacts the Local Authority about absence and actions. A letter about attendance rate suggestion to go to the doctors to show how pupil is.	Attendance Policy with multidisciplinary approach	Enacted Attendance Policy, Multidisciplinary approach (Local Authority, GP)
School requested medical evidence for hospital appointments, which was viewed as for the school's benefit.	Medical evidence for attendance recording	Mistrust, Clear systems, and processes
Recording attendance procedure is to record a mark in the morning and afternoon	Attendance recording system	Clear systems and processes
School protocol to investigate absence in person at the home after student is absent for 15 days in a month	Attendance policy with clear criteria for action	Clear systems and processes, Attendance Policy
School told parent they are recording absence due to anxiety.	Absence recorded as due to anxiety (adapted for mental health needs)	Clear systems and processes

Absence recorded as authorized but inconsistently, parent believes for school to minimise paperwork. Parent does not question as doesn't want to go to court.	Absence recorded inconsistently but not questioned due to fear of court	Mistrust, Parental Fear of Court
Pupil never won attendance awards as went to appointments for her health needs so could never get 100%	Absence for medical appointments prevented attendance awards at Secondary as recorded as unauthorised	Unsupportive/incorrect absence recording at Secondary
Primary school attendance coding allowed medical appointments so attendance above 95%, not like at secondary school.	Medical appointments at primary recorded as authorised	Supportive recording of absence at Primary
Due an operation on legs and so not given place until after recovered due to the impact on attendance data.	School transfer delayed until recovered from medical operation so not negatively impact school attendance data	Unsupportive delivery of policy to improve school assessment data.
Reporting ongoing daily absence via phone call in response to email or text message as school check everyday	Daily absence reported by parent and contacted by school to check	Clear systems and processes, Safeguarding Policy
SEND Inclusion policy and information report available documents on the internet to print and download	SEND Inclusion policy available on the internet	Clear systems and policy, SEND Inclusion policy
Policy document formats are blindsiding parents - headings, multiple bullet points, organisation, no page numbers, unknown abbreviations	Policies formats are difficult to understand	Unsupportive Policy document
Internet policies gave parent hope about potential interventions that the school has to offer but overwhelmed.	Policies offer hope about support but are overwhelming	Unsupportive Policy document
RISE suggested a part time timetable for pupil be put in place, but school refused as against policy	RISE suggestion of part-time table mismatched with school policy	Unsupportive Policy, Conflicting Policy with Multiagency working, and specialist advice

RISE suggested work was sent home to be completed but school refused as against school policy.	RISE suggestion of work sent home mismatched with school policy	Unsupportive Policy, Conflicting Policy with Multiagency working, and specialist advice
Parent not seen policy that prevents work being sent home.	Policy not available for parents	Unavailable Policy document- unsupportive
At zoom parents evening parent explained situation and spoke to all teachers who were willing to send work home, but school leaders made them retract this as against school policy. Viewed as pathetic policy by parent.	School Leaders enforced no work home policy with teachers	Unsupportive policy enforced by Leaders, Clear systems, and processes
Approach to difficulties feels organised as pupil successfully back in school	Parent correlates successful reintegration with organisation	Systems effectiveness measured by success in attending
Money all ploughed into academia, not into SEND.	Resources compete rather than connect - academia preferred to SEND	Capacity and Resources - money, School Priority
Year head told parent they were understaffed.	Year head recognises understaffed	Capacity and Resources - money/staff
SENCO has good understanding, but the department is too small and not fit for purpose.	Size of department too small for school needs	Capacity and Resources - small department/high demand
Pupil left alone all day when upset as learning mentor was too busy to chat with her.	Pupil left alone in isolation when upset as staff too busy	Capacity and resources - learning mentor
Pupil sat alone in isolation when struggling	Pupil left alone in isolation when upset as staff too busy	Capacity and Resources - staff
Saw educational psychologist who had the same concerns and suggested lots of things. The school could not facilitate a quiet space and somewhere else to go.	School could not facilitate EP suggestions of a quiet space in school.	Capacity and Resources - physical space
Pupil seen by EP and EP suggested interventions, but school could not implement this due to staff issue preventing co-ordination of actions.	School could not facilitate EP suggestions due to staffing issue	Capacity and Resources - staff

Appendix 21 – Contemplation of Strong and Emotive Themes

Principle 1: Strength of Themes

	Present in Cases	***Number of Experiential Themes***	***Hotspots***
Visibility of Leaders	5	7	
Policies	4	16	Emotive
SENCO Role	3	11	
Clear Roles & Responsibilities	3	9	
Attendance Recording Systems	3	4	
Traits of Leaders	2	8	
Communication Methods	2	7	

Principle 2: Strength of Themes

Theme	***Present in Cases***	***Number of Experiential Themes***	***Hotspots***
Peer Relationships: Positive and Negative	5	14	
Teacher-pupil relationships: Positive and Negative	4	11	Emotive
School Environment : Psychologically safe and Psychologically unsafe (isolation, loss of control, danger of physical harm/event, repetitive punitive measures, numbers of pupils)	3	13	
Belonging as Compliance	2	4	
School Environment: Physical	2	2	

Principle 3: Strength of Themes

Theme	Present in Cases	Number of Experiential Themes	Hotspots
No known curriculum or events	5	7	
Mental Health Curriculum and Events (PSHE, Citizenship, anti-bullying, exam stress, loss/bereavement)	2	6	
PE	2	3	
Maths difficulty	1	1	
Post-Covid Teaching about anxiety increased anxiety	1	1	
Lost attainment concerns	1	1	
Online Learning - refused	1	1	
Authoritarian Teaching Styles	1	3	Emotive
Teaching styles -Questioning techniques	1	3	

Principle 4: Strength of Themes

Theme	Present in Cases	Number of Experiential Themes	Hotspots
Face-to-Face Meetings offered	4	4	
Unable to speak in meetings (anxiety, broken communication, overwhelm of multiple adults, pointless – won't bring change)	4	7	Emotive
1:1 confidential meeting	1	1	
Wanting an alternative e.g. home visit	1	1	Emotive
Sharing views via parental email	1	1	
Wanting home schooling and not to return	1	1	
Identity – not wanting to be different	1	1	

Principle 5: Strength of Themes

Theme	*Present in Cases*	*Number of Experiential Themes*	*Hotspots*
More Training Needed (broad topics -ENAS, anxiety, actions, SEND- ADHD, increased need)	3	9	Emotive
Staff are gaining knowledge	1	2	
Good knowledge of loss and bereavement and low mood	1	1	
Barrier to Staff Development: workload	1	1	
Facilitator of Staff Development: curiosity and more time with pupils.	1	3	Emotive

Principle 6: Strength of Themes: Needs

Theme	*Present in Cases*	*Number of Experiential Themes*	*Hotspots*
Parents identify needs	5	26	Emotive
School identify needs	1	1	
Pupil identifies needs	2	2	
Diagnosis	3	3	
Physical behaviour and fights	3	5	
Friendship difficulties	3	7	
Social anxiety – PE and identity	3	9	
Escalation of difficulties	4	11	Emotive
GAD	1	1	
Difficulty with authoritarian figures	2	2	
Need for control	1	1	
Impact of COVID (rigid thinking)	3	5	
Needs not understood	2	6	Emotive
Needs not addressed	2	6	Emotive
Medical Needs	2	3	
Early childhood Experience	1	1	
Strengths in Art	2	2	

Principle 6: Strength of Themes: Interventions

Theme	***Present in Cases***	***Number of Experiential Themes***	***Hotspots***
Therapeutic interventions	4	8	
School led intervention	5	22	
Parent led interventions	3	27	Emotive
Barriers to interventions	3	29	Emotive
Wanting interventions	3	14	Emotive

Principle 7: Strength of Themes

Theme	Present in Cases	Number of Experiential Themes	Hotspots
Parental Emotions (Positive, Negative)	5	28	Emotive
Communication	4	29	
Impact on Parents (pressure ,mental health, changes – parenting style and values)	4	11	Emotive
Collaboration	4	11	
Wanting physical support in the home	3	3	
Proactive Parents	3	10	
Conflict with Values	2	2	
Other families' experiences	2	2	

Principle 8: Strength of Themes

Theme	Present in Cases	Number of Experiential Themes	Hotspots
CAMHS	5	7	Emotive
Private Payment	4	5	
Early Help	3	10	
Waiting Lists	2	6	Emotive
Poor Signposting	2	2	Emotive
School Nurse	2	2	
Referral Process	1	5	Emotive
Unable to engage	1	2	
Positive Impact	1	2	
Alternative Provision	1	1	
Professionals Advice	1	1	
GP and Medical Evidence	1	1	

Appendix 22 – Critical Realist Thematic Analysis of the Ideal School Drawing Technique Excerpt

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C80 | happy to attend and motivated

	A	B	C
1	Experiential Theme	Inductive Theme	Dispositional Theme
2	School		
3	a happy friendly teacher	positive teachers	positive staff: happy, friendly
4	staff are happy to help	positive staff	positive staff: helpful, willing
5	environmentally friendly	friendly environment	positive environment: friendly
6	lots of students so that he can interact with them	lots students (depression specific)	positive environment: peer interactions
7	maximum security	safe environment	positive environment: safe
8	children to feel like it is a safe space	safe space	Positive environment: safe
9	inclusive	inclusive	Positive environment: inclusive
10	happiness	positive emotions	Positive environment: happiness
11	positive environment that encourages pupils and a nice place to be	encouraging,	Positive environment: encouraging
12	teachers connecting with each child individually and getting to know each one of them	connection and knowledge	Positive environment: individual connections and knowledge
13	a very small class and little small school	small class numbers, small site	small sizes: class and site
14	few children in the class	small class numbers	small sizes: class
15	an open area to go out and relax in if it gets too much	open outdoor area	open outdoor areas
16	teachers who will be able to teach my my child well	educational expertise	educational expertise: teaching
17	good school	eucational expertise	educational expertise
18	shared understanding by the teachers of childrens needs	shared understanding of needs	educational expertise: SEND
19	school communicate well with students and parents	good communication	communicative expertise
20	teachers who can care for my child when he need it	SEMH support from teachers asap	immediate SEMH support
21	enough facilities	well resourced	Adequate resources
22	have enough staff and teaching assistants to support pupils	enough staff	Adequate rsources: staff
23	toilets nearby	toilets	Adequate resources: toilets
24	Classroom		
25	little garden area	garden	Physical room: garden
26	good ventilation	ventilation	Physical room: ventilation
27	roomy, airy and spacious with windows	ventilation, space, windows	Physical room: ventilation, space, windows
28	comfortable places to go	comfortable	Physical room, comfortable areas
29	spacious	space	Physical room: Space

Not like | Like

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M27

	A	B	C
1	**Experiential Theme**	**Inductive Theme**	**Dispositional Theme**
2	School		
3	Big classes and big school	large school and classes	School and class size: big
4	Lots of people and it would be mad	lots students	School and class size : big, mad
5	Less number of students	few students	School and class size: Less for depression
6	children feeling unimportant because there are too mny kids	unimportant as too many	school and class size : feel unimportant
7	pupils feeling lost and sad	too many, lost and sad	school and class size: lost and sad
8	Not many toilets	few toilets	Resources: lack toilets
9	not enough equipment e.g for child with additional needs including toilets	few toilets and SEND equipment	Resources: lack toilets and specialist equipment
10	Not a nice teacher	negative teacher: not nice	Negative staff: not nice
11	scary teachers shouting at her	negative teacher: shout, scare	Negative staff: shout, scare
12	poor teaching staff	poor teaching	Negative staff, poor teaching
13	poor communication	poor communication	Negative staff: poor communication
14	untidy environment	untidy environment	Environment: untidy
15	not like the environment to be rough on them	strict environment	Environment: harsh/strict
16	command to control teaching	strict environment	Environment: command and control
17	not inclusive	not inclusive	Environment: not inclusive
18	a mainstream school that expects everyone to be the same	not inclusive	Environment: not embrace difference
19	Classroom		
20	full	full	Class sizes: full
21	noisy	noisy	Class Sizes: noisy
22	too noisy with too many pupils, too hot	noisy, busy, hot	Class sizes: noisy, busy, hot
23	desks in rows and teacher at the front	rows	Seating: rows
24	rows of desks	rows	Seating: rows
25	few adults e.g. no teaching assistant	few adults	Adult supervision: few
26	no teacher in the classroom to supervise children	no adults	Adult supervision: none
27	sit down and learn vibe	teacher instruction style : directive	teacher instruction style: directive
28	a teacher that is not understanding	teacher instruction style: directive, not empathetic	teacher instruction style: directive, unempathetic
29	children sat listening to a scary teacher	teacher instruction style: scary	teacher instruction style: scary
30	No interaction between teacher and pupils	teacher instruction style: done to	teacher instruction style: done to/traditional
31	very rough children	teacher instruction style: lack discipline/control	teacher instruction style: ineffective discipline

Not like | Like