Using Realistic Evaluation as a tool to understand what enables and constrains parental engagement in a Midland Local Authority TaMHS project

Volume 1

By
Mrs Severine Thompson

A Thesis submitted to
The University of Birmingham
in part fulfillment for the
Applied Educational and Child Psychology
Doctorate

School of Education
The University of Birmingham
August 2011
Abstract

This study is concerned with a group of schools involved in a Targeted and Mental Health in Schools (TaMHS) project in a Midlands Local Authority. The schools reported that they felt the term ‘mental health’ hindered parental engagement with the project. The study therefore examines in detail influences on parental engagement.

This study takes a realist epistemological stance and employs a ‘Realistic Evaluation’ (RE) methodology identifying Contexts, Mechanisms and Outcomes that may account for parental engagement.

A review of the literature suggested that there were influences on parents’ decision to engage with schools. From this review, an initial programme theory was drawn up identifying possible Contexts and Mechanisms resulting in the Outcome of parental engagement. Data were gathered through individual interviews with teachers and parents.

Emerging Contexts and mechanisms suggested that were or should have been operating in TaMHS were highlighted in transcripts. The study found that explanations for parental engagement were related to factors additional to the use of the term ‘mental
health’. Several contexts and mechanisms provided possible explanations as to what helped and hindered parental engagement.
Dedication

To my husband Dave, my two wonderful boys and mum and dad, without whose support and love, encouragement and smiles, this thesis would not have been possible. To my three sisters and very special brother (this ones for you).
Acknowledgments

My grateful thanks go to my colleagues at the Psychology Service who worked tirelessly to encourage schools to volunteer to be a part of this study and to contact parents for me to interview.

I also need to thank my Line Manager, who has supported me in terms of managing my workload in order that I may gather data and write up the present study.

Finally I would like to acknowledge the first class support that I have had from my University tutor, Dr Jane Yeomans.
# Table of Contents

**Chapter 1: Introduction**

1. Introduction (page 2)

   1.1 Background to the present study (page 4)

   1.2 About this study (page 5)

**Chapter 2: A review of the literature**

2. A review of the literature (page 9)

   2.1 Promoting mental health in school: the precedence of TaMHS (page 9)

   2.2 Targeted and Mental Health in schools (page 14)

   2.3 The TaMHS view of mental health (page 23)

   2.4 A whole school approach to promote mental health (page 24)

   2.5 Evaluation of TaMHS (page 32)

   2.6 Engaging parents in TaMHS (page 37)

   2.7 Parental involvement (page 39)

   2.8 Parent partnership with school (page 42)

   2.9 The benefit of parental involvement (page 47)
2.10 Influences on parental involvement (page 50)

2.11 Concluding comments (page 61)

Chapter 3: Methodology pages

3 Methodology (page 64)

3.1 Realistic Evaluation (page 73)

3.2 Appropriateness of RE to the present study (page 78)

3.3 Method: The semi-structured and realistic interview strategy (page 81)

3.4 Ethical considerations (page 85)

3.5 Participants and recruitment (page 86)

3.6 Procedure of the present study (page 90)

3.7 Method(s) of data analysis: Theory – driven thematic analysis (page 91)

3.8 Steps taken to address threats to reliability and Validity (page 98)

3.9 Other considerations (page 101)

3.10 Concluding comments (page 103)

Chapter 4: Results

4 Results (page 106)

4.1 What ‘helps’ parental engagement (page 108)

4.2 Theory 1 (page 108)
4.3 Theory 2 (page 110)
4.4 Theory 3 (page 112)
4.5 Theory 4 (page 114)
4.6 Theory 5 (page 115)
4.7 What ‘hinders’ parental engagement (page 118)
4.8 Theory 1 (page 119)
4.9 Theory 2 (page 120)
4.10 Theory 3 (page 122)
4.11 Theory 4 (page 124)
4.12 Parent suggestions (page 126)
4.13 Summary (page 128)

Chapter 5: Discussion and conclusion

5 Discussion (page 131)
5.1 Initial Programme Theory for what ‘helps’ parental engagement (page 131)
5.2 A summary of the findings (page 131)
5.3 Initial Programme Theory for what ‘hinders’ parental engagement (page 133)
5.4 A summary of the findings (page 133)
5.5 Summary of findings from parents’ suggestions (page 135)
5.6 A reflection on literature (page 136)
5.7 A critique of the methodology and methods used (page 147)
5.8 The Realistic Interview (page 149)

5.9 A reflection on this study (page 152)

5.10 Implications for future research and professional Practice (page 154)

5.11 Conclusion (page 156)

References (page 158)

List of appendices

(in order of presentation)

Appendix 1 a diagrammatic representation of a ‘contextual systems’ model.

Appendix 2 Helps: Theory presented to participants (context and outcome)

Appendix 3 Hinders: Theory presented to participants (context and outcome)

Appendix 4 Helps: Theory presented to participants (mechanisms)

Appendix 5 Hinders: Theory presented to participants (mechanisms)

Appendix 6 Information and consent sheet
Appendix 7  Application for Ethical Review

Appendix 8  Pre-interview information

Appendix 9  Prompt sheet

Appendix 10  A sample of two analysed transcripts
List of tables

(in order of presentation)

Table 1. Phases of the TaMHS project  page 21

Table 2. Stages of thematic analysis  page 93

Table 3. Stages of theory-driven thematic analysis  page 95

Table 4. Stages of theory-driven thematic analysis taken in realistic evaluation  page 97

Table 5. Parents’ views  page 109

Table 6. Teachers’ views  page 109

Table 7. Parents’ views  page 110

Table 8. Teachers’ views  page 111

Table 9. Parents’ views  page 112

Table 10. Teachers’ views  page 113

Table 11. Teachers’ views  page 114

Table 12. Parents’ views  page 115

Table 13. Teachers’ views  page 117

Table 14. Parents’ views  page 119
Table 15. Teachers’ views  
Table 16. Parents’ views  
Table 17. Teachers’ views  
Table 18. Parents’ views  
Table 19. Teachers’ views  
Table 20. Parents’ views  
Table 21. Teachers’ views  
Table 22. Parents’ views  
Table 23. Parents’ views
List of figures

(in order of presentation)

Figure 1. The World Health Organisation’s four-level, whole school approach to school change page 13

Figure 2. taken from DCSF, (2008) TaMHS: Using the evidence to inform your approach page 22

Figure 3. taken from Sacker et al., (2002) path diagram for the contextual-systems model of the relationship between family social class, material deprivation and parental involvement page 51

Figure 4. taken from Sacker et al., (2002) path diagram for the contextual-systems model of the relationship between educational achievement, psychosocial adjustment, parental aspiration and parental involvement page 53

Figure 5. Generative causation (Pawson and Tilley, 1997) page 75

Figure 6. The wheel of science (after Wallace, 1971) page 76

Figure 7. The realistic evaluation cycle (Pawson and Tilley, 1997) page 76

Figure 8. Timeline for research study page 89
Figure 9. Process of theory-driven thematic analysis  page 95

Figure 10. An example of the beginning process in theory-driven thematic analysis for realistic evaluation  page 96

Figure 11. Programme Theory for what ‘helps’ parental engagement  page 108

Figure 12. Programme Theory for what ‘hinders’ parental engagement  page 118

Figure 13. Influences on parents’ decision to engage with TaMHS  page 146
Chapter 1

Introduction
1 Introduction

The National Service Framework Standard 9 on the Mental Health and Psychological Well-being of Children and Young People states:

All staff who work directly with children can get support and advice from specialist child and adolescent mental health staff and other staff such as social workers, behaviour specialists, or education psychologists, to help them to identify problems early and get support for children with mental health difficulties.

Children and young people should be able to get treatment and support for their mental health problems as near to home as possible, and in a number of settings depending on their needs and choices. This includes schools, family centres and at home, as well as, traditional clinic settings and hospitals. [Accessed July 8th 2011]

With the addition of the five outcomes that emerged from the Every Child Matters: Change for Children (2004) agenda, there has been a shift for all professionals working with children and young people to consider their health as well as educational outcomes and to work together to this endeavour.

School is one environment that can influence a child or young person’s mental health. The Mental Health Foundation (1999) suggests that positive school experiences can protect children and young people against mental health problems. Thus, the school environment has the potential to promote good mental health.

Schools are under increasing pressure to raise attainment and this in addition to competing league tables of a schools
performance ‘are likely to have a dramatic impact on children’s well-being’ (Atkinson and Hornby, 2002, p.265). In turn, difficulties in children’s well-being will affect their capacity to learn (Atkinson and Hornby, 2002). For this reason, the promotion of children and young people’s mental health should be encouraged and addressed in schools as well as a range of other settings (Mental Health Foundation, 1999).

The Qualified Teacher Status (QTS) standard (Health and Wellbeing) found in the Training and Development Agency (TDA) for teaching, encourages taking a holistic view of the education of children and considers the impact of children’s well-being on their educational attainment. They state that teachers should:

Know how to identify and support children and young people whose progress, development or well-being is affected by changes or difficulties in their personal circumstances, and when to refer them to colleagues for specialist support.

(TDA; Q21(b))

Outcomes from a full independent review of CAMHS identified that services were taking the approach of incorporating issues around children and young people’s mental health and well-being into universal services. The Targeted and Mental Health in Schools (TaMHS) (DCSF, 2008b) project is in line with this approach as it incorporates a whole school approach to the promotion of mental
health for children and young people. Further, TaMHS puts the ECM agenda into action.

1.1 Background to the present study

The Midlands Local Authority in which I was employed was piloting the TaMHS project (a national initiative to promote children and young people’s mental health in schools). The Local Authority was included in the second year of this national initiative and received two years funding. The project was being piloted in two groups of schools (nine schools in total) two secondary and seven primary schools.

I joined the Educational Psychologist (EP) who was co-ordinating the multi-disciplinary TaMHS team in the delivery of a twilight training session (one hour) to introduce TaMHS to a secondary school. At the end of the session staff expressed their reservations about the success of the project because of the use of the term ‘mental health’. They questioned how this might be received by parents. After the session I spoke with the EP who told me that this was a typical response from schools. She was finding that schools were concerned that parents would not consent to their child receiving any support from TaMHS or engage in workshops themselves if the term ‘mental health’ was used in discussions with parents about TaMHS or children.
Further discussions with the EP and schools revealed that schools were having difficulty engaging parents with TaMHS and obtaining the consent of parents for their child’s involvement with TaMHS. The EP had conducted an audit to identify what schools wanted from TaMHS to inform a plan of provision. However, the views of parents had not been gathered and thus, may have contributed to their reluctance to engage with the project. Still, the TaMHS lead teachers and the TaMHS team felt that parents were not engaging with the project because of the term ‘mental health’.

Reflection about parental engagement led me to consider what might be helping or hindering this. The use of the term ‘mental health’ had already been identified as a possible barrier, but I considered that there might be other factors influencing parents’ decision to engage. In my view, to restrict an explanation for parental disengagement to one factor was too narrow and neglecting any other possible context that may be impacting on parents.

1.2 About this study

The aim of this study was to use Realistic Evaluation (Pawson and Tilley, 1997) as a tool to enhance an understanding about why some parents who had a negative view of the term ‘mental health’ did not engage with the TaMHS project whilst some parents who
also had a negative view of the term ‘mental health’ did. The present study aimed to understand what was working in some TaMHS schools to help or to hinder parental engagement.

The present study is organized as follows:

• **Chapter 2. A review of literature** This chapter explores how mental health is promoted in schools and presents a description of the TaMHS project (a national initiative). This review of literature then examines what is said about parental involvement in terms of what has been suggested to influence it positively or negatively before summarising key issues that emerged from the literature reviewed and finally, presents the research question for the present study.

• **Chapter 3. Methodology** This chapter sets out the rationale for using a realistic evaluation for the present study and describes how the individual theories were developed and the procedure for gathering and analysing data. The method of data collection was realistic semi-structured interviews with four parents and two TaMHS lead teachers. The data was collected to either support, modify or invalidate the individual theories.
• **Chapter 4. Results** This chapter presents the outcomes from the data gathered through interviews and these are summarised in tables. Results indicate that, although parents’ negative perception of ‘mental health’ was considered to be a key contextual factor that hindered parental engagement, findings suggested several supportive contexts that helped parental engagement.

• **Chapter 5. Discussion and conclusion** This chapter discusses the contexts and mechanisms found in the study in light of the literature reviewed on parental involvement. The usefulness of Realistic Evaluation when working in projects where there is a paucity of research literature is highlighted and the benefits of using this as a tool to enhance understanding an aspect are discussed. This chapter also points out future possible research to explore, including future investigations into the impact parental involvement or engagement has on children and young peoples’ mental health.
Chapter 2

A Review of the Literature
2 A Review of the literature

This chapter explores the promotion of mental health in schools and then goes on to discuss the TaMHS project in terms of what it is and how it is being evaluated before presenting a discussion based on a review of literature about parental engagement. This chapter ends with a summary of key issues that have emerged from the review of literature and presents the research questions for this study.

2.1 Promoting Mental Health in Schools: the precedence to TaMHS

The term ‘mental health’ is often used synonymously with the term ‘mental illness’ by people in practice (Weare and Markham, 2005). The term (mental illness) brings with it negative connotations due to the use of ‘the word ‘mental’ in colloquial speech’ (Weare and Markham, 2005,p.16). This negative view would also define mental health as the prevention of ill-health (concerned with a focus on what makes people ill rather than what makes them healthy).

In looking at lay understanding of mental health and its promotion, Rogers and Pilgrim (1996) found that their respondents viewed the term ‘mental’ with fear and with a negative connotation. One of their respondents described how he felt the
term was construed by others saying, ‘I suppose just the word “mental” in itself, just a single word is rather derogatory to a layman. It’s intimidating really.’ (p. 25).

Rogers and Pilgrim (1996) suggests replacing the term ‘mental health’ with terms that are more acceptable to lay people in order to engage them (lay people) in conversation on mental health or in a bid to promote it. They found that their respondents preferred other terms such as ‘psychological’ or ‘emotional health’ and viewed mental health as a term associated with stigma.

This understanding has implications for how children, young people and families will respond to services because public perceptions may associate mental health with being labelled as mentally ill which in turn might lead to discrimination. The Child, Adolescent and Mental Health (CAMHS) Support Service states that stigma ‘can reduce access to mental health services, create fear, marginalisation and low self-esteem in children,...Stigma can have such a significant effect that there is a potential for mental health problems to increase in severity.’ (p.3). A survey reported by the government in a review paper (Aiming High for Children: supporting families, 2007) pointed out that evidence suggested that those families and
children most in need of support were least likely to access services because of their fear, mistrust and lack of confidence in services. The survey found that families were concerned about the negative consequences of engaging with services. This review paper became the catalyst for the national government offering to fund local authorities to deliver targeted support in and close to schools. In this way, the government moved towards initiatives that considered the school as central to supporting children and their families. This lay the initial foundations to promoting mental health in schools.

The World Health Organization (WHO, 1998a) views the school as the ideal setting in which to provide a total environment that is conducive to promoting the mental health of the school community (Weare, 2000). Mental health as defined by WHO is viewed in a positive sense as ‘a state of wellbeing’ that enables an individual ‘to cope with the normal stresses of life’ and subsequently, make a positive contribution to their community. The health promoting school takes a ‘salutogenic’ approach (Antonovsky, 1979) to promoting mental health, in that the focus is on obtaining a balance between resources (both internal and external) that will promote mental health and well-being as opposed to a focus on the causes of mental illness. WHO takes a broad perspective to the promotion of mental health in terms of
an individual’s health being determined by the impact socio
economic and environmental factors have on the individual. It
states:

‘Like all health promotion, mental health promotion involves
actions that create living conditions and environments to
support mental health and allow people to adopt and maintain
healthy lifestyles.’ (WHO, 2007:p.2)

The health promoting school is ‘supported by parents, local
health services and other agencies, and involv[es] them in
programmes and interventions that support the efforts the school
is making to promote health’ (Weare, 2000, p.21).

The model of school change developed by the WHO views the school
as only a part of the child’s life. This is illustrated through
a triangle divided into four levels (figure 1). These levels are
considered to be at work in a whole school approach.
The Ottawa Charter (WHO, 1986) has influenced thinking on promoting mental health in schools, taking a holistic concept of health (the health of all) and considering the influence of the whole school environment on mental health. Furthermore, schools have been identified as an appropriate setting for targeting intervention with children and young people as they are more accessible at school than they are in their home (Wyn et al, 2000). Hence, this suggests that not enough children experiencing difficulties are being reached by mental health services such as
CAMHS. The National CAMHS support service site stigma as a significant factor to reducing access to mental health services. They argue for tackling stigma where ever it is found and to remove stigma which acts as a barrier to children and their families getting the support they need. The National CAMHS support service suggests that to normalise accessing mental health services and to provide effective service provision, such services should be integrated into school provision for children and young people.

2.2 Targeted and Mental Health in Schools

Targeted Mental Health in Schools project (TaMHS) (DCSF, 2008) is a response to the emergence of a government review paper (Aiming High for Children: supporting families, 2007).

I will firstly highlight the context in which TaMHS has arisen from in terms of influential policies and legislations before providing a description of TaMHS.

The importance of supporting children and young people’s mental health is recognised and highlighted by a large body of statistics giving weight to the need for intervention in the UK.
For example:

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder – that is around three children in every class

- 1 in 10 children between the ages of 1 and 15 has a mental health disorder.
  (The Office for National Statistics, Mental Health in Children and Young People in Great Britain, 2005)

- 20% of children have a mental health problem in any given year, and about 10% at any one time.
  (Life Impacts: Childhood and Adolescent Mental Health, Understanding The Lifetime Impacts, Mental Health Foundation, 2005)

- Rates of mental health problems among children increases as they reach adolescents. Disorders affect 10.4% of boys aged 5-10, rising to 12.8% of boys aged 11-15, and 5.9% of girls aged 5-10, rising to 9.65 of girls aged 11-15.
  (Mental Disorders More Common in Boys, National Statistics Online, 2004)
It is worthy to note that these figures may be influenced by the impact of ‘stigma’. Not all children and young people will have had their difficulties identified and thus, accessed support from services such as the Child and Adolescent Mental Health Service (CAMHS) (where some statistics may have derived). This highlights the question as to how diagnosis was obtained. Because of the ‘stigma’ associated with mental health, it is difficult to assume that all children who presented with symptoms would self-report. This also relates to parents who may not want to report their child as experiencing mental health difficulties. It is possible that some diagnoses may have been based on what others think as opposed to a more robust and objective diagnosis. This highlights the difficulty when looking at the prevalence rates of mental health difficulties in children and young people and so these statistics should be interpreted with care.

In 2004, the introduction of the Every Child Matters (ECM) legislation (DCSF, 2004) established a shared common goal for all services involved with children and young people. Discussions across Local Authorities was now centred on ensuring services worked together towards achieving positive outcomes for children and young people. The following common goals reflected policy direction:
• Be healthy
• Stay safe
• Enjoy and achieve
• Make a positive contribution
• Achieve economic well-being

At this time, Standard 9 of the Children’s National Service Framework (NSF) (2004) made specific reference to focussing on the mental health and psychological well-being of children and young people. Thus, a connection was being made between children and young people’s mental health and the achievement of positive outcomes.

Schools potential to tap into addressing children and young people’s mental health, became recognised and was filtered down to schools through the introduction of the Social and Emotional Aspects of Learning (SEAL) programme in 2005 for primary schools and in 2007 for secondary schools. This programme ensured that schools were focused on their wider responsibility to focus on teaching and learning that promoted attainment and also contributed to improved health outcomes.
Following the introduction of the Education and Inspections Act (2006) schools had a duty to promote the well-being of children and young people.

The Children’s Plan (2007) sited schools as playing a vital role in the promotion of children’s mental health and well-being. The plan argued for ‘better techniques for early identification and assessment of additional need, and more effective joined-up working to support swift and easy referral to specialist services...’ It announced the Review of CAMHS following the launch of Standards 9 of the Children’s NSF and the publication of the ECM agenda in 2004. The review was reported in November 2008. The outcome of this review indicated that children and young people found it difficult to access the support that they needed and gave support for approaches that incorporated issues around children and young people’s mental health and well-being into universal services.

In 2008 the Targeted and Mental Health in Schools (TaMHS) project was set up with the broad aim of establishing the most effective ways of delivering mental health support to children and young people in schools. The project was funded by the Department for Children, Schools and Families and was run from April 2008 to March 2011.
The aims of the TaMHS project was to:

- deliver mental health support to children (aged five to 13) and their families;
- identify and tackle problems quickly;
- work preventatively; and
- enable early intervention and easy access to mental health support.

The TaMHS guidance (2010) describes two core aims of the project:

1. **Strategic integration**
   
   a. Implementing evidenced based interventions known to be effective for promoting mental health for children and young people.
   
   b. Bringing together a range of agencies to develop staff skills and confidence in identifying mental health difficulties in children and young people
   
   c. Clear and simple referral route to different agencies

2. **Evidence informed practice**

   a. Interventions based on knowledge of ‘what works’ particularly in a school context
   
   b. Implementing interventions that meet local needs
In terms of parental involvement (a focus for this study), the TaMHS project considered the potential benefit parents made to their child’s mental health and suggests that this initiative would lead to:

- Improvements in parents’/carers’ confidence and skills in supporting their children and preventing problems arising;

(taken from TaMHS Guidance for head teachers and commissioners, 2008, p11)

The criteria for involvement in the TaMHS pilot project was that schools should be involved in the National Healthy Schools Programme (NHSP) and implementing Primary SEAL (Social, Emotional Aspects of Learning) or about to implement Secondary SEAL (thus, indicating their commitment to promoting mental health for children and young people). In this way, schools would be building on work they were already doing in order to promote social and emotional skills throughout their school.

Each Local Authority (LA) TaMHS project was co-ordinated by a project Manager and consisted of ‘pathfinders’ who were a group that included head teachers, commissioners in the local authority, the project manager and primary care trust. The pathfinders made the decision about the services to be delivered in their project (for example: small group work, work with
parents and targeted therapeutic work with groups and individuals at risk of or experiencing mental health problems). There were three phases to the implementation of the project.

Table 1: Phases of the TaMHS project

<table>
<thead>
<tr>
<th>Phase</th>
<th>Began</th>
<th>LA</th>
<th>Three years funding (2008-2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>April</td>
<td>25</td>
<td>National evaluation by UCL</td>
</tr>
<tr>
<td></td>
<td>2008</td>
<td></td>
<td>Local evaluation by LA</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Outcomes from national evaluation used to inform national roll out of TaMHS from year two onwards (2009-2011).</td>
</tr>
<tr>
<td>2</td>
<td>April</td>
<td>55</td>
<td>Two years funding (2009-2011)</td>
</tr>
<tr>
<td></td>
<td>2009</td>
<td></td>
<td>Local evaluation by LA</td>
</tr>
<tr>
<td>3</td>
<td>April</td>
<td>72</td>
<td>One year funding (2010-2011)</td>
</tr>
<tr>
<td></td>
<td>2010</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TaMHS follows an ‘ecological’ approach (Bronfenbrenner, 1979) to promoting mental health whereby the child is viewed in the context of the environment and structures around them. In this way a whole school approach underpinned by guidance from the
National Institute for Clinical Excellence (NICE) with regards to promoting social and emotional well-being was applied (NICE, 2008).

The programme follows a ‘3 Wave’ interventions model (figure 2)

![Wave 1]
- Effective whole school frameworks for promoting emotional wellbeing and mental health
- Quality first teaching of social and emotional skills to all children through SEAL programme
- SEAL related work with families

![Wave 2]
- Skills-focused interventions
- Small group SEAL for children who need help to develop social and emotional skills

![Wave 3]
- Therapeutic interventions
- Individual and small group
- Complementary to SEAL

Figure 2. taken from DCSF, (2008) TaMHS: Using the evidence to inform your approach

Thus, TaMHS aims to offer effective interventions at each of the 3 waves as it draws on evidence based on research in terms of ‘what works’ to promote children’s mental health in addition to evidenced-based on each pathfinders own practice of ‘what works’ when planning and commissioning services for their TaMHS project. In this way, TaMHS was attempting to develop services that were
grounded in knowledge of ‘what works’. However, because TaMHS was a new initiative, pathfinders would be drawing from evidence of what worked for projects other than TaMHS. Furthermore, what may have worked for one TaMHS school or project may not have worked for another.

In terms of parental engagement, there was no explicit guidance for schools with regards to programmes to engage parents. However, schools were expected to offer support to families through delivery of workshops or presentations.

2.3 The TaMHS view of mental health

TaMHS is concerned with the promotion of mental health for children and young people. Thus, the perspective it takes on mental health is influenced from this view point.

TaMHS describes mental health following the definition from the 1999 Mental Health Foundation report *Bright Futures*. This definition states that children who are mentally healthy are able to:

- Develop psychologically, emotionally, creatively, intellectually, and spiritually; initiate and sustain mutually satisfying personal relationships; use and enjoy solitude; become aware of others and empathise with them; play and learn; develop a sense of right and wrong; and resolve problems and setbacks and learn from them (Mental Health Foundation, 1999, p.6)
Here, mental health has been positively defined in a way similar to the definition of mental health as given by the World Health Organization (WHO).

Thus, in TaMHS the term ‘mental health’ is viewed as a positive concept.

Although TaMHS promotes mental health from a ‘salutogenic’ perspective of focusing on what makes children and young people healthy and not with a focus on pre-empting what makes them ill, differing views on the term ‘mental health’ may result in different understandings about the TaMHS project by those involved.

2.4 A whole school approach to promote mental health

There is very little literature in terms of research on projects for promoting children’s mental health in school contexts particularly in the UK. However, there is a national Mental Health Promoting programme based in Australia called ‘MindMatters’ which uses a whole school approach to promote mental health and prevention of suicide for students. This programme is the most comparable project to TaMHS identified and pre-dates it (but there is no literature to suggest TaMHS is based on this model).
It is worthy to note the common features between TaMHS and the MindMatters project. Like TaMHS, MindMatters:

1. focuses on risk and resiliency factors
2. aims to develop a supportive environment and to build partnerships between schools and their local community services
3. advocates for early identification and intervention to improve the mental health outcomes
4. aims to shape a more positive attitude towards mental health
5. views the child as part of systems (an ecological view)
6. builds on practices already in place within a school to promote children’s mental health
7. provides training for staff to enable them to identify needs and target interventions for children
8. offers a range of interventions to choose from

Due to the similarities between the TaMHS project and MindMatters, it is worth looking at this programme in more detail.

MindMatters offers to improve mental health outcomes for the school community (that being, teachers, parents and students). The programme is influenced by the model of school change developed by the World Health Organization (WHO). Most emphasis
is placed on the widest section of the triangle (figure 1) with regards to creating an environment that is conducive to promoting mental health (common to the universal level described in the TaMHS project).

Following a pilot of the project by 24 schools at the end of the first year, feedback was provided in a ‘formative’ evaluation (providing ongoing information) with a view to obtaining information that would inform planning to roll out the project. Thus, an evaluation of the project took a subjectivist epistemological stance in that the multiple perspectives of the stakeholders (apart from parents) were sought.

The main purpose of this evaluation was to highlight ‘what worked’ in the successful implementation of the project.

Concerns were centred around identifying what representatives from each of the 24 pilot schools suggested contributed to the success of the project. However, there was no focus on understanding whether or not MindMatters made a positive difference to the mental health of children and young people. On this matter, it appears that is was assumed to do so.

Information was collected from a focus group involving teacher representatives from each school. The teachers identified several
points that they felt contributed to the success of the implementation of the programme. These included:

- provision of professional development materials
- development of staff support
- support of community or health agencies (by schools who were able to engage them)
- contact with other schools engaged in similar work
- use of existing school structures i.e. student councils, peer support or pastoral care programs
- provision of a budget

However, one of the challenges the teachers reported was in ‘extending partnerships with parents’ (Wyn, et al., 2000, p. 599). This, they felt, required their ‘direction of time and energy’ (Wyn, et al., 2000, p.599) indicating the demanding task of addressing parental engagement for schools.

This study did not go any further in investigating why there were difficulties in extending partnerships with parents or highlight whether some schools had not found this a challenge and why that may have been. This was because the study did not set out to do this. The study was concerned with piloting the project and improving further plans to implement it following feedback from
representatives. The only other study found on the MindMatters project was by Franze and Paulus (2009). Their study focused on evaluating the impact a German adaptation of the MindMatters project had on the mental health of students and the professional development of teachers in secondary schools across Germany. The project did not address the challenge Wyn et al., (2000) had highlighted with regards to difficulties extending partnerships with parents. It focused on identifying evidence of an impact due to the implementation of the project from an objective epistemological position (using random control trials that made a comparison between cohorts). Furthermore, evidence with regards to the impact the project made to students and staff, considered the views of teachers, students and governors and did not include the views of parents.

There is evidence that where schools take a universal approach to the promotion of mental health in schools, the involvement of parents has been found to increase effectiveness (Wells et al., 2003; Abi et al., 2007).

Wells et al., (2003) did a systematic review of 17 controlled studies of universal programmes to promote mental health in schools. This review was based on answering the following questions:
- Have school-based mental health promotion interventions that take a universal approach been shown in controlled trials to improve children’s mental health?
- Is it possible to identify attributes that are common to successful school-based mental health-promoting interventions taking a universal approach?

Findings based on a qualitative synthesis of the studies concluded that school-based mental health promotion interventions that take a universal approach could be effective. It was also found that the effectiveness of programmes was increased when interventions were delivered over a long period and for whole school approaches that included parental involvement and environmental changes.

Abi et al., (2007) went further into focusing on the effectiveness of parental involvement (although this was a subsidiary focus in their study).

Abi et al., (2007) examined 31 studies (15 random controlled trials and 16 controlled non-randomised trials) in a systematic review of published literature since 1990. As for Wells et al., (2003) Abi et al., (2007) they used a qualitative synthesis of results to identify the impact of interventions on children’s mental health (age 4 - 11 years old). There were a range of
interventions considered but for the purpose of the present study I will be referring to findings that related to parental involvement. It is important to note that most of the studies reviewed were developed in the US and only one study was found that was developed in the UK (by Reynolds, (2000) - a medium sized RCT which examined the impact of a very brief emotional disclosure intervention and was not combined with parental involvement).

The main research question for Abi et al., (2007) study was:

• What are the most cost effective ways of promoting the mental wellbeing of children aged 4 – 11 years in schools using universal approaches?

But there were seven subsidiary questions - one of which was concerned with parental involvement. This asked:

• What is the role of parents?

Findings from a systematic review of 31 studies revealed that where there was a whole school approach to promoting children’s mental health, schools engaged parents in the project through sending information home or by offering parenting support sessions. However, it was reported that the studies did not
report the number of parents who attended the sessions offered, nor the number of sessions parents attended.

Abi et al., (2007) concluded that studies that involved parenting support showed evidence of increased effectiveness. However, this study did not attempt to highlight studies that suggested effective ways to obtain parental involvement or parent’s views on ways to obtain their involvement.

The studies discussed above (Wyn et al., 2000; Wells et a., (2003); Abi et al., 2007) are not focused on examining how to obtain parental engagement in whole school projects to promote children’s mental health. But they do view the involvement of parents to be beneficial to the promotion of children’s mental health in a whole school approach. One of the studies assumes that the only challenge faced by schools was in ‘extending partnership with parents’ (Wyn et al, 2000, p.599). There have been no studies to date that have focused on engaging parents in mental health promoting schools projects, or that has obtained the views of parents on this. This highlights the need to consider whether schools do share a common experience and/or outcome with regards to partnerships with parents when implementing a project to promote mental health in schools and if not, why not? It also highlights the need to understand what
works to engage parents in a Targeted Mental health in Schools project (TaMHS) from the perspective of parents and teachers. The present study aimed to fill this gap.

2.5 Evaluation of TaMHS

The 'Me and My School' research project (a national evaluation) evaluated the impact of TaMHS and identified which strategies and approaches in schools were most effective in promoting the mental health of children. The evaluation is made up of two studies:

- **a longitudinal study that involves the Phase 1 pathfinders and spans over the three years of the project (table 1).** It aims to find out what local areas have chosen to do to support children and young people when they feel sad, worried or troubled and the impact different approaches have made on their emotional and mental well-being over time. In addition, it considers the views of parents, teachers and pupils.

- **a randomised control trial (RCT) that involves the phase 2 pathfinder over one year (2009 to 2010) (table 1).** This study involves a randomised split between 44 LAs. Group 1 (22 LAs) received the standard model of guidance and support offered to all LAs involved in TaMHS. Group 2 (22 LAs) received an enhanced package of support of additional
guidance and training that had been informed by evaluations from Phase 1 pathfinders in year one of the project. The purpose of this was to understand whether any difference in impact was concerned with the way schools delivered the project rather than differences between areas.

In 2008 – 2009 data were collected through online questionnaires. This involved approximately 20,000 children in year four and year seven in 465 schools in 25 LAs across England involved in the TaMHS project. Children completed an online survey (using a multiple choice format). The survey looked at feelings about themselves and their school. Parents and teachers also completed questionnaires. Year 7 pupils were expected to complete the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997). The progress of the cohort (year 7) has been followed over the course of the project (the children, parents and teachers completed the questionnaire over the three years of the project). The outcomes of this evaluation are yet to be published.

Currently, there is a paucity of published literature from LAs reporting their own evaluation of TaMHS as this is a relatively new project with an end point in March 2011. However, in a search on published literature with regards to an evaluation of TaMHS one paper was found. This paper reported an evaluation of a
Phase 1 pathfinder (2008-2011) in West Norfolk. As there are very few evaluations of the TaMHS project, it is interesting to look at how this TaMHS project was evaluated in comparison to the ‘Me and My School’ research project national evaluation.

West Norfolk commissioned the service of Spirals (an independent transformation company) in 2009 to evaluate their TaMHS project. The aim of the evaluation was to establish whether TaMHS had impacted on children and young people’s emotional well-being as well as on practitioners’ perceptions of mental health.

This was considered in light of four core areas of work implemented in the project:

1. Core Training programme
2. The Everybody’s Business training
3. The PATHS programme
4. Supervision/consultation support service

Data were gathered using focus groups. Three groups were interviewed. Each group were interviewed at two time points (spring and autumn):

1. Practitioners
   a. This group consisted of - parent advisors, lead teachers, head teachers and school support teams
2. Partners

   a. This group consisted of - board members, key partners and TaMHS team

3. Children and young people

Unlike the TaMHS national evaluation and the present study, this evaluation did not seek the views of parents.

It is reported that participants who were unable to attend the focus groups were invited to contribute their views through an online survey. In addition, one-to-one telephone interviews with head teachers were also conducted. It was not clear in the report whether telephone interviews and the online surveys were conducted for the two time points as for the focus groups. Furthermore, the number of participants in each group was not reported.

Both the ‘Me and My School’ evaluation and West Norfolk’s TaMHS evaluation were concerned with the impact of TaMHS on children and young people’s emotional well-being. Neither piece of work considered the level of parental engagement with the TaMHS project (an area yet to be addressed). However, West Norfolk’s TaMHS evaluation did consider the level of active engagement schools had with the TaMHS project. They found that time constraints on schools (subject to the timing of the
implementation of TaMHS) in addition to schools viewing TaMHS as not being a priority for their school, influenced schools initial engagement with the project. However, an increase in school engagement with the project was reported.

Both evaluations of the TaMHS project described above are concerned with testing out whether the programmes impacted on children’s emotional well-being. Thus, there is a focus on the ‘outcomes’ of the project. However, they do not provide an explanation for what it is about the project that enabled it to work to achieve the desired outcomes.

There are other ways of doing evaluation beyond simply looking at ‘outcomes’ to programmes. The present study seeks to examine the reason for success or failure using a Realistic Evaluation framework which is described in detail in chapter 3.

Furthermore, the evaluation studies on TaMHS projects described thus far, have been concerned with outcomes in terms of children’s emotional well-being, teachers’ perceptions of mental health or a comparison of the impact made of different TaMHS packages. There has been no evaluative study considering the outcomes of TaMHS in terms of parental engagement or that listens to the voice of parents in addition to schools in identifying
what works for whom in TaMHS to enable parental engagement (a focus of this present study).

Current research in TaMHS has been concerned with ‘outcomes’ in terms of the impact of interventions on children’s emotional well-being. There has not been a focus on outcomes in terms of parental engagement. The present study aims to address this gap in the literature on TaMHS with a focus on the process to achieve a particular outcome (parental engagement). Chapter 3 (Methodology) provides a description of the approach employed to investigate the process by which parents were enabled or hindered from engaging with TaMHS. The remainder of this chapter looks at engaging parents.

2.6 Engaging parents in TaMHS

Outcomes from the government review paper (Aiming High for Children: supporting families, 2007) indicated that parental engagement in terms of accessing services was hindered by parents’ fears and reservations about the services and the negative consequences of their engagement with them. This highlights the need to explore how such barriers can be overcome to enable parents to engage with services such as TaMHS.
A summary report from the Department for Children, Schools and Families (Learning from Targeted Mental Health in Schools Phase 1 Pathfinders, 2009) collated the advice and recommendations from Phase 1 Pathfinders with regards to engaging stakeholders. It is noteworthy that the views of parents were not included in this survey.

The following points were made:-

1. Creative ways were used to deliver the project such as using art, music and drama;
2. In discussions on mental health, this terminology was not always used to avoid hindering parental involvement with the project;
3. Connections were made with organisations that represent parents such as Parent Partnership to endeavour to understand how to reach parents;
4. Training was provided to ‘skill up’ practitioners who work with parents to build their confidence in discussing mental health with parents;
5. Parents were invited into schools to discuss themes on mental health - however, a ‘backdoor’ approach was used whereby parents were invited to discuss transition but this was used as an opportunity to discuss mental health issues;
There are ethical issues here in that parent’s fundamental right to choose whether or not they want to talk about mental health has been breached. In this point (5) the schools interest may have influenced their decision-making rather than the interest of the child or parents. An interesting point is made that at times the school’s, parent’s and children’s interests appear to diverge.

6. ‘Experts’ were invited into schools to speak with parents on topics that impact on mental health such as debt; and

7. Multi-family groups (several families coming together) were arranged to enable families to discuss mental health.

(DCSF, 2009)

2.7 Parental involvement

The terms ‘parental engagement’ and ‘parental involvement’ are often used interchangeably. Parental involvement is the more commonly used term found in literature when referring to the contribution parents can make to the educational achievements of children. For example, the term is used by the Department for Children, Schools and Families (2008a) and is described as ‘involvement at the school (as a governor, helping in the classroom or during lunch breaks) through to reading to the child at home, teaching songs or nursery rhymes and assisting with homework’ (DCFS, 2008a, p.3). This suggests that there are two
aspects of parental involvement, at home and at school. In both cases, parents are following the lead of the school and so this is about what parents can do for the school to raise children’s achievement.

Harris and Goodall (2007) make a distinction between what is defined as ‘parental engagement’ and ‘parental involvement’. They consider that parental engagement can be defined as engaging with children’s learning (helping with homework) whereas parental involvement is concerned more with being involved in children’s schooling (attending meetings). Grolnick et al., (1997) also defines parental involvement as ‘the dedication of resources by the parent to the child within a given domain’ (p.538). Harris and Goodall (2007) suggest that both parental involvement and parental engagement are important to the achievements children can make in school.

Calabrese et al., (2004) considers parental involvement as ‘a dynamic, interactive process’ (p.3) and refers to this way of thinking as parental engagement. They argue that the approach and understanding associated with the term ‘parental involvement’ follows a deficit model whereby parents are positioned ‘as subjects to be manipulated or without power to position themselves in ways they see fit’ (p.4). Hence, it ignores the
fact that parents make a decision whether to engage or not and that this decision is situated in the context of ‘relationships with other individuals, the history of the event, and the resources available to both the individual parent and the event designers’ (p.4).

They understand parental involvement as mediated within the context of the school community and considers engagement as action and as an orientation to action (Calabrese et al., 2004). Parental engagement is defined as ‘a set of relationships and actions that cut across individuals, circumstances, and events that are produced and bounded by the context in which that engagement takes place’ (p.11).

The schools in the present study used the term ‘parental engagement’ when discussing TaMHS. They used this term to describe parents’ decisions to attend workshops, show interest and support for the school in TaMHS and consent to their child’s involvement in the project. Hence, the use of the term does not fit exclusively with the definitions provided above by Harris and Goodall (2007) and Grolnick et al., (1997) and more with the definition of ‘parental engagement’ by Calabrese et al., (2004). Thus, I have used the term ‘parental engagement’ in this study to reflect the terminology used in the TaMHS project.
The next section will give an overview of literature related to parental engagement.

2.8 Parent partnership with school

There has long been an emphasis placed on the importance of parental involvement in children’s education. The Central Advisory Council for Education (1967) (the Plowden Committee) highlighted the significance of schools working in partnership with parents concluding that children’s educational success could be determined by parental attitudes to schooling.

This is taken further by the Warnock Committee (DES, 1978) who stressed that the relationship between parents and professionals involved with children should be one whereby the ‘partnership’ is equal.

In 1997, The White Paper, ‘Excellence in schools’, was released. This paper recognised the need for children to receive support in their education with the involvement of their parents to enable them to reach their fullest potential.

The more recent emphasis in relation to parental involvement has been on schools encouraging good working relationships with parents and in establishing closer parental involvement in schools. For example, this is reflected in the Special
Educational Needs Code of Practice (DfES, 2001) and Early Years Foundation Stage Curriculum (DCSF, 2008c), both of which place emphasis on partnership with parents.

There are a number of models for conceptualising parental involvement. For example:

1. Expert model (Crozier and Davies, 2007; Cunningham and Davis, 1985) - this is where the professional (or teacher in this case) is viewed as the expert and the holder of all knowledge about the child. The parent, in this model is viewed as passive recipient of advice from the ‘expert’.

2. Transplant model (Crozier and Davies, 2007; Cunningham and Davis, 1985) - this is where the professional (or teacher in this case) is considered to ‘transplant’ skills and expertise to parents who can then carry out interventions taught by the professional at home with their child (i.e. paired reading). In this model, parents are viewed as a valuable resource and source of support for children (Dale, 1996).

3. Consumer model (Cunningham and Davis, 1985)-this is where parents are the key decision makers and the professional
offers parents information and services from which parents may select according to their needs.

4. Partnership model (Hornby, 2000, p.20) - in which ‘teachers are viewed as experts on education and parents are viewed as experts on their children. The relationship between teachers and parents can then be a partnership which involves sharing of expertise and control in order to provide the optimum education for all children.’

5. An empowerment model White et al., (1992), suggesting that empowering parents is significant to heightening parental involvement. Empowerment is associated with having a level of control. In the case of parents, this would involve them feeling they have an influence on school systems. For parents, they argue, an aspect of empowerment is the extent to which parents can feel they have some control over their child’s development.

‘Parents who experience themselves as lacking control over their children engage in poorer quality parenting, especially when they perceive their children as difficult’ (Pomerantz and Moorman, 2007, p.400).

Hence, it is important to consider the benefits of ‘empowering’ parents’ of children who are perceived as difficult or a cause for concern by schools involved in the TaMHS project.
The TaMHS project appears to utilise both the ‘expert’ and the ‘transplant’ model (Dale, 1996) of parental involvement.

This raises the issue of empowerment especially in regards to the implications of project ownership. In the present study, the choice to use the term ‘mental health’ in the project was owned by the Local Authority and thus, power was on the side of the Local Authority whilst parents were left disempowered in this regard. In taking control of the language to be used, parents may have subsequently been left to feel disempowered and excluded rather than empowered and included. In this way, the Local Authority was the dominant group.

It was not completely clear as to why the Local Authority for the present study took up such a position. However, a possible explanation lies in the issue of stigma.

In the present study, the term ‘mental health’ was used by the Local Authority. The Local Authority position was to advocate the use of the term in order to dispel stigma associated with it and subsequently increase access to mental health services. This would be in line with one of the aims the Local Authority describe for TaMHS (to enable early intervention and easy access to mental health support). However, this choice does not address
the issue of empowering parents and the potential benefit of this.

It is noteworthy to mention that pathfinders in TaMHS (the group which made decisions on the project and services to be delivered) did not include parent representatives. However, part of the services delivered by the project include working with parents in terms of helping them to support their child. There is an assumption here of parents needing help to address the difficulties their child may experience. This follows the expert and transplant model described earlier (section 2.10 Parent partnership with school).

It suggests that the problem can be tackled within school at the level of child and parents. This may be due to how TaMHS defines mental health (refer to section 2.4 The TaMHS view of mental health p. 20).

In contrast, McDonald and O’Hara (1998) suggest that the promotion or demotion of mental health ‘rests within social conditions and processes’ (McDonald and O’Hara, 1998 p.14). They argue that ‘mental health promotion cannot always limit itself to work with individuals. Very often – and perhaps most often – it is the societal, organisational or environmental issues that need addressing.’ (p.18).
Bronfenbrenner’s (1979) ecological systems theory considers levels of influences at the micro (such as, child and family), meso (such as, school and community) exo (such as, Local Authority) and macro (such as, society and culture) levels. TaMHS offers work at the micro level. However, there are influences on TaMHS at the exo (Local Authority Policy on mental health) and particularly the macro level where societal attitudes towards mental health and how it is represented in the media make an impact. These influences are important to TaMHS in terms of how it is received by parents. There is potential in drawing on ecological systems theory in developing an understanding of how a project such as TaMHS is situated within a complex system and is shaped by interests at various systemic levels.

2.9 The benefit of parental involvement

Pomerantz and Moorman (2007), consider the notion of the benefits to increasing parental involvement. They suggest that consideration is made of the how, whom, and why of parental involvement. They review evidence in their endeavour to understand how particular ways parents involve themselves in their children’s schooling can help or hinder their child’s progress. They also consider why parents should become involved in their children’s schooling. It is the latter point that is
particularly relevant to the present study and will be considered here.

Pomerantz and Moorman (2007) acknowledge the benefits parental involvement has for children’s academic achievements. However, they also report its merit with regards to promoting children’s mental health. They hold the view that children’s achievement holds a strong association with their emotional functioning. They report evidence that suggests that ‘when children do well in school, they experience reductions in emotional distress’ (p. 395). Children’s positive perceptions of their competence, they report, results in decreased emotional distress (Pomerantz and Moorman, 2007).

In addition, they refer to the work of Shumow and Lomax (2002) whereby parental involvement (e.g. attending school events, speaking with their child’s class teacher) has been associated with positive influences on children’s self-esteem.

Pomerantz and Moorman (2007) report that parental involvement also has a positive influence on their children’s behaviour in that children present less aggressive behaviour and uphold the rules of the school and furthermore, children’s relationship with their peers is enhanced. Children develop skills that leave them appropriately placed in leadership roles thus, enabling the child
to foster positive relationships with their classmates as they engage in positive interactions with them.

Parental involvement, they report, enables parents to communicate to their children that they care for them and thus resulting in parents building a positive relationship with their child and consequently a stronger attachment.

Pomerantz and Moorman (2007) point out that not much attention has been given to examining the possibilities parental involvement holds in serving as a context to promote children’s mental health. This is a significant point and an important aspect in my own investigation. They suggest that more attention should be directed into looking at the benefits of parental involvement on children’s mental health as much is already known of its impact on children’s educational achievement (i.e Sacker et al., 2002; Grolnick et al., 1997). However, there is the question as to whether, in impacting on children’s mental health, does parental involvement subsequently impact on children’s educational achievement? This would strengthen the argument for parental involvement with regards to promoting children’s mental health in schools and thus, future research.

However, for this present study, the focus is on ‘how to’ engage parents set within the context of a project to promote children’s
mental health in school. Whereas, previous work has considered how parental involvement ‘helps’ children in their schooling (for example the impact parental involvement has on a child’s educational achievement), this present study considers what ‘helps’ or ‘hinders’ parental engagement with their child’s schooling and is set within the context of the TaMHS project.

2.10 Influences on parental involvement

The importance of parental involvement in children’s schooling and particularly the impact parental involvement has on children’s attainment has been the focus of much literature.

Sacker et al., (2002) examines factors that influence parental involvement and subsequently educational and psychosocial outcomes for children. Their study highlights the contextual systems that influence parental involvement. In their study, parental involvement is concerned with the interaction between parent and child and between parent and teacher. The study is particularly concerned with the influence of proximal and distal contextual factors on children’s outcomes. However, what is particularly relevant to this present study is the notion of a contextual systems model that includes parental involvement.
My interest in looking at Sacker’s et al., (2002) study has high relevance to the present study, because it is concerned with the influences on parental involvement at a distal (situated at a distance) and proximal (situated at close proximity) level.

Sacker et al., (2002) uses a diagrammatic representation (appendix 1) of a ‘contextual systems’ model. This model is taken from Bronfenbrenner’s (1979) systems theory. The model highlights distal (family social class) and proximal (parental involvement, material deprivation, parental aspiration and school composition) factors.

Sacker’s et al., (2002) model suggests that both material deprivation and family social class directly (and indirectly as illustrated in figure 3) influence parental involvement. Their suggestion supports other studies that have suggested socioeconomic factors as being an influence on parental involvement (Grolnick et al., 1997; Hill and Taylor, 2004).

Figure 3. taken from Sacker et al., (2002) path diagram for the contextual-systems model of the relationship between family social class, material deprivation and parental involvement
Findings from Sacker’s et al., (2002) study indicated that material deprivation had a strong negative effect on parental involvement. They found that as material deprivation worsened parental involvement decreased. Families in lower socioeconomic status experienced worse deprivation and thus this group would be prone to be involved in their child’s schooling to a lesser extent. This correlates with the findings of Grolnick et al., (1997) who suggests that family circumstances such as their socioeconomic status was a strong predictor of parental involvement. Their results indicated that being a single parent meant that there were time and energy constraints to parents’ involvement and that lack of social support in addition to context would also undermine boys’ parents’ involvement with schools. They state that, ‘having a difficult context [adverse circumstances] may make it hard for parents to attend to the subtleties of what is going on in school.’ (p.547).

Sacker et al., (2002) also proposed that the child may indirectly influence parental involvement. They suggest that the success of high achieving children and positive behaviour influences parents’ aspirations, which in turn influences parental involvement.
Figure 4. taken from Sacker et al., (2002) path diagram for the contextual-systems model of the relationship between educational achievement, psychosocial adjustment, parental aspiration and parental involvement.

Gro

lick et al., (1997) considered levels of involvement combined with dimensions of involvement. That is involvement at the individual, contextual or organisational level set against involvement concerned with behaviour, cognitive or personal activities. Gro

lick and colleagues suggest that characteristics in the parent and child can also influence parental involvement. They argue that at an individual level (the first of three dimensions described by Gro

lick et al., 1997) the child’s behaviour can act to regulate their parent’s actions and thus choice to become involved in their education. They found evidence to suggest that parents of ‘difficult’ children were less likely to be involved in their child’s schooling. They argue that these parents may be averse to working with their child and thus withdraw from interacting with the school.
For the present study it is worthy to consider what literature says about influences on parent’s choice to become involved in their child’s schooling. This may indicate influences that ‘help’ or ‘hinder’ parental involvement.

Hoover-Dempsey et al., (2005) reviewed literature that explored aspects that underpinned parents’ decision to become involved in their child’s schooling. They suggested that parents’ decisions were influenced by the following:

1. Parents’ role construction for involvement in their child’s education
2. Parents’ sense of self-efficacy for helping their child in their education
3. Parents perception of invitations to involvement (by teachers and pupils) and
4. The life-contexts of parents (particularly with reference to families from low-socio economic status)

What follows is a brief description of each.

1. Parental role construction

Hoover-Dempsey et al., (2005) point out that schools can influence parents’ belief about the role they can play in their child’s schooling. They suggest that schools can motivate
parental involvement by considering how they help to shape parents 'constructions' of their role. These constructions are penetrable to change subject to the social conditions parents' experience. That is, teachers' positive attitude together with parents holding the view that they have a role in their child’s schooling, generates parental involvement. However, they found that it was the parental view of their role in their child’s education rather than the teachers' attitudes and behaviour that predicted parental involvement.

2. Parental self-efficacy

Hoover-Dempsey et al., (2005) suggests that parents’ self-efficacy, that is a ‘belief in one’s abilities to act in ways that will produce desired outcomes’ (p.108) is a second motivator to parental involvement. They suggest that parents’ who are high in self-efficacy are more likely to become involved in their children’s education and persist in the face of adversity and challenges to ascertain a successful outcome. This too is socially constructed as it is grounded in parents’ personal experiences. In this way, it is suggested that schools and others, again, play a significant part in influencing parents’ self-efficacy and subsequent involvement in their child’s education.
3. Parental invitation to become involved

A third motivator to parental involvement described is parents’ invitation to be involved. This is particularly concerned with the context and how this can generate parental involvement. They suggest that schools that offer a welcoming climate where parents feel that ‘their involvement is important, expected, and supported’ (p.110) will influence parents decisions about involvement.

4. Life-context of parents

Finally, Hoover-Dempsey et al., (2005) argue that the life-context of families determines the resources they have available in terms of time, energy, knowledge and skills (Hill and Taylor, 2004). The work commitments of lower-Socio Economic Status (SES) parents, they report, usually involve parents working inflexible hours. Hoover-Dempsey et al., (2005) also report the significance of school and teacher attitudes to such families. Negative and stereotypical assumptions can make accessing school resources difficult for parents. That is, when school pre-empt that parents will not engage with school activities (judgements made on assumptions) (Crozier and Davies, 2007).
Hill and Taylor (2004), describe three key areas that can influence parental involvement (demographic factors, parents’ psychological state and cultural difference). This is in stark contrast with how Hoover-Dempsey et al., (2005) and Sacker et al., (2002) conceptualise influences on parental involvement. The influence of the socioeconomic status is the common factor shared between the three authors (Hill and Taylor, 2004; Hoover-Dempsey et al., 2005; Sacker et al., 2002). However, where the other authors consider the influences the child makes on parental involvement (Sacker et al., 2002) and influences the school makes on parental involvement (Hoover-Dempsey et al., 2005) Hill and Taylor (2004) consider the cultural differences between teachers and parents and the influence of parents psychological state.

Hill and Taylor (2004) argue that the demographic factors of families are systematically associated with parental involvement. They support the suggestion made earlier by Sacker et al., (2002) and Hoover-Dempsey et al., (2005) stating that parents from higher socioeconomic backgrounds are more likely to be involved in their children’s schooling than parents from a lower socioeconomic background who face barriers to their involvement. They suggest, parents from lower socioeconomic backgrounds may lack resource, transportation, and experience stress due to
living in disadvantaged areas. It is noteworthy to consider children who come from single parent families here. They too, may experience a strain on their time and energy to be involved in their child’s schooling.

Another factor Hill and Taylor (2004) suggests influences parental involvement is parents’ psychological state. They point out that parents who experience psychological distress such as depression or anxiety are also less likely to be involved in their children’s schooling. They suggest that parents who hold a negative perception of themselves and lack self-belief in their own ability were less likely to be involved in their child’s schooling.

The cultural difference between teachers and families is also associated with parental involvement. Hill and Taylor (2004) argue that teachers who come from a different culture may be more likely to believe that these families are uninterested in their child’s schooling. This was also found in a qualitative study of Bangladeshi and Pakistani heritage families in the north-east of England by Crozier and Davies (2007). In their study, it was found that teachers considered these families to be ‘hard to reach’. However, Crozier and Davies (2007) argue that these parents were not hard-to-reach as they were not indifferent or
disparaging. However, they found that the schools were. Evidence suggested that certain constraints prevented parental involvement rather than encouraged it. They argued that schools make ‘implicit’ expectations on parents with regards to what they view as parental involvement. However, this is not made privy to the parents who are then placed in a disadvantaged position where by their relationship with their child’s school is underpinned by the unstated.

Crozier and Davies (2007) found differing views between the Bangladeshi parents and that of the schools in terms of the involvement expected of parents in the schooling of their children. Bangladeshi parents saw their role as providing their child with a supportive family background and encouragement. This was significant to their child’s schooling in their view. However, Crozier and Davies (2007) found that schools failed to realise or understand this and consequently, in expecting parents to match the unstated view they held, this became a barrier to parental involvement. One deputy head teacher reported that the teachers held the wrong perception of these parents believing them to be uninterested.

This highlights the importance of teacher attitudes to parental involvement. Teachers will vary in terms of their own view about
parental involvement. Some will value parental involvement and see it as time effective to engage parents. They will view parents as interested and willing to be involved in their child’s learning where others will not (Epstein and Becker, 1982).

All of this (demographic factors, parents’ psychological state and cultural difference), Hill and Taylor (2004) point out, is compounded by poverty and deprivation as parents struggle to make ends meet.

For the present study, parental involvement (or parental engagement) is not considered to be focused on the interaction between parent and pupil, but rather the interaction between parent and teacher/school in the context of TaMHS.

Unlike previous studies, the present study is not concerned with ‘children’s outcomes’ as a result of parental involvement, but with the outcomes of TaMHS in terms of parental engagement and the contextual factors that ‘hinder’ or ‘help’ this.

Previous studies have focused on influences of parental involvement within an unidentified and relatively broad context. However, I needed to gain an understanding of parental engagement in the context of the TaMHS project. Furthermore, I wanted to
understand what specific contextual factors ‘helped’ or ‘hindered’ mechanisms put in place to engage parents.

2.11 Concluding comments

The literature reviewed on parental involvement is primarily concerned with the outcomes of parental involvement in terms of children’s educational achievement, psychosocial adjustment or mental health (Grolnick et al., Sacker et al., 2002; Pomerantz and Moorman, 2007). The evidence about parental involvement does consider the barriers which hinder their involvement but this is often based on involving parents in their child’s schooling as opposed to engaging parents with the work of a school in terms of promoting mental health. Schools continue to address children’s mental health through universal programmes such as SEAL (Social and Emotional Aspects of Learning) or the National Healthy Schools project. Furthermore, evaluations of TaMHS have been concerned with the impact of the project on children and young people’s mental health and identifying the strategies and approaches found to be most effective in promoting the mental health of children and young people. Thus, there is a paucity of research evidence on ways to engage parents in mental health promoting school projects, particularly TaMHS. Consequently, this research study is an opportunity to contribute to the
literature on parental involvement. However, this will consider context and those specific contextual factors that can ‘help’ or ‘hinder’ parental engagement within the wider context of TaMHS.

Hence, the aim of the present study was to gain an understanding of the influences on parents’ choice to engage with their child’s schooling in the context of a TaMHS project. The TaMHS lead teachers and the TaMHS team had reported that parents’ perception of the term ‘mental health’ may have hindered some parents’ involvement with the project. Thus, the following research questions were considered:

What ‘helped’ and what ‘hindered’ the engagement of parents who had a negative perception of mental health?

Why did it ‘help’ or ‘hinder’ parental engagement?
Chapter 3

Methodology
3 Methodology

Methodological considerations are influenced by a world view (ontological assumption), which suggests ways of knowing about what exists (Usher et al., 1997). Questions of ontological assumptions can be differentiated into two world views:

1. The world is an orderly, law-abiding, enduring, fixed and objectively knowable and constant place (an ontological view of the world as one of objectivity, a realist position).

2. The world is indeterminate, disorderly and constantly in flux and so is unknowable in any objective sense (an ontological view of the world as one of subjectivity, a nominalist position).

(Capra, 1997; Maturanan, 1988)

Research is used in an attempt to discover ‘truth’ (or some form of it). Kerlinger (1970) defines this as ‘the systematic, controlled, empirical and critical investigation of hypothetical propositions about the presumed relations among natural phenomena’ (Cohen, Manion and Morrison, 2010, p.6)

Two ways of knowing and interpreting social reality are described in research.
1. A positivist paradigm (a realist ontological stance which takes an objective approach to social science and holds that only one external reality exists and can be known)

2. An interpretive paradigm (a nominalist ontological stance which takes a subjective approach to social science and holds that an external reality exists but is known in different ways to different people)

From a positivist perspective, reality is considered to be objective and thus, knowable and to be found by the researcher. Cohen et al., (2010) proposes that a positivist paradigm can be used where the researcher acts ‘as an observer of social reality’ (p.10), where it is the scientists who interpret the data collected. Scientific method fits into the positivist paradigm using the principles of hypothesis testing and investigating cause and effect. In this way, scientific research happens in a closed system whereby extrinsic and intrinsic factors are controlled to obtain regularities in outcomes. Thus, positivism follows the traditional scientific method which looks for ‘constant conjunction’ (change in one variable reliably leading to a change in the second). If found this is considered to constitute a general law to explain an observable event or phenomena. From this position, empirical facts (evidence of experiences and observable events) are deemed important. To know
that an experience and observation of an event happens as a result of co-occurring events is viewed as satisfactory explanation.

A positivist paradigm is open to criticism for its focus on methods and outcomes, and its lack of questioning of the research process (Scott and Usher, 1996). Positivist research fails to account for non-observable entities as well as intricate mechanisms and conditions that fire occurrences of the event (Archer et al., 1998; May and Williams, 1998). This paradigm holds to the ‘scientific method’ as a model for all research and thus takes a ‘mechanistic and reductionist view of reality/nature, which by definition, excludes notions of choice, freedom, individuality and moral responsibility’ (Cohen et al., 2010, p.17). In this way, the researcher’s and participants’ influence on the interpretation of experienced and observable events and the meaning the researcher and participants put to their experience and observations are not acknowledged. Robson (2008) states:

People,...are conscious, purposive actors who have ideas about their world and attach meaning to what is going on around them. (Robson, 2008, p.24)

The emergence of a post-positivist paradigm acknowledges the limitations of the researcher. It accepts that what can be known
by the researcher is constrained by human ability and influences and thus knowledge that is known will be imperfect. However, it remains committed to an objective epistemology and agrees on a view of reality (only one reality exists) that can be known by the researcher.

The positivist and post-positivist paradigms contrast with an interpretive paradigm which sees reality and thus knowledge as personal, subjective and socially constructed.

Interpretivism is underpinned by a subjectivist epistemology and is concerned with the multiple perspectives of individuals to understand the social world being investigated (Cohen, et al., 2010). Hence, the function of the interpretive paradigm is to ‘understand the subjective world of human experience’ (Cohen, et al., 2010, p.22) from the perspective of all the stakeholders involved in the world being investigated.

Following the interpretive tradition into research, the researcher is involved with the participants and rejects the view that ‘knowledge’ about the social world can be ascertained via natural science methods (for example, analysis via closed systems using experimental and control groups). It holds the view that when dealing with people, it is not possible to formulate ‘general laws’ on observations of human behaviour as for the

67
positivist tradition. Instead, it takes a qualitative perspective using methods such as interviews, observations and case studies to understand the beliefs people hold and the meanings they attach to their actions (Robson, 2008).

The aim of interpretive research is to seek the views of all those involved in a programme to understand ‘why’ the ideas behind a programme have been implemented and why (if at all) it has influenced their reasoning (Pawson and Tilley, 1997). However, the information obtained is not presented as true from these perspectives but a way of viewing the object from those particular perspectives (Robson, 2008).

For the present study, taking a phenomenological approach (an interpretive stance) was considered as this enables the researcher to investigate the meanings individuals attach to the experiences they encounter. This approach views reality from the eyes of the individual (reality is viewed as he/she sees it). In this way, it does not need the formulation of a guiding hypothesis beforehand as this would emerge from an analysis of the data gathered.

A phenomenological approach aims to understand the experiences of participants and sees meaning as occurring through their personal experience (thus takes a subjective position). It is interested
in how the individual perceives events and experiences in the world. Thus, taking an individualistic, subjective and qualitative approach to data gathering and analysis and hence, forms the basis for interpretative research strategies. This approach is not concerned with understanding external objective realities. Rather, it challenges whether such realities are meaningfully knowable.

In taking a phenomenological approach the focus of the research is on obtaining an elucidated understanding of ‘how’ the participant (subject) experiences the world (object) from their individual perspective. This is typically done through interviews (asking participants about their experiences).

It could be argued that in looking at the views of participants in this way, other factors that may contribute to an explanation of a phenomenon are ignored. However, Langdridge (2007) suggests that ‘it does not make sense to think of objects in the world separately from subjectivity and our perceptions of them.’ (p.4) Thus, this approach resists the subject-object dualism arguing that knowledge of our lived world comes through our experience of the external world and so is influenced by it.

Thus, in phenomenology how participants view and experience the world will be different for different people. The meanings
people make of their experiences of the world will differ and the same person may view and experience the world differently subject to changing context.

In this way, the world is only knowable through the senses. Hence, absolute knowledge is not knowable because it is subjective and can only be known through the participants’ perceptions of their lived experience and view of the world.

This was a weakness and meant that this approach was unsuitable for the present study.

Although phenomenology views human actions as meaningful and intentional, it does not make explicit the circumstances in which reasoned human actions take place.

Bernstein (1974) points out that how we interpret and define a situation is dependent on the circumstances we find ourselves in. Thus, we cannot ignore the social realities we are situated within. These have a bearing on our reasoning and subsequent actions and need to be brought to the surface. Taking a phenomenological approach therefore, would run the risk of losing this information. Furthermore, the purpose of the present study was to understand why some parents engaged and why some parents did not engage in the TaMHS project. What was it that made it
work? Thus, looking at why something works required a level of analysis that was inappropriate for a phenomenological approach.

In relation to the present study, neither a positivist nor an interpretivist epistemology would meet the aims of this study for the following reasons:-

- A positivist paradigm:
  - Unlike the positivist perspective, I am not looking at cause and effect or making comparisons between groups. The interest of the present study is concerned with the views of the participants to understand the process in which something works.

- An interpretivist paradigm:
  - For the present study, I do want to investigate the reasons why a programme works. However, I will not just ask the people involved and I am interested in the circumstances linked to actions.

In contrast therefore, a methodological approach based on realism provides the researcher with a technique that can offer a scientific explanation that avoids both positivist and interpretivist paradigms (Robson, 2008). This approach takes with it the attractive features from post-positivism and
constructivism to investigate the social world. Hence it integrates both ‘subjectivist and objectivist approaches’ (Robson, 2008,p.35).

A realist epistemology sees knowledge (in the social world) as an external reality that exists independent of our awareness of it (we cannot see or sense it directly), is directly knowable and causes our personal experiences (Robson, 2008). However, it also offers an anti-positivist view of science whereby causal explanations (mechanisms) are more important than mere observations (describing what is observed) and qualitative approaches are employed to offer some insight into the social context of which explanations exists.

Thus, it is not enough to prove that a particular programme works. An enhanced understanding will involve seeking out the reasons why the programme works.

The key question from a realist perspective is:

How do certain causal mechanisms (such as those found in TaMHS) operating in particular circumstances (such as conditions in families and schools) create certain changes (outcomes: parental engagement or no parental engagement)?
Thus, the focus is on analysing causal mechanisms that interact within the environment (context) in addition to the power of the mechanism to generate an outcome (Outhwaite, 1987).

Causal mechanisms operate within constraining or enabling social contexts and thus, it is important to understand how the context affects the operation of a mechanism in obtaining a particular outcome.

The realist perspective is elaborated by Pawson and Tilley (1997) via their concept of Realistic Evaluation. The present study uses this methodology in order to investigate what helps or hinders parental engagement with the TaMHS project. It considers the complexity of the interactions between mechanisms and the social context to explain why a particular outcome occurred under certain circumstances (Pawson and Tilley, 1997; Pawson, 2002).

This approach was deemed most appropriate for this study for the following reasons:

1. Some parents did engage with the TaMHS project and some did not and so the purpose of the present study was to understand the reasons why the project enabled the engagement of some parents but hindered others;
2. The study would take place within a complex open social system;

3. The study sought to obtain the views of some of the stakeholders with regards to understanding the ‘how’ and ‘why’ TaMHS worked to engage or not engage parents (emancipatory);

The following section will examine this methodological approach in more detail.

3.1 Realistic Evaluation

The focus of previous evaluative research has been only concerned with ‘outcomes’, RE examines aspects of mechanisms and contexts that produce specific outcomes. Contexts, Mechanisms and Outcomes are defined as follows:

- **Context** – the settings within which programmes are placed or factors outside the control of programme designers (Timmins and Miller, 2007, p.10) that may facilitate or hinder firing of mechanisms;

- **Mechanisms** – the things people working within the programme do or manipulate to produce the desired outcome (Timmins and Miller, 2007, p.10);

- **Outcomes** – benefits of a programme.
From this epistemological position, explanations are constructed in terms of ‘mechanisms’ (these may or may not be sensed directly) and their link to ‘outcomes’.

Realist explanations argue that observed outcomes arise as a result of mechanisms that have been triggered within a context. However, the outcome depends on the circumstance (context) by which a mechanism has been activated. Thus, it is the context (or circumstance) which provides the ideal condition by which to trigger the mechanism to obtain a specific outcome. Realists search for mechanisms in operation in a programme and consider the context that activate them.

This causal explanation follows the principles of general causation and argues that outcomes are generated by specific contexts and mechanisms (figure 5).
An action is causal only if... its outcome is triggered by mechanisms acting in context.

Figure 5 Generative causation (Pawson and Tilley, 1997)

Pawson and Tilley (1997) suggest that these elements (context, mechanism and outcome) are related in the following pseudo equation:

Context + Mechanism = Outcome

These are conceptualized as CMO configurations.

Realistic evaluation follows a similar cycle of basic logic as found for any other social science enquiry (figure 6).
However, RE differs in content as illustrated in the realist evaluation cycle (figure 7).
In realistic evaluation, the researcher will first try to develop a programme theory in terms of CMO configurations. These will be based on a review of relevant literature and expert and practitioner knowledge in an attempt to understand why a programme works in a particular setting. An initial Programme Specification can be generated by putting the programme theory that has been developed to those involved in the programme (participants) to refine the theory in terms of assumed Contexts, Mechanisms and Outcomes in the programme.

Hypotheses are derived from the initial Programme Specification to enable the researcher to ‘check out’ what might be producing the changes (such as the strategies being used and the impact of these strategies on the outcomes achieved) and the social and cultural resources that can sustain them. In the present study, the programme theory was developed from a review of literature in addition to information obtained from a research diary (a record of information offered by TaMHS team).

This then leads the researcher to match the method of data collection to the hypotheses being investigated.

the choice of method has to be carefully tailored to the exact form of hypotheses developed earlier in the cycle (Pawson and Tilley, 1997, p.85)
Because Realistic Evaluation takes a holistic view to understanding what works, it lends itself to using a multi-method approach that facilitates both quantitative and qualitative methods if necessary and appropriate to the investigation. Furthermore, because Realistic Evaluation is concerned with ‘checking out’ developed theories based on CMO configurations, it does not necessarily require all the stakeholders involved in a programme or a large sample size.

Unlike the wheel of science, the realist evaluation cycle seeks to modify the CMO configurations from its findings which may be used to inform replications of the programme in other settings. RE does not seek a law of generalization for research that is situated in time and place.

The cycle leads back to theory where the knowledge ascertained through the inquiry leads to a clearer Programme Specification. Thus, the CMO configurations may be revised and the cycle continued in a process of evaluation.

3.2 Appropriateness of RE to the present study

It is worthy of note that the TaMHS project in the Local Authority for the present study had not planned specific strategies to engage parents (particularly those who may have
viewed the term ‘mental health’ negatively). At the onset of this study, TaMHS was up and running and thus, although the desired outcome was known by the school and the TaMHS team (that is parental engagement) specific mechanisms had not been put in place. Thus, the purpose of this study was to identify possible mechanisms and the contexts that facilitated or hindered success of the mechanisms in the programme.

In the present study RE enabled those involved with the programme (parents and teachers) to present their views as to what works for whom under what circumstances in TaMHS to engage parents (Pawson and Tilley, 1997).

In the TaMHS project, staff reported that some parents did not engage with TaMHS. They attributed this lack of engagement to parents’ negative perception of the term ‘mental health’. This was the view from teachers. However, I wanted to establish whether this view was true from the perspective of parents directly. The aim of the present study was to understand what was happening to enable or constrain parental engagement in the project. Language was suggested to be a significant factor in the present study. However, the use of the term mental health did not deter all parents from engaging with TaMHS.
RE helped me to find out what the mechanisms were in TaMHS that worked to engage parents. Furthermore, it enabled me to utilise a qualitative approach to gain an enhanced understanding about the social conditions that activated mechanisms and thus could offer an explanation for why a mechanism may enable parental engagement for some parents but constrain parental engagement for others.

RE also enabled me to identify the context a mechanism needed to operate within in order to result in parental engagement. In this way outcomes from this study could be generalised to other TaMHS projects who sought to understand the ideal conditions for particular mechanisms to obtain parental engagement.

In addition, TaMHS exists in an open-system (a world which cannot be ‘sealed from external influences’ (Robson, 2008; p.40)). Thus, it is open to intrinsic and extrinsic factors that cannot be controlled to obtain some regularity. RE considers this conjunction through its use of the CMO configuration which acknowledges that the ideas programmes are based on are situated in time and place.

In the development of a Programme Theory (Pawson and Tilley, 1997), I identified factors likely to help or hinder parental engagement from the review of literature and also from informal
discussions with stakeholders (TaMHS team and teachers) noted in a research diary. The results from this were then used to construct the Programme Theory with regards to what helped and what hindered parental engagement.

3.3 Method: The semi-structured and a realistic interview strategy

In one way or another, in order to get their data, evaluation researchers usually end up talking to people (Pawson and Tilley, 1997, p. 153)

Pawson and Tilley (1997) suggest that in ‘real research’ semi-structured interviews are the method of choice for gathering evaluation data. Due to the fact that RE seeks information that validates context, mechanisms and outcomes (which define how a programme works), is concerned with understanding the reasoning, resources, and social and cultural conditions believed to sustain change, this approach covers processes as well as outcomes in terms of the information to be collected. For this reason, a ‘semi-structured, multi-method approach’ is warranted (Pawson and Tilley, 1997, p.154).

Semi-structured interviews are frequently used in qualitative studies and are a particularly valuable tool when conducting research with a small sample as it allows a researcher the flexibility to explore in greater depth the meanings conveyed by
an individual. In the present study, the choice of terminology used was suggested to influence parental engagement with the project. Thus, interviewing could enable participants to provide an explanation of how they viewed the term mental health, the meaning they associated with it and how this influenced their reasoning. A semi-structured interview can explore the way individuals have organised their inner world, their thoughts about what is happening, their experiences and basic perceptions (Patton, 1990).

Semi-structured interviews utilise a script of predetermined questions to guide the discussion between the interviewer and the interviewee. However, questions that appear irrelevant for the person being interviewed may be omitted or questions added (Robson, 2008). This method allows the researcher to skilfully prompt and probe using questions aimed to ‘suggest to the interviewee the range or set of possible answers that the interviewer expects’ (prompts) and ‘to get interviewees to expand on a response when intuit that they have more to give’ (probe) (Robson, 2008, p.276). In this way the researcher may be able to ascertain a deeper understanding about their thought processes.

Semi-structured interviews used in realistic interviewing, unlike other methods that follow the wheel of science tradition (that is
where theories and hypotheses lead to observations which produce empirical generalizations), are ‘theory-driven’ and so ‘the researcher’s theory is the subject matter of the interview, and the subject (stakeholder) is there to confirm, to falsify and, above all, to refine that theory’ (Pawson and Tilley, 1997, p.155).

The realistic interview involves two processes:

1. The teacher-learner function
2. The conceptual refinement process

**The teacher-learner function:** Pawson and Tilley (1997) suggest that in the process of interviewing, the interviewee will be silently trying to make sense of what they think the researcher is seeking. They suggest that in the realistic interview, this should be made transparent by ensuring that the interviewer understands the concepts being discussed. The role played by the researcher is an ‘active’ one whereby the researcher teaches ‘the overall conceptual structure of the investigation to the subject’ (p.167). This is done by sharing with the interviewee the researcher’s theory of what part of the programme they think works best for whom in what circumstances (Pawson and Tilley, 1997). In the present study, the theories are presented as
statements following the CMO configuration for the respondents to ‘confirm or falsify’.

The conceptual refinement process: For this part of the interview, ‘respondents deliver their thoughts on their own thinking in the context of, and (perhaps) as a correction to, the researcher’s own theory’ (Pawson and Tilley, 1997, p.168). In the present study, the interviewees were presented with the programme theory (broken down into smaller individual theories) conceptualized as CMO configuration (appendix 2 and 3) and asked ‘Does this fit with your experience of TaMHS? Do you agree or disagree with this statement?’. The theories were carefully worded and included examples taken from the TaMHS project (for example, workshops in Promoting Positive Behaviour). One sheet had the first part of the statement which presented the Context and the Outcome. Two versions were presented (1. helps; 2. hinders):

1: Parents who have a negative perception of the term ‘mental health’ still choose to engage with the TaMHS project when...

2: Parents who have a negative perception of the term ‘mental health’ do not engage with the TaMHS project when...
On presentation of the context and outcome sheet (appendix 2 and 3) each statement representing the mechanism (appendix 4 and 5) was presented in turn and discussed. There were five mechanisms for what ‘helps’ (appendix 4) and four for what ‘hinders’ (appendix 5). What ‘helps’ was explored before presenting the statements for what ‘hinders’ to each participant.

For each statement, interviewees were asked to explain and clarify their thinking for the researcher using explanatory cues such as ‘What do you mean by that?’, ‘When would/has that happen?’, ‘Who would/has that happened to?’, ‘For whom/in what circumstances would that work?’, ‘Are you saying that...’, and ‘Do you say that because...’. Explanatory prompts within the interview enable a ‘real condition for mutual understanding to emerge’ (Pawson and Tilley, 1997, p.168).

3.4 Ethical considerations

Interviews were all recorded using a Dictaphone and transcribed. Informed consent was obtained through an information and consent sheet (appendix 6). For details of how this study met ethical code of practice refer to appendix 7.

Copies of the informed consent and information sheets were forwarded to schools in the post and via email attachment (no
names included). There was a form for the teacher and a form for parents. The names of parents were not forwarded to me unless they volunteered to be interviewed and forwarded a completed consent form back to the researcher. Those parents who volunteered to be interviewed were contacted by telephone to arrange a convenient time and place for the interview.

Copies of the forms were brought with the researcher to interview whereby the form was read to the participants and any questions answered. No details of parents were held by the researcher.

In terms of confidentiality, schools were informed that the researcher could not tell them of other schools who had chosen to be involved in the study. However, schools were advised to maintain confidentiality in terms of their own and parents’ involvement.

3.5 Participants and recruitment

All nine TaMHS lead teachers were contacted via email to invite them to be interviewed for the present study. The information and consent sheet was forwarded to TaMHS teachers as an attachment.

Each TaMHS lead teacher was asked to select two parents whose children were identified as a cause for concern by their class
teacher or form tutor. They were asked to select fathers as well as mothers if possible.

It is noteworthy to mention that because the TaMHS lead selected the parents to be interviewed these parents may view the school favourably. Thus, this poses some threat to validity due to bias in favour of the ideas and opportunities presented in TaMHS. However, the statements were presented in a way to encourage participants to consider evidence of the theory from their experience of TaMHS. Also, it is worthy of note that the parents who I did interview were those that were willing to share their views and that those parents who had a strong fear of the term ‘mental health’ either refused to volunteer to be interviewed or the school did not approach them for fear that they would pull their child out of the interventions happening in the school. Hence, I may only have obtained one side of a story and not managed to understand how particular mechanisms have worked where parents’ have a negative perception and fear of the term ‘mental health’.

Schools were very reluctant to contact parents about TaMHS for my research and some refrained from using the term ‘mental health’ altogether. The impact of this on my study meant that the time lapse for collection of data, analysis and write up of the
research was short. At one point, I felt that the whole work was jeopardised when schools told me in September (2010) that they had still not told parents about TaMHS and so had not forwarded any of my information and consent sheets.

Schools were very protective of their parents and did not want to risk parents withdrawing their child from being involved in the TaMHS project because of the term ‘mental health’. One head teacher told me that she had not sent out my first information and consent form because it had the term ‘mental health’ in the title. Eventually, however, two TaMHS Lead teachers agreed to be interviewed and four parents (all mothers).

The language used functioned to influence how schools responded to my request for participants for the present study. It impacted on my chances of obtaining participants and on the participants that were eventually obtained. Schools also felt that the language I used to inform them and parents of the present study (using the term mental health) jeopardised or threatened their continued work with parents and children. This indicates the power of language as it can enable or disable research particularly research around mental health.

The timeline below reveals the timescale for the present study.
Figure 8. Timeline for research study.

September 2009
Research negotiation and broad area for research agreed with Service

October 2009
Emailed informed consent to schools for their involvement

November 2009

February 2010
Research proposal draft

January 2010
Schools contacted to discuss research.
Schools have not begun TaMHS.

December 2009

March 2010
Schools contacted but schools have not told parents about TaMHS. They say they will have told parents in September.

April 2010

May 2010

June 2010

August 2010

July 2010
Ethical Approval Parent Letters sent out to TaMHS schools

September 2010
Contacted schools. However, parents are still not aware of TaMHS project.

October 2010
Contacted schools. Revised information and consent sheets provided.

November 2010
Senior EP mentions research to TaMHS lead at a project meeting. Additional information given out.

December 2010
Revised Ethics submitted. Schools contacted. Date set in new year to interview two teachers and four parents.

January 2011
Ethic approval

February 2011
Data gathering.
3.6 Procedure of the present study

The interviews were conducted over a period of three weeks. The interviews were either conducted at the school, at the participants home or at the participants work place (this was arranged at the participants’ convenience).

On meeting participants I introduced myself and read to them the information and consent sheet (appendix 6) to ensure they understood the purpose for the study and their rights to withdraw.

Following this, I read a description to give participants some understanding as to why I would be interviewing them, what was expected of them in the process of the interview and what I hoped to achieve (appendix 8).

Following this, I then showed participants the prompts I would be using to begin their thinking about the responses they would give to the statements presented (appendix 9). These prompts were not used to measure participant response.

I then proceeded to present participants with the context and outcome sheet for what ‘helps’ parental engagement (appendix 2) followed by presenting one of the ‘mechanism’ sheets (appendix 4) that completed the statement. After discussing the statement the
context and outcome sheet remained and was read again but with a new ‘mechanism’ to complete the statement.

This procedure was followed for the ‘hinders’ phase of the interview.

At the end of the interview participants were debriefed informing them that what I was trying to understand was what they felt either helped or hindered parents from engaging with TaMHS. Participants were invited to ask any questions they may have. There were no questions.

The interviews took between 45 minutes to one hour and were recorded subject to participants consent. All participants agreed to be recorded. Following interviews, reflective commentary on the interview was made in a research diary and interviews were transcribed immediately following the interview (either on the same day or the day after).

3.7 Method(s) of data analysis: Theory - driven thematic analysis

The present study has drawn upon the application of qualitative data collection (interviews) with the purpose of investigating the causal mechanisms within a social context and its relationship to a particular outcome. Qualitative analysis can enable me to identify the ideas and reasons why a particular
programme has ‘helped’ or ‘hindered’ parental engagement. This information can then be used to inform future planning of TaMHS projects.

Miles and Huberman (1994) claim that qualitative analysis is a powerful method for assessing causality.

Qualitative analysis, with its close-up look, can identify mechanisms, going beyond sheer association. It is unrelentingly local, and deals with the complex network of events and processes in a situation. It can sort out the temporal dimension, showing clearly what preceded what, either through direct observation or retrospection. It is well equipped to cycle back and forth between variables and processes – showing that ‘stories’ are not capricious, but include underlying variables, and that variables are not disembodied, but have connections over time. (Miles and Huberman, 1994, p.147)

There are different approaches to qualitative analysis. A common approach to qualitative analysis is ‘Thematic analysis’ (Braun and Clarke, 2006). This approach involves sorting information gathered into emerging themes.

Thematic analysis, as its name suggests, involves identifying particular themes which occur in the material which is being studied. Those themes may emerge from the data as they are analysed, taking the form of recurrent statements, attributions or assumptions which people make. (Hayes, 2007,p.171)

The stages of thematic analysis are presented in table 2:
Table 2. Stages of thematic analysis

1. Prepare data for analysis- transcribe interviews or notes.
2. Read through each interview, noting items of interest.
3. Sort items of interest into proto-themes.
4. Examine proto-themes and attempt an initial definition.
5. Take each theme separately and re-examine each transcript carefully for relevant material for that theme.
6. Using all of the material relating to each theme, construct each theme’s final form: name, definition and supporting data.
7. Select the relevant illustrative data for the reporting of the theme.

(taken from Hayes, 2007,p.178)

Alternatively, theory-driven thematic analysis is a theory-driven analytic approach that utilises pre-determined themes as opposed to themes that emerge from several readings of the data. This approach is best suited to research whereby the researcher has a theoretical interest following ‘engagement with the literature prior to analysis’ (Braun and Clarke, 2006,p.86). The approach for the present study employed a theory-driven thematic analysis of the data.
The present study utilised realistic interview whereby ‘the researcher’s theory is the subject matter of the interview’ (Pawson and Tilley, 1997, p.155). Subsequently, the purpose of the analysis was to identify the themes that answered the question ‘what works for whom in what circumstances’ (Pawson and Tilley, 1997, p.161). Thus, the focus of my analysis was concerned with identifying what participants said were the contexts and mechanisms operating that resulted in a particular outcome (parental engagement or no parental engagement). Hence, the interview was theory-driven.

Theory-driven thematic analysis as the name suggests, is driven by theory and the process begins by identifying the theoretical themes being applied in the analysis (figure 9).
The process begins with a theory that is used to make a prediction (or hypothesis). The broad and general themes emerge from the prediction.

The stages in theory-driven thematic analysis are described in table 3.

Table 3. Stages of theory-driven thematic analysis

1. Identify the theoretical themes being applied in the analysis
2. Prepare data - transcribe tapes from interviews
3. Take each theme separately and re-examine each transcript
carefully for relevant material for that theme noting all of
the items which relate to that theme.

4. Take each theme and its items and sort through looking at
the meanings and implications of what people said with
regard to that theme (as it is a prediction that was made
this process is concerned with finding ‘how far the research
outcomes support or challenge the predictions’ (Hayes,
2007,p.180)

(Abridged from Hayes, 2007)

For the present study, the process began as presented in figure

10

Figure 10. An example of the beginning process in theory - driven
thematic analysis for RE
The individual theories derived from the programme theory were predictions (or hypothesis) to be tested.

The stages of thematic analysis then follows on similarly to the stages presented in table 3 but the themes (or categories) highlighted and annotated in the transcripts are contexts and mechanisms (table 4).

Table 4. Stages of theory - driven thematic analysis taken in realistic evaluation

1. Identify programme theory and derived individual theories. Identifying contexts and mechanisms are the theoretical themes being applied in the analysis

2. Prepare data - transcribe tapes from interviews

3. Take each theme separately (context and mechanism) and re-examine each transcript carefully for relevant material for that theme (context or mechanism) highlighting and annotating the transcript for all of the items which relate to that theme (or category).

4. Take each individual theory related to the themes (context and mechanism) highlighted from transcripts of interviews to find 'how far the research outcomes [what parents said] support[ed] or challeng[ed] [or modified] the predictions
3.8 Steps taken to address threats to reliability and validity

Healy and Perry (2000) suggest that the quality of qualitative studies which follow a realism paradigm can be judged using six comprehensive criteria. This section defines each criterion and discusses the way in which it was applied to the present study.

1. Ontological appropriateness (the investigation of a world of complex social phenomena involving reflective people);

Ontological appropriateness: The study seeks to understand the ‘how’ and ‘why’ parents do or do not engage with the TaMHS project. It considers the perceptions of parents and teachers in schools and their relationships. In this way, the research problem is dealing with complex social phenomena that involves’ reflective participants.

2. Contingent validity (validity about generative mechanisms and contexts that make them contingent);

Contingent validity: This study considered any emerging contexts from the data as outcomes that are contingent on its environment (Healy and Perry, 2000). To do this, each question was summarised in separate tables (Chapter 4 Results) to show the
contexts and mechanisms operating in the particular reality presented.

3. Multiple perceptions of participants and of peer researchers (the multiple perceptions of a single reality);

Multiple perceptions of participants and of peer researchers: In depth interviews were conducted to ascertain the perceptions of four parents and two teachers (reflective participants) in terms of nine single theories (five for what helps parental engagement and four for what hinders parental engagement). In this way, a participant’s perception was triangulated against other perceptions. Pawson and Tilley (1997) consider that realism research seeks a ‘family of answers’ that cover several contingent contexts and different reflective participants, albeit imperfectly and probabilistically apprehensible. For each theory presented to the participant, only the mechanism changed. This was then followed by explanatory cues such as ‘why’ questions and thus, enabled a form of triangulation to gain a better all-round understanding of what participants understood was happening.

4. Methodological trustworthiness (‘the extent to which the research can be audited by developing a case study
database and by the use of quotations in the written report’ (Healy and Perry, 2000, p.123);

Methodological trustworthiness: The interviews were structured with the same theories being presented to each participant on a sheet (Silverman, 1993) (appendix 2, 3, 4 and 5). A sample of one transcript can be found in appendix 10. Within the results section where the findings are summarised, I have included tables to summarise the data collected and quotations taken directly from the transcripts in a narrative summary for each table. In the methods section, a detailed description of the procedure of the study and steps taken to avoid bias are presented.

5. Analytic generalisation (that is, theory-building);

Analytic generalisation/theory-building: I built an initial programme theory from a review of literature and research field notes in which the data collected from the interviews would confirm or disconfirm (Miles and Hubberman, 1994) this initial theory. An analysis of the data collected provided a final theory that was framed in Context, Mechanisms and Outcomes to explain how TaMHS worked to engage or not engage parents. Hence, this could be utilised to inform the planning of a TaMHS programme in which parental engagement is warranted and evaluated in future research.
6. Construct validity (‘refers to how well information about the constructs in the theory being built are measured in the research’ (Healy and Perry, 2000, p.124).

Construct validity: As already mentioned above, the Programme Theory derived from a review of literature and research field notes with particular consideration of what was said to hinder and what was said to help parental involvement/engagement in schools. All participants were presented with the same theories. Interview transcripts were highlighted and annotated for contexts and mechanisms. I worked through each transcript four times to ensure some level of consistency. A research diary was maintained throughout the course of this study in addition to the use of triangulation mentioned above. However, being a sole researcher annotating the data collected may threaten the inter-rater reliability in the analysis of responses (Silverman, 1993).

3.9 Other considerations

I have no connection with the TaMHS project. However, I do believe that parents should be involved but I have tried to ensure that this did not influence my collection and analysis of data.
Yin (1994) suggests that a possible response bias may occur in using an interview method. There is the risk of respondents giving answers they think the interviewer wants to hear. In addition, bias may also develop due to poorly constructed questions. To overcome these two potential difficulties, the risk of a response bias from the participants was reduced by stressing that the information provided would be confidential and that their honesty was helpful and appreciated. This may not completely address the threat to validity of biased responses but aimed to increase the participants’ awareness that authentic answers are essential.

For the second threat to validity (poorly constructed statements) the interview format was discussed with the research supervisor and a pilot test (one parent unrelated to the project) was conducted to check for appropriate and well constructed statements with minor alterations made to address statements that were considered ambiguous.

This study considers a single project with a small sample size. However, the intention was not to establish something that can be generalised to the total population. Rather, this study utilised a qualitative approach to ‘develop a true understanding of what is going on’ (Hayes, 2007, p.169). In this way, the information
obtained was unique to each participant and therefore, would be difficult to replicate. However, the outcomes of this study could be beneficial to the planning, implementation and evaluation of another ‘mental health’ promoting project in school (such as TaMHS) where parental engagement is sought. Hence, this study has relative validity as opposed to reliability.

The TaMHS project was a very new national initiative at the start of the study. Subsequently, the needs of the TaMHS project team shaped the methodology rather than previous studies in this area. Being the ‘first’ study of its kind whereby parental engagement in the TaMHS project is considered, it may suffer low reliability. A way to reduce the impact of this threat to the ‘trustworthiness’ of the study was to make sure that it had good validity (as discussed above).

Hence, the validity of this study is relatively good. However, its reliability is less secure.

3.10 Concluding comments

In conclusion, the realistic evaluation approach enabled an investigation that went beyond simply measuring whether parents engaged or not in TaMHS to an understanding as to why parents did or did not engage with TaMHS. Using a qualitative approach to
data gathering and analysis enabled me to investigate the social conditions (contexts) in which mechanisms were activated to produce a particular outcome related to parental engagement. Thus, this approach is appropriate as it allows for an enhanced understanding of the enabling and prevailing social conditions (contexts) of which mechanisms are set within, which may influence parental choice to engage with TaMHS.
Chapter 4

Results
4 Results

The aim of this study is to address the following research questions:

- What ‘helped’ and what ‘hindered’ the engagement of parents who had a negative perception of mental health?
- Why did it ‘help’ or ‘hinder’ parental engagement?

This chapter begins with the presentation of results for what was found to ‘help’ parental engagement in the TaMHS project before reporting outcomes for what was found to ‘hinder’ parental engagement.

Figures 10 and 11 present the initial programme theory which was broken down into ‘individual programme theories’ (five for what ‘helps’ and four for what ‘hinders’). Pawson and Tilley (1997) refer to what I term ‘individual programme theories’ as ‘hypotheses’. They suggest that these hypotheses enable the researcher to ‘identify what it is about the measure which might produce change,…’ (Pawson and Tilley, p. 85). However, I used the term ‘theory’ as opposed to ‘hypotheses’ with parents and practitioners as I felt this term was more accessible to them.

The ‘individual programme theories’ are stated as they were presented to each participant. Participant responses, following
a discussion of the theory, are summarized as contexts, mechanisms and outcomes and are presented following the CMO configuration in a table of participant views.

The definition of Contexts and Mechanisms followed for my study come from Timmins and Miller (2007) who state:

Contexts are the settings within which programmes are placed or factors outside the control of programme designers (people’s motivation, organizational contexts or structures). Mechanisms are the things people working within the programme do or manipulate to produce the desired outcomes. (p.10)

Where participant comments were not related or relevant to the individual programme theory presented there was no response for that participant included in the table.

Text in italics in the table support the individual programme theory.
4.1 What ‘helps’ parental engagement

4.2 Theory 1

Theory 1: Parents who had a negative perception of the term ‘mental health’ (C) still chose to engage with the TaMHS project (O) when:

The project communicated to parents about the positive work they did (M)
### Table 5: Parents’ views

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanisms</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1 Parent had first hand experience of mental health difficulties and did not want her son going through the same experiences and thus was willing to accept any help. Parent had a positive perception of mental health.</td>
<td>TaMHS communicated to parents about the positive work that they would be doing.</td>
<td>Parental engagement in TaMHS</td>
</tr>
<tr>
<td>P2 Parent had a negative perception of the term ‘mental health’ and/or wanted things to be better for their child and sought a positive outcome as opposed to a negative outcome.</td>
<td>TaMHS communicated to parents about the positive work that they would be doing.</td>
<td>Parental engagement in TaMHS</td>
</tr>
<tr>
<td>P3 Parent worked in school and had a positive view of mental health.</td>
<td>TaMHS communicated to parents about the positive work that they would be doing.</td>
<td>Parental engagement in TaMHS</td>
</tr>
</tbody>
</table>

### Table 6: Teachers’ views

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanisms</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1 TaMHS school where parents do not know TaMHS is associated with ‘mental health’. School stressed the positive aspects of TaMHS and did not reveal its link to ‘mental health’. Project referred to as ‘TaMHS’ and as a beneficial intervention for children.</td>
<td>Parental engagement in TaMHS</td>
<td></td>
</tr>
</tbody>
</table>
4.3 Theory 2

Theory 2: Parents who had a negative perception of the term 'mental health' (C) still chose to engage with the TaMHS project (O) when:

The school did not use the term 'mental health' in their discussions with parents (M)

Table 7: Parents’ views

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanisms</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1: Parent had a positive perception of mental health and there was a good relationship between parent and staff</td>
<td>The school used and explained the term mental health positively to parent and was transparent</td>
<td>Parental engagement in TaMHS</td>
</tr>
<tr>
<td>P2: Parent had experience working in a ‘mental health’ environment</td>
<td>She used the terms ‘problem’, ‘anxiety issue’ or ‘stress issue’ with school</td>
<td>Parental engagement in TaMHS</td>
</tr>
<tr>
<td>P4: Parent did not like the</td>
<td>School did not use term</td>
<td>No Parental</td>
</tr>
</tbody>
</table>
term mental health. However, she was willing to do anything to address her child’s problems. However, school did not invite her to engage with TaMHS.

P3 had no direct experience of this mechanism and thus there was no comment relevant to this theory to report.

**Table 8: Teachers’ views**

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanisms</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1 TaMHS school where parents did not know about TaMHS</td>
<td>School did not use the term ‘mental health’ when talking with parents</td>
<td>Parental engagement in TaMHS</td>
</tr>
<tr>
<td>T2 TaMHS school that had supportive parents</td>
<td>School used the term ‘mental health’ and also reassured parents that their child was not going to be labelled or perceived as ‘mentally ill’</td>
<td>Parental engagement in TaMHS</td>
</tr>
</tbody>
</table>

Although the outcome is the same for both schools (parental engagement in TaMHS) the mechanisms and context differ between them.

T1 states that the theory meets with her experience (school did not use term ‘mental health’ and parents therefore engaged). She commented that parent consent for children’s involvement was
obtained via a school newsletter which did not use the term ‘mental health’.

T2 states that parent perceptions of ‘mental health’ may have changed in terms of ‘trusting’ that their child was not ‘perceived as mentally ill’ (line 367). Thus, how their child was viewed was the important factor and not parents view about the term ‘mental health’. Furthermore, these parents were described as ‘supportive’.

‘in terms of their child they felt safe and reassured that their child was ok and they weren’t ... being labelled exactly or anything like that’ (lines 400-403).

4.4 Theory 3

Theory 3: Parents who had a negative perception of the term ‘mental health’ (C) still chose to engage with the TaMHS project (O) when:

- The term ‘mental health’ did not appear in any correspondences that parents received (M)

**Table 9: Parents’ views**

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanisms</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>P2 Parent associated the term mental health with stigma</td>
<td>The term ‘mental health’ did not appear in any correspondences that parents received</td>
<td>Parental engagement in TaMHS</td>
</tr>
</tbody>
</table>
Only one parent made specific comment in relation to the theory. However, P4 commented that school used the term ‘TaMHS’ in letters. This parent did not like the term ‘mental health’ but was not made aware of the TaMHS project in her child’s school.

Table 10: Teachers’ views

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanisms</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1 TaMHS school parents held a negative perception of mental health</td>
<td>School did not use the term ‘mental health’ in any correspondence. The term was used rarely.</td>
<td>Parental engagement in TaMHS</td>
</tr>
<tr>
<td>T2 TaMHS school parents held a negative perception of mental health</td>
<td>School used the term ‘mental health’ in all correspondence. The term was ‘dressed up’ using terms such as ‘self-esteem’ and ‘self-belief’. School used the term TaMHS and explained what TaMHS meant to parents.</td>
<td>Parental engagement in TaMHS</td>
</tr>
</tbody>
</table>

Although both schools had the same outcome within the same context, the mechanisms differed. For T1, the term ‘mental health’ was very rarely used. However, for T2, the term was used but ‘dressed up’ and explained to parents.
4.5 Theory 4

Theory 4: Parents who had a negative perception of the term 'mental health' (C) still chose to engage with the TaMHS project (O) when:

The staff at school had a positive view of mental health (C) as a result of the training they had received (M)

From my research diary, it was noted that all TaMHS school staff had received training. However, this was not something parents would have been aware of. Therefore I have only reported teacher views for this theory.

Table 11: Teachers’ views

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanisms</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1</td>
<td>TaMHS training was offered to staff</td>
<td>Parental engagement in TaMHS</td>
</tr>
<tr>
<td>T1 School had staff who were trusted by parents and where many things were offered to support parents/pupils</td>
<td></td>
<td></td>
</tr>
<tr>
<td>T2 TaMHS school teacher and support staff had a good understanding of mental health and were confident</td>
<td>TaMHS offered whole school training and staff talked openly with parents about ‘mental health’</td>
<td>Parental engagement in TaMHS</td>
</tr>
</tbody>
</table>

For both T1 and T2, the outcome was parental engagement and in both schools teachers had received training from TaMHS. T2
suggested that the training enabled staff to communicate confidently with parents about mental health. However, T1 suggested that the trusting relationship parents had with the staff impacted on parental engagement. It is possible that as a result of the training teachers received their understanding of mental health was better and this may supported the relationship parents and with teachers and subsequently an increased confidence for T1 staff.

It is possible that the training teachers received may have supported this trusting relationship as teachers would have had a better understanding of mental health and subsequently an increased confidence for T1 staff.

4.6 Theory 5

Theory 5: Parents who had a negative perception of the term ‘mental health’ (C) still chose to engage with the TaMHS project (O) when:

TaMHS offered workshops on ‘Promoting Positive Behaviour’ (M)

Table 12: Parents’ views

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanisms</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>Parent believed that to change her child’s behaviour she needed to</td>
<td>TaMHS offered a workshop entitled: ‘Promoting Positive Behaviour’</td>
</tr>
</tbody>
</table>
change aspects of her own behaviour

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>P2</td>
<td>Parent was comfortable with the term ‘mental health’ because she disassociated it with her own/her child’s circumstances but she sometimes felt isolated and unaware that there were other parents in a similar position to herself</td>
</tr>
<tr>
<td></td>
<td>TaMHS offered a workshop on ‘Promoting Positive Behaviour’</td>
</tr>
<tr>
<td></td>
<td>Parental engagement in TaMHS</td>
</tr>
<tr>
<td>P4</td>
<td>Parent did not like the term mental health and was a working mum</td>
</tr>
<tr>
<td></td>
<td>TaMHS offer of a workshop on ‘Promoting Positive Behaviour’ was not communicated to parent</td>
</tr>
<tr>
<td></td>
<td>No parental engagement in TaMHS</td>
</tr>
</tbody>
</table>

In this theory, the workshop was set as a mechanism as opposed to being a context because in this theory I am suggesting that the workshop is what ‘people working within the programme do or manipulate to produce the desired outcome’ (Timmins and Miller, 2007,p.10).

P1 felt that the wording used in the title of the workshop (Promoting Positive Behaviour) hindered its ‘selling’ potential to parents. She told me that although she attended the workshop, she was disappointed with its content and felt she did not get anything from it. Her suggestions for ways forward are presented in table 22.
P2 agreed with the theory (5). However, she perceived her child’s difficulties as not ‘a serious problem in behavioural or anything like that.’ (lines 92-93). Thus, the term ‘mental health’ did not make her uncomfortable. She stated, ‘I know my child’s not mental...’ (line 94).

P4, although a working mother and uncomfortable with the term ‘mental health’, was keen to engage with the TaMHS project. However, the mechanism (not communicating to parents about the workshop) hindered her engagement.

**Table 13: Teachers’ views**

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanisms</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1</td>
<td>Workshop offered by TaMHS happened during the afternoon in another school</td>
<td>No parental engagement in TaMHS</td>
</tr>
<tr>
<td>T2</td>
<td>School explained to parents what ‘mental health’ was, what the project/intervention was about and that their child was not viewed as ‘ill’. School provided lots of support, comfort and reassurance to parents.</td>
<td>Parental engagement in TaMHS</td>
</tr>
</tbody>
</table>

118
Where parents did not engage (T1), the workshop was offered during the afternoon in another school which had implications for parents who worked or would require transport to attend. However, the provision of ‘explanation’ and reassurance for parents (T2) enabled them to engage with TaMHS.

4.7 What ‘hinders’ parental engagement

Figure 12. Programme Theory for what ‘hinders’ parental engagement
4.8 Theory 1

Theory 1: Parents who had a negative perception of the term 'mental health' (C) did not engage with the TaMHS project (O) when:

The school assumed that parents were not interested or able to promote their child’s 'mental health' (M)

Table 14: Parents’ views

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>P4</td>
<td>School assumed parent was addressing their child’s issues outside of school</td>
<td>No parental engagement in TaMHS</td>
</tr>
</tbody>
</table>

For the remaining three parents, their child’s school did not ‘assume’ they (parents) were not interested and thus there was no comment relevant to this theory to report.

Table 15: Teachers’ views

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanisms</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1</td>
<td>School did not assume a lack of parental interest in mental health, or that parents were unable to promote their child’s 'mental health'.</td>
<td>Parental engagement in TaMHS</td>
</tr>
<tr>
<td>T2</td>
<td>School did not presume that parents were not able to</td>
<td>Parental engagement in</td>
</tr>
</tbody>
</table>
parents understand that the school was there for the ‘whole’ child promote their child’s mental health or were not interested in doing so TaMHS

T1 described their schools positive approach as:

‘to stress the benefits and not to talk about it is mental health’ (lines 384-385)

With regards to the school ethos, T2 commented:

‘whilst the term mental health did frighten a lot of our parents we do have that ethos here, erm...we’ve always done nurture groups and things like...so it certainly made putting all these things easier...’ (lines 521-524)

For both schools, there was a positive outcome (parental engagement in TaMHS) subsequent to the mechanism (not making negative assumptions) acting within the described context.

4.9 Theory 2

Theory 2: Parents who had a negative perception of the term ‘mental health’ (C) did not engage with the TaMHS project (O) when:

The activities happened during the day (M)

Table 16: Parents’ views

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>The activities offered happened during the day in school and teachers would reassure worried parents when asked to come into school.</td>
<td>Parental engagement in TaMHS</td>
</tr>
</tbody>
</table>

P1 Parent’s child had difficulties at school and she found invites into school ‘daunting’. She was concerned that
Comments from parents (1, 2 and 4) contradict the theory. For P1, the teacher-parent relationship contributed to her choice to engage with TaMHS. For P2, the offer of help and support was important.

‘some people, although they are negative they just want the help from any sort of avenues that will offer them help’ (lines 581-583)

At the same time, P2 suggests that the activities happening during the school day gave parents the opportunity to talk about difficulties.

'I think sometimes it’s easier to talk about issues when you haven’t got the kids with you’ (lines 571-572)
P4 did not engage in TaMHS activities as she was not made aware of them by the school. However, she indicated that she would have engaged with TaMHS if she was made aware of the project.

**Table 17: Teachers’ views**

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>T2</td>
<td>Parents had work commitments</td>
<td>The meeting was arranged for the afternoon</td>
</tr>
<tr>
<td>A cluster of schools had been invited</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents trusted teacher and viewed this as an issue for the school and not home</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The outcome here is that few parents engaged with TaMHS due to the context (for example, work commitments) within which the mechanism was triggered (meeting in the afternoon).

**4.10 Theory 3**

Theory 3 Parents who had a negative perception of the term 'mental health' (C) did not engage with the TaMHS project (O) when:

The school used the term 'mental health' in discussions about their child (M)
### Table 18: Parents’ views

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>Parent had a very negative experience of mental health and her family was critical of her and unsupportive. However, she had a good relationship with school</td>
<td>The school used the term 'mental health’ in discussions with her about her child</td>
</tr>
<tr>
<td>P2</td>
<td>However, suggests some parents have a good understanding of mental health like herself</td>
<td>The school used the term 'mental health’ in discussions with her about her child</td>
</tr>
<tr>
<td>P4</td>
<td>Parent did not like the term 'mental health’ but was seeking appropriate help for her child</td>
<td>The school did not use the term 'mental health’ in discussions with her about her child</td>
</tr>
</tbody>
</table>

P4 had not been offered any support from TaMHS because her child was already involved in CAMHS. However, she explained that if the project was offered to her she would have engaged.

### Table 19: Teachers’ views

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanisms</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>T2</td>
<td>TaMHS teacher offered</td>
<td>Parental</td>
</tr>
</tbody>
</table>
subscribed to the LA’s recommendation to use the term ‘mental health’ in TaMHS

encouragement and support to parents School pursued parents who did not initially engage

engagement in TaMHS

T1 reported that the school did not use the term ‘mental health’ with parents.

4.11 Theory 4

Theory 4: Parents who had a negative perception of the term ‘mental health’ (C) did not engage with the TaMHS project (O) when:

Their (parents) contact with school had been mostly negative with regards to discussing their child’s behaviour (M)

Table 20: Parents’ views

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanisms</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>Their (parent) contact with school had been mostly negative with regards to discussing their child’s behaviour</td>
<td>Parental engagement in TaMHS</td>
</tr>
<tr>
<td>P2</td>
<td>Their (parent) contact with school had been mostly negative with regards to discussing their child’s behaviour</td>
<td>Parental engagement in TaMHS</td>
</tr>
</tbody>
</table>
Although P1 commented that contact between her and school had been negative, her good relationship with the school (particularly the TaMHS lead teacher) enabled her to engage with TaMHS. This information appears contradictory. However, it seems that she felt relatively supported and may have attributed this to the good relationship she felt she had with staff.

‘I’ve not got the negative perception of mental health...I don’t think I would have engaged the way that I did ... I don’t think if I had that relationship with the teacher that I’ve got here and the support of others around me as well...’ (lines 656-662)

All parents but P3 had some experience of this mechanism. Both P1 and P4 suggest that the theory was ‘very true’ in their experience.

**Table 21: Teachers’ views**

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1</td>
<td>School tried hard to ensure contact between</td>
<td>Parental</td>
</tr>
<tr>
<td>One parent had had</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

P4
Parent was desperate to help her child but had not been offered TaMHS

Their (parents) contact with school had been mostly negative with regards to discussing their child’s behaviour

No parental engagement in TaMHS
mental health issues and was not aware of TaMHS. School felt this parent would prefer to keep her child in school suggesting possible difficulty coping with him at home.

Parent engagement in TaMHS

T2
Parents who found that other methods were not working and so were willing to try anything else

Parents contact with school had been mostly negative with regards to discussing their child’s behaviour
School explained TaMHS to parents and arranged for the TA children were familiar and comfortable with to deliver the intervention

Parental engagement in TaMHS

T1 commented that she did not make parents aware of TaMHS. Rather, the school simply informed parents about the positive work that would benefit them and their children.

‘I would say that if you went out and said to our parents “do you know about TaMHS?” they would look at you blank’ (lines 563-565)

4.12 Parent suggestions

Below are two tables that present parent comments about what parents suggested would ‘help’ or ‘hinder’ parental engagement. However, these comments did not reflect their direct personal experience of TaMHS but rather, were what they suggested would
help or hinder parental engagement and thus, a more hypothetical response.

Table 22: Parents’ views

<table>
<thead>
<tr>
<th>Parent</th>
<th>Context and Mechanisms suggested to ‘help’ parental engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Suggests that even when a parent has a negative perception of the term ‘mental health’ they will engage with the project when the school is honest. Suggests even where a school may use the term ‘mental health’ if parents feel included they will engage with the project. Suggested that to engage parents in attending workshops in TaMHS, schools should ensure a partnership between parents and teachers whereby information from parents is collected to enable TaMHS to ‘tailor[] the workshops...to the individual need’ (line 437) of the stakeholders (parents and children). She suggested ‘free taster session at the beginning just to talk about any fears, anxieties, have some coffee, have some biscuits,...’ (lines 388-390).</td>
</tr>
<tr>
<td>2</td>
<td>Having worked in the area of ‘mental health’ she suggested that even those parents who may associate the term mental health with stigma may engage with the TaMHS project if alternative terms such as ‘general well-being or stress’ was used.</td>
</tr>
<tr>
<td>3</td>
<td>Suggested that although she worked in school and had a positive view of ‘mental health’ communicating and involving parents more may enable parents to engage with the project. Suggested that where parents may lack knowledge, understanding or fear the term ‘mental health’ schools should involve parents to enable them to engage with the TaMHS project. Suggested that where workshops had been offered, parents would engage with these if they had an interest in their child’s well-being and wanted to make it better.</td>
</tr>
</tbody>
</table>
Suggested that even where workshops happened during the day, working and interested parents would still engage with the project.

4 Suggests that schools should use the term ‘well-being’ and introduce projects that meet the needs of parents particularly as she did not like the term ‘mental health’ herself but was willing to address her child’s difficulties.

Table 23: Parents views

<table>
<thead>
<tr>
<th>Parent</th>
<th>Contexts and mechanisms suggested to ‘hinder’ parental engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Suggests that where workshops were offered to parents, if parents blamed themselves for their child’s behaviour they may not engage with the TaMHS project. Suggests that where workshops are offered during the day, parents are unlikely to engage with the project if they have work commitments, a negative perception of the term ‘mental health’ and had a poor relationship with their child’s school (thus, coming into school was daunting).</td>
</tr>
<tr>
<td>2</td>
<td>Suggests that if schools use the term ‘mental health’ in discussions about children with parents who have a negative perception of ‘mental health’ without giving any further explanations, these parents are unlikely to engage with the project.</td>
</tr>
<tr>
<td>3</td>
<td>Suggests that if schools use the term ‘mental health’ in discussions about children with parents who have a limited knowledge on ‘mental health’, these parents are unlikely to engage with the project.</td>
</tr>
</tbody>
</table>

4.13 Summary

Through using a realistic evaluation approach to this study, I have been able to obtain an enhanced understanding of what has
helped or hindered parental engagement in TaMHS and how and why particular mechanisms have helped or hindered their engagement.

The outcomes from the interviews show how the theories presented to parents and teachers were turned around as they modified the theories to illustrate their explanations as to why parents did or did not engage with TaMHS.

This approach has enabled me to unpick what is actually happening for the schools and participants involved in this present study to help or hinder parental engagement in TaMHS. It has provided a much richer picture of what is influencing parents’ decision to engage and has enabled me to look beneath the surface of what practitioners perceived was happening (that is, teachers and the TaMHS team felt that the term ‘mental health’ was a barrier to parental engagement).

It is clear from the results that there are a range of ‘Contexts’ and ‘Mechanisms’ that bring about either ‘Outcomes’ (parental engagement or no parental engagement). Thus, these are important for schools and Local Authorities to consider when planning to implement TaMHS (or similar interventions) across other schools.
Chapter 5

Discussion and conclusion
5 Discussion

This chapter will discuss the findings outlined in the previous chapter in relation to the purpose of the study (to understand what ‘helped’ and ‘hindered’ parental engagement in the TaMHS project).

The following section describes the initial programme theory for what ‘helps’ and what ‘hinders’ parental engagement. Each is followed with a summary of the main points from the findings in the previous chapter.

5.1 Initial Programme Theory for what ‘helps’ parental engagement

A TaMHS project (C) that engages parents (O) keeps parents informed about the project, does not use the term ‘mental health’, have staff who are trained in ‘mental health’ and offers workshops for parents(M)

(A description of Context, Mechanism and Outcome is provided in chapter 3 Methodology).

5.2 A summary of the findings

Parents with a positive and a negative perception of mental health engaged or were willing to engage with the project. This perception was embedded within a context of positive
relationships with staff at school, a good and positive understanding of mental health and also feeling isolated (that is, thinking they were alone in having difficulties with their child). Their engagement was supported by mechanisms such as the communication of the positive work TaMHS was doing in schools, the workshops on offer and also in having open discussions with teachers using the term ‘mental health’.

Sometimes, parents with a negative perception of the term ‘mental health’ did engage with the TAMHS project. This engagement depended on mechanisms such as removing the term ‘mental health’ from any discussions or information, using alternative terms or ‘dressing up’ the term ‘mental health’ with other terms, more acceptable to parents, alongside it. The engagement of these parents depended on a context that featured the parent’s motivation to obtain help for their child or having had personal experience of ‘mental health’ issues themselves in the past and thus fearing their own child will have similar difficulties.

Outcomes from the study also indicated that where teachers had received training on mental health from the TaMHS team, parents would engage with the project because:

1. they had a good relationship with the staff; and
2. Staff had a good understanding of mental health and so were better able to speak with parents on this issue.

5.3 Initial Programme Theory for what ‘hinders’ parental engagement

A TaMHS project (C) that does not engage parents (O) does not consider parents wishes/needs and have staff who have a poor perception of or relationship with parents (M)

5.4 A summary of the findings:

Two out of the four parents interviewed said they had a negative perception of the term ‘mental health’ (P2 believed she had a good understanding of the term but preferred the use of alternative terms). However, although this section of the interview was concerned with what ‘hindered’ parental engagement, most of the theories were invalidated and discussions revealed what ‘helped’ parental engagement in the TaMHS project rather than what ‘hindered’ it. Outcomes of findings for what parents agreed ‘hindered’ and what they described ‘helped’ parental engagement is summarised in the following section.

From a discussion of what ‘hinders’ parental engagement in TaMHS, teachers reported that where schools did not assume parents were
not interested or able to promote their child’s mental health, this key mechanism ‘helped’ to engage parents.

P4 did not engage with the project because the school had assumed that her son was in receipt of support from CAMHS and thus no further support was required. Frequent contact between home and school had been negative. However, this parent expressed the view that she was very willing to engage with the project.

Findings suggest that for some parents where contact between school and home had been negative, they engaged with TaMHS when relationships between parents and school were positive (that is, although schools regularly report problems to parents, the relationship between the teachers and the parent remains positive). Also,

1. parent knew that support was available (from TaMHS or in the community)
2. teachers were supportive
3. parents had a positive perception and good understanding of mental health
4. parent was willing to try anything because they had found that nothing else worked
5.5 Summary of findings from parents’ suggestions

Parents suggested mechanisms that may ‘help’ and ‘hinder’ parental engagement with TaMHS (although not part of their own direct experience). Parents commented that the following might ‘help’:

1. schools being honest with parents
2. schools using alternative terms such as ‘well-being’
3. parents being involved, schools working in partnership with parents tailoring workshops to their needs and communicating well with parents

Parents commented that the following might ‘hinder’:

1. parents blaming themselves
2. parents who have work commitments and a negative perception of mental health in addition to having a poor relationship with school
3. parents having limited knowledge of mental health and schools not providing explanations to parents on ‘mental health’

The findings thus indicate several explanations for why parents may or may not engage with the TaMHS project. It is more than the term ‘mental health’ (as teachers initially predicted). It
is more than parents’ negative perceptions of the term ‘mental health’. Through RE many explanations had been uncovered revealing a raft of theories as to why the project has been successful or not in engaging parents.

5.6 A reflection on literature

The findings from the present study reflect some of what has been proposed in research literature with regards to parental involvement in children’s schooling.

TaMHS takes the school as the setting in which to provide an environment that is conducive to promoting ‘mental health’ of children and young people (WHO, 1998). Wyn et al., (2000) suggests that the school is an appropriate environment in which to target interventions for children because they are easily accessible at school in contrast to at home. However, Weare (2000) points out that in this approach (a health promoting school approach), parents are an important group as they support the health promoting school community and are involved in the programmes and interventions happening in the school. TaMHS has not been described as taking this approach; however, the specific project that was the focus for the present study reflects this approach.
A finding from this study suggests, however, that parents were not included in the programmes or interventions in TaMHS other than being invited to a workshop to Promote Positive Behaviour. P1 suggested approaching parents to obtain information that can inform the planning of programmes or interventions and thus meet the needs of families. Her own disappointment following attending a workshop and not getting anything from it may have hindered her willingness to engage in any future offers of workshops in school.

This parent is suggesting that schools take a ‘partnership model’ to parental engagement, whereby both teachers and parents contribute their expertise (parents on their children and teachers on education) and share in the decision-making with regards to providing a programme of provision that will meet children and young people’s needs (Hornby, 2000).

In the present study, I found evidence of an expert and transplant model (Cunningham and Davis, 1985) in the approach taken in TaMHS to engage parents. TaMHS interventions were decided upon by the TaMHS team lead by the Educational Psychologist and the school selected from this menu of support offered. Parents had not been consulted in terms of what support they felt was appropriate and relevant for their child. P1
suggested that to engage parents in attending workshops in TaMHS, schools should ensure a partnership between parents and teachers whereby information from parents is collected to enable TaMHS to ‘tailor[] the workshops...to the individual need’ (line 521) of parents (table 22). Thus, the role of parents was limited to supporting decisions made by the TaMHS team and the school. Parent empowerment was absent and it seemed that there was little influence from parents on the content or planning of the project which may have been beneficial to parents’ decision to engage as proposed by White et al., (1992).

Extending partnership with parents was reported by the teachers involved in the MindMatters project to be a challenge (Wyn et al., 2000). These teachers reported that for this to happen time and energy was required. In the present study, this notion was alluded to in comments by T2, that suggested teachers would ‘provide explanations support and reassurance’ (table 13), and ‘pursue parents’ (table 19). All of this suggests teachers may need to give time and energy to obtain the engagement of parents in the TaMHS project and this requires planning.

The present study allowed for time devoted to obtaining the voices of parents although this was only a small sample. In spite of the difficulties obtaining parent participants due to
the language used in the present study and the TaMHS project, the information gathered is of value to any other project where parental engagement is sought. Parents have an intimate understanding of their children and know what their children need. Hence, being able to speak with parents is important and is vital to the successful outcomes of work provided to children in schools.

The DCSF (2009) in its summary report, suggested that ‘skilling up’ practitioners through training would build practitioner confidence in speaking with parents about ‘mental health’. Thus, they suggest this is a way to engage parents with TaMHS. In the present study, findings from teacher interviews concur with this in suggesting that the confidence and good understanding of ‘mental health’ teachers’ held were linked to the training they had received in TaMHS and subsequently, parents choice to engage with the project (table 11). This suggests that the training may have positively influenced teacher attitude towards ‘mental health’ and this was projected to parents who were able to trust the staff (table 11). However, the training encouraged TaMHS schools to use the term ‘mental health’ in the project as this was the Local Authority (LA) position. The LA proposed that to avoid using the term ‘mental health’ was colluding with the stigma that is usually associated with it.
Outcomes from the present study, however, revealed that some schools used the term ‘mental health’ and others ‘omitted’ it. On both occasions, parents would still engage with the project.

The school that was reported to avoid using the term ‘mental health’ did this not only in speaking with parents, but in all correspondences to parents. Furthermore, ‘Targeted Mental Health in Schools’ was abbreviated as ‘TaMHS’ in correspondence with parents (table 9). This was another of the recommendations made by the DCSF (2009) who suggested that schools should avoid using the term ‘mental health’ with parents. It is interesting to consider why the Local Authority for this TaMHS project recommended that schools use the term ‘mental health’ when advice from the DCSF suggested that schools should avoid using the term with parents. From an informal discussion about the project which was recorded in my research diary, the Educational Psychologist who co-ordinated the project reported that the Local Authority terminology was emotional well-being and mental health. However, there was no other plan as to how to approach parents who may be intimidated by the use of this term (as suggested by Rogers and Pilgrim, 1996). Rogers and Pilgrim (1996) suggests using alternative terms if professionals are to engage in conversation with lay people (such as parents) on mental health issues and promoting it. T1 reported that the school did not use
the term 'mental health' but rather, called the project by its abbreviated term 'TaMHS' and did not reveal its association to 'mental health' to parents. T2 on the other hand, suggested that when the term 'mental health' was used it was 'dressed up' (table 10) to avoid hindering parental engagement. T2 used terms alongside the term 'mental health' such as 'self-belief' and 'self-esteem'. This school also explained what ‘TaMHS’ was to parents and provided much support and reassurance that children would not be labelled as having a 'mental illness' (table 8). However, both schools were able to engage parents (particularly those with a negative perception of 'mental health') in the TaMHS project.

Hence, although the Local Authority in the present study had taken the decision to use the term 'mental health', it may be that in doing this, environmental influences such as societies view on mental health is neglected.

It is worthy to note that the TaMHS project is open to outside influences as highlighted in Bronfenbrenner’s (1979) eco-systems theory. Thus, the influences of the LA stance in using this terminology has informed the language used in the project. However, there are other environmental influences on the project, such as societies view of the term mental health.
Findings from the present study also indicated that parents who have had a history of mental health difficulties were still likely to engage with the TaMHS project. Key mechanisms found to work were:

- ensuring that the contact between home and school was positive (table 21) and
- ensuring that the positive work TaMHS would be doing was communicated to parents (table 5).

This contradicts Hill and Taylor’s (2004) argument that parents’ psychological state may make them less likely to be involved in their child’s schooling. Findings from this study indicate that parents who had experienced mental health difficulties themselves had a positive perception of mental health and this too may have contributed to the desired outcome (that is parental engagement). However, these findings cannot be generalized due to the small sample size for the present study.

My findings also suggest that although some parents had children who presented behavioural difficulties they still engaged with TaMHS. This is in contrast to suggestions made by Grolnick et al., (1997) and Sacker et al., (2002) who proposed that parents with ‘difficult’ children were less likely to be involved in their child’s schooling. The offer of workshops worked to engage
one parent when she believed that her own behaviour may be influencing the behaviour of her child and thus changes in her behaviour may result in changes in her child’s (table 12). An important contextual factor seemed to be the seeking out of ways to improve her child’s behaviour.

However, findings also indicated that one parent (P4) whose child presented with behavioural difficulties did not engage with the TaMHS project and thus matching Grolnick et al., (1997) and Sacker’s et al., (2002) argument. However, this was found where the school made an assumption that the child’s problems were being dealt with by other agencies (parents had made a referral to CAMHS). Thus, TaMHS was not offered.

The school ethos and positive relationship between parents and staff was also found to influence parents’ decision to engage with TaMHS. The teachers in the present study reported that their school did not make negative assumptions about parents’ ability to support their child. Hoover-Dempsey et al., (2005) suggest that a welcoming climate where parents are able to feel that they can ‘produce desired outcomes’ for their child (p.108) can invite parents to engage with their child’s schooling.

Work commitment sometimes impacted on parental engagement (table 13 and 17). This occurred when activities happened during the
day. This reflects Sacker et al., (2002) and Grolnick’s et al., (1997) argument suggesting that the employment status of parents influences their involvement. Findings indicated that parents were not able to engage with TaMHS due to difficulties negotiating leave for the daytime.

However, two out of the four parents interviewed had engaged with the project (attending the workshop in addition to consenting to their child’s involvement) although they both had work commitments. Key contextual factors were:

1. parent feeling that changes in her own behaviour would result in changes in their child’s
2. parent feeling isolated and possibly seeking support from other parents
3. parent having a positive view of the term ‘mental health’ (P1 and P3)

Sacker et al., (2002) considered the impact of contextual factors (distal and proximal) on children’s educational achievement and psychological adjustment (appendix 1). In the present study, findings indicate that parents with children who had been identified by their teacher as a cause for concern engaged with the TaMHS project (table 5). The concern had not been described in detail in this study, but issues were centred on behaviour.
The engagement of these parents contrasts with the arguments put forward by Sacker et al., (2002) and Grolnick et al., (1997) who suggest that parents of children who present behavioural difficulty are less likely to be involved with their child’s schooling. Furthermore, parents who had experienced ‘mental health’ difficulties in the past or who the teacher claimed currently had ‘mental health’ difficulties engaged in the project. Hoover-Dempsey et al., (2005) considers the life context of families and how this may influence parents’ choice to be involved in their child’s schooling. Life context included parent’s psychological state, and work commitments.

The present study has shifted away from the view of parents’ perception of the term ‘mental health’ or the term ‘mental health’ as being the barriers to their involvement. Rather, outcomes from this study has highlighted other key factors that influence parents’ decision to engage with TaMHS (figure 13).
Realistic Evaluation has enabled a focus on the process towards obtaining an outcome as opposed to merely an outcome as found in traditional evaluative research that looks for ‘what works’. Realistic Evaluation has enabled me to uncover causal explanations that are not immediately obvious to an observer. For example, T1 and T2 report that even when parents had a negative perception of the term ‘mental health’ they engaged with TaMHS. However, the mechanism in one school (T1) was to rarely use the term ‘mental health’ and the other school (T2) was to use
the term but ‘dressed up’ alongside other more acceptable terms, (table 10).

Thus, this approach (RE) has examined what works by looking at the circumstances mechanisms in TaMHS are operating within to generate a particular outcome (in this case, parental engagement). In this way, it uncovers factors that might have been missed using a more traditional approach. For instance, workshops happening in the day in another school where parents had work commitments or lived in another catchment area resulted in no parental engagement (table 13).

Furthermore, the fact that some of my findings did not concur with the literature reviewed indicates that RE has the potential to reveal things that other research approaches have not and perhaps cannot.

5.7 A critique of the methodology and methods used

The purpose of the data collection was to find out: What works to engage parents in the TaMHS project? To do this, explanation was needed from parents and teachers and this information would need to be analysed for contexts and mechanisms suggested to be working. Thus, the interview approach was appropriate as this enabled me to gather rich data that could be structured on the
theories and annotated for analysis. It is noteworthy to mention that, due to using RE and the focus on contexts and mechanisms that lead to a particular outcome, a questionnaire might not have been an appropriate and effective method of data gathering. Interviews gave the participants an opportunity to express their own programme theories.

Obtaining participants, however, was difficult. Schools were responsible for the choice of participant parent. Difficulty with the term ‘mental health’ meant that schools had not informed parents about the TaMHS project until very late into the final year of the project. This also meant that I was unable to interview parents until schools had informed them about TaMHS and contacted parents on my behalf.

Consequently, the sample of parents for this study was a convenience sample selected by the lead TaMHS teacher. This may be vulnerable to bias in terms of whether this can be suggested to be representative of the population under investigation. However, two out of the four parents interviewed suggested that they had a positive view of mental health.

The TaMHS team (the programme developers) were not interviewed in this study. For a Realistic Evaluation, interviewing or providing this team with a questionnaire at the onset of the
study may have provided key contexts and mechanisms in the project and provided a programme specification for use in the interview process. However, there were issues beyond my control (i.e. delay in the take up of TaMHS and schools scepticism about participating in the study) that meant that time was not available.

Furthermore, if time allowed, I would have wanted to share the theories developed from the initial interviews with parents and teachers for further clarification. This would enable further specific theory-building and strengthen the validity of the data. The theories built would provide specific mechanisms and suitable contexts that could be utilised in the development of a future TaMHS project.

5.8 The Realistic Interview

In realistic interview the interviewer presents their theory to the interviewee (Pawson and Tilley, 1997). In the present study I chose to present all of the theories to all of the participants for them to confirm, modify or invalidate (thus carrying out a process of theory-building). Pawson and Tilley (1997) acknowledge that different stakeholders have different expertise and thus knowledge. For this reason, they suggest that the
researcher decide on the appropriate stakeholder to ask particular questions. Thus, if this study is repeated, it would be worth considering carefully whether certain statements are more relevant to a particular group of participants.

For example, theory 4 states:

*Parents who had a negative perception of the term 'mental health' (C) still chose to engage with the TaMHS project (O) when the staff at school had a positive view of mental health (C) as a result of the training they had received (M).*

This was appropriate for teachers but not for parents.

However, I was confident that the data collected answered the research question as the present study was concerned with understanding what programme mechanisms worked to engage parents in the TaMHS project and to understand whether parents’ negative perception of the term ‘mental health’ as a contextual factor, predicted parental engagement. That is:

What may have helped or hindered parental engagement in the TaMHS project?

Presenting the statements to participants as a theory following the CMO configurations and beginning each with the same Context and Outcome (appendix 2 and 3) worked well. This enabled the
participant to consider what element of TaMHS (mechanisms) worked best to engage parents (outcome) who had a negative perception of mental health (context). However, this also enabled participants to confirm, modify or invalidate the context from their own experience of TaMHS.

Thus, participants were required to consider what mechanisms might work but were also invited to give explanations for their argument via contextual elements that they felt activated the mechanisms to obtain the desired outcome.

If this study were to be replicated, I would recommend using an interview whereby the theories are again presented as statements but participant responses could be noted on the sheet (separate sheet for each statement). This would still enable respondents to provide a rich answer to the statement being presented from their own experience but also allow for the refinement of that specific theory to be clear for the participant and the researcher.

Realistic evaluation has offered a useful ‘tool’ to understanding and identifying the key mechanisms that were happening within the project and the particular contexts in which a specific outcome was achieved.
The information obtained from this study provides a good starting point for others who may wish to evaluate whether and how the mechanisms might be successful in their own programme to engage parents in a project to promote mental health in school.

5.9 A reflection on this study

Within the routine of Educational Psychology practice, decisions about appropriate and relevant interventions to effect positive outcomes for children and young people are evidence-based. Educational Psychologists can be involved in facilitating the planning of interventions or projects (such as TaMHS) and are perfectly placed as scientist-practitioners to test out ‘theories’ (also referred to as ‘hypotheses’ by Pawson and Tilley, 1997) building a bridge between applied psychology and education.

Educational Psychologists frequently advocate for the voice of the child and enable the rights of the parents as set out in the SEN Code of practice (2001). The present study was concerned with a sensitive topic (mental health) and was clearly an issue that affected some families involved in the present study. However, the implementation of the project neglected to consider the specific needs of the families for which it was designed.
An aspect within the role of an Educational Psychologist is promoting inclusive practices (Rosenthal, 2001) and the emotional well-being and mental health, (NHS, 1995) of children and young people. When doing research it is important to obtain the voices of parents as they hold unique information on their child and have much to offer research literature. Obtaining the voice of parents in research (particularly those parents who have a history of ‘mental health’ difficulties) can help to avoid assumptions or misinterpretations of parents’ actions and subsequently avoid the marginalization of this group. Furthermore, outcomes from research such as the present study, can contribute to empowering parents and remove barriers to them accessing services.

In the process of this study, it is not inconceivable to consider that the discussions that ensued in the interviews may have offered to teachers ideas about ways in which to engage parents with TaMHS. For example, T2 begins to consider whether using the term mental health did reduce the number of parents who chose to engage with TaMHS (lines 318-319).

Furthermore, it is not unreasonable to suggest that some of the parents interviewed for this study had little difficulty engaging with the project (attending workshops and consenting to their
child’s involvement). However, this study did not ascertain the views of those parents who chose not to engage with the project although their child had been identified as a cause for concern by his or her class or form teacher. Teachers feared that these parents may either be reluctant to engage with the project if approached, or pull their child out of the project. This would have provided further understanding as to what ‘hindered’ parental engagement.

This study contributes to literature about influences on parental involvement but it has not measured the impact of this involvement on children’s mental health. However, it does offer a platform for future theoretical and empirical exploration and points to exploring links between parental engagement and outcomes in terms of children’s mental health (an area, as yet, not considered in literature to date).

5.10 Implications for future research and professional practice

These findings give rise to a number of possibilities that future research may explore. This may include researching the following:

- What works to engage those parents who have a history of ‘mental health’ difficulties
• What might work to engage those parents who did not engage with the project (I did not have the opportunity to speak with these parents as they did not wish to engage with the project in any way)

In addition this may include taking account of:

• The views of fathers
• The views of parents of secondary aged students
• The views of programme developers
• The mental health promoting project (TaMHS) is no longer being implemented in schools

Finally, future research could determine how parental engagement impacts on children’s mental health. In setting up a project at a local level this may provide much learning opportunity that could be documented and shared with practitioners. In this way, other professionals working with children and young people in the area of promoting mental health have a platform by which to construct a programme that may work to engage parents in another setting and thus is a framework others may be able to utilize.

A longitudinal evaluative study using Realistic Evaluation would also be beneficial as it would allow for the monitoring of successes as a result of the ‘mechanisms fired in contexts to
produce outcomes’ (Pawson and Tilley, 1997, p.85) identified by the researcher.

5.11 Conclusion

This study has demonstrated how Realistic Evaluation can be used as a tool to enhance understanding about parental engagement in a project to promote mental health in school and also provide a platform for future evaluation of such a project.

The present study has put parents at the centre and identified the factors that influence their decision to become involved in TaMHS (figure 13).

Finally, if schools wish to engage parents in projects to promote mental health in school, parents need to be included in the planning, interventions and evaluation of the project. Although TaMHS is no longer being funded by central government, schools continue to address the need to promote children’s mental health and some Local Authorities have found ways to fund the continuation of the work started. However, clearly the role of the Educational Psychology Service in being commissioned by schools to implement projects, providing training for staff and parents and evaluating the effectiveness of a project remains
vital to the development and future of school improvement particularly in the area of promoting mental health.
References


Department for Children, Schools and Families (2008c). *The Early Years Foundation Stage*. DCSF Publication: Nottingham


Department for Children, Schools and Families (2010). *Guidance on commissioning targeted mental health and emotional wellbeing services in schools*. DCSF Publication: Nottingham


(The Office for National Statistics, Mental Health in Children and Young People in Great Britain, 2005) [Online]  


Training and Development Agency (TDA) Qualified Teacher Status (QTS) standards guidance. Health and Wellbeing [online]  


Appendix 1

A diagrammatic representation of a ‘contextual systems’ model
Appendix 2

Helps: Theory presented to participants (context and outcome)
“Parents who have a negative perception of the term ‘mental health’ still choose to engage with the TaMHS project when...
Appendix 3

Hinders: Theory presented to participants (context and outcome)
“Parents who have a negative perception of the term ‘mental health’ do not engage with the TaMHS project when...
Appendix 4

Helps: Theory presented to participants (mechanisms)
the project communicates to parents about the positive work they will be doing”
the school do not use the term ‘mental health’ in their discussions with parents”
the term ‘mental health’ does not appear in any correspondences that parents receive”
the staff at the school have a positive view of mental health as a result of the training they have received”
TaMHS offers workshops on Promoting Positive Behaviour”
Appendix 5

**Hinders: Theory presented to participants (mechanisms)**
the school may assume that parents are not interested or able to promote their child’s mental health”
the activities happen during the day”
the school use the term ‘mental health’ in discussions about their child”
their contact with school has been mostly negative with regards to discussing their child’s behaviour”
Appendix 6

Information and consent sheet
Exploring the views of parents and teachers about gaining parental involvement in the Targeted Mental Health in Schools (TaMHS) project

Dear parent(s)

I would like to collect your views about the TaMHS project in Leicestershire. I would like to know what you feel ‘works’ or ‘does not work’ with regards to gaining parental involvement in the project.

To do this, I would like to meet with you to talk about the project. This will take no more than 45 minutes. A time and date for this meeting would be arranged with you in advance.

During this meeting, I would like to record our discussion and make some notes. I would be grateful for you to give your permission for me to do so. All information collected will be confidential and names and any other revealing information will be kept anonymous.

You can withdraw from the research at any time (before, during or after our meeting). If you do withdraw the information you have given will not be used in this study. I will be analysing the information collected and writing up the study in May. Therefore, you must tell me if you wish to withdraw by 31st April.

The information you give me will be used to:-

- Write a research report for the University of Birmingham
- Write a summary report for all of the teachers and parents of TaMHS schools in Leicestershire
- Give feedback to the Local Authority and TaMHS team

However, I would like to stress that none of the information you provide will be traceable to yourself. If you are happy to talk to me, please sign the form below.

If you have any questions or concerns with regards to this research, please do not hesitate to contact me or my University supervisor.

Thank you.

Mrs Severine Thompson
Trainee Educational Psychologist
The University of Birmingham
School of Education
B15 2TT

Dr Jane Yeomans
The University of Birmingham
School of Education
B15 2TT

0121 414 4843

I have read the above and consent to take part in the research described.

(Parent) Name: ____________________________________________

Signature: ________________________________________________

Telephone number: ________________________________________
Exploring the views of parents and teachers about gaining parental involvement in the TaMHS project

This study seeks to collect the views of both teachers and parents about gaining parental involvement in the TaMHS project happening in some schools in [blurred text]. I am particularly interested in exploring the views of teachers and parents with regards to what they feel ‘works’ or ‘does not work’ with regards to gaining parental involvement in the project.

The research process will involve no longer than a 45 minute pre-arranged interview with you at a time convenient to you in your school. This meeting will be a discussion about the TaMHS project. The aims of this study are to ascertain your views about the project with a view to understanding what you would consider ‘works’ or ‘does not work’ in TaMHS to ascertain parental involvement.

During the interview I will be recording (subject to your consent) and making notes of your responses in our discussion. All information collected will be confidential and names and any other revealing information will be kept anonymous.

Prior to, during and after this meeting, you have the right to withdraw from the research. This means that any information that you provide will be withdrawn and not used in the content of this study. However, because information will be analysed and the writing up of a report begun, the right to withdraw will not apply after 30th April 2011.

As a result of the information collected from your voluntary participation, a report will be written for the submission of a University of Birmingham thesis and also a summarised report of the research findings will be distributed to all parents and teachers of TaMHS schools. The Local Authority Psychology Service and TaMHS team will also receive feedback on the findings of this report to inform their future work with schools. However, I would like to stress that none of the information you provide will be traceable to individuals as I will be adhering to strict confidentiality and anonymity.

If you have any questions or concerns with regards to this research, please do not hesitate to contact me or my University supervisor.

Thank you.

Mrs Severine Thompson
Trainee Educational Psychologist
The University of Birmingham
School of Education
B15 2TT

Dr Jane Yeomans
The University of Birmingham
School of Education
B15 2TT
0121 414 4843

(TaMHS lead) Name: ____________________________________________________

Signature: ______________________________________________________________
Telephone number: ________________________________
Appendix 7

Application for Ethical Review
Appendix 8

Pre-interview information
From reviewing literature about TaMHS and parental involvement I have developed a theory as to what I think works in TaMHS schools to either help get parental engagement or may hinder it.

I have produced some statements to illustrate my theory. In this interview, I am seeking your views about what can make those parents who perceive 'mental health' negatively engage with the project or not. What I want you to tell me is, how true you feel my statements are in your opinion and we will use this prompt sheet to help us begin our thinking.

I will also ask you to tell me why you have chosen a particular response.

What I am after is to understand your views about what helps or hinders the engagement of parents who view mental health negatively and give examples from your own experience of TaMHS that may explain your reasoning in deciding to do certain things and make certain choices or decisions. So if you can recall specific examples this may help you.

Any questions?
Appendix 9

Prompt sheet
Very true

Almost true

Slightly true

Not at all true
Appendix 10

A sample of analysed transcripts
R: Right, ok. Parents who have a negative perception of the term mental health still choose to engage with the TaMHS project when the project communicates to parents about the positive work that they will be doing. How true do you think that statement is do you feel?

P1: I'd say.. almost true going over to very true.

R: Yes and why do you say that?

P1: Erm..mental health still has that stigma attached to it that if you've got mental health issues and even the term issues drives me .. insane. It's still got that negative image attached to it that the media portrayal or this person's ex offenders could be in custody has got mental health problems. It's all the bad side. Terms like psycho and things like that. Those words that have been carried forward within this. And I think it's only been within the last few years and I feel yes but I was pleased to see the advert about mental health on the TV yesterday. I'm a big ambassador for mental health. Erm, so yes it’s alright to
talk about it, so I think, but having that side of things as well as talking about the positive work so this is what mental health is about it's about looking after your physical, your emotional wellbeing as well as..

R: Umm.

P1: it's not just about the gory side of things. It's about the extremeness schizophrenia, bipolar, or any stuff like that. It's about how you feeling today and doing and doing that in... it just puts.. it certainly put my mind at ease and I've been right through the spectrum but I think sometimes that's why I'm doing al.. almost true to... to very true because I think it would put people's minds at ease because it's suppose to be focusing on the positive rather than on the negative.

R: Yes. Do you feel in your experience that the project has commun... communicated that to parents to get them to engage?

P1: In... in mine it has erm, and I'm not sure if that's just me because.. with with B(son) being involved with the TaMHS here I've got.. I had visits. I have been
through the mental health section myself as a person and I don't want that for him so any help that I can get even if it's just a case of my emotional diary and stuff like that I'm already within that so I'm not sure. I can't comment on how I felt it would help other parents because I'm all for mental health.

P1: You need to look after your mind as well as your body and..

R: Umm.

P1: and things like that.

R: Yes. So it sounds like for you, from what you're saying that...parents who have a negative perception of the term mental health will still choose to engage with the TaMHS project when the project does communicate the positive work that it's doing.

P1: Yes.

R: That...that's..
P1: ...people a little bit more

R: Yes.

P1: Just a little bit more ok I'll give it a try even though they might feel slightly coerced into doing it.

R: Yes.

P1: It would..but if I focussed on the negative -- on the positive side this is what we can do this is how we can we can move and talk about the little steps that that TaMHS project..

R: Yes.

P1: c..can erm..can do. But you can't. It kind've gives you that..that as a parent..it kind've gives you that..yes..I've go..I've got to do this to help..

R: Reassurance?

P1: reassur..yes. It kind've..it it normalises..

R: Yes.

P1: and that the best-- or is in not.. talk about the
positive work that it's doing it normalises that...it it er
very very very common but not as common as .. not as the all
common as the what people think you feel as a parent you
think that you're the only one
R: Yes.
P1: and you're not..
R: Yes and it sounds like for you you..your sons engaged in
the project..
P1: Umm.
R: with a mum who I..am I right in thinking you have more of
a positive perception?
P1: Yes.
R: Yes? Is that right? Yes?
P1: Yes. I've worked with..I've worked with mental health as
well as being right from one end of.. right..right the way
to the other end in..in the work that I've..I've done with
mental health and training and everything that I've been on
and I can see where he's going..
R: Umm.
and his--low

R: Umm.

turn, turn it around

R: Yes.

like the view -- that positive

R: Yes.

mental attitude

R: Yes.

and sing a happy song.

R: Yes.

Things like that.

Thank you for that. Right, parents who have a negative
perception of the term mental health still choose to engage
with the TaMHS project when the school do not use the term
mental health in their discussions with parents. Do you
think that's a true statement to make? It's better for
schools not to use that term to get parents to engage?
I'm sitting in the middle of slightly true to almost true.

because I think if it's not..if the word mental health is not mentioned..

in things.. if parents were to discover that men.. that it is to work on mental health they might feel deceived

in my opinion

that it's something that shouldn't be spoken about
and it is something that should be spoken about and something that should be embraced

R: Umm..so do you feel that.. are you saying that parents who have a negative perception of the term mental health will still choose to engage with the TaMHS project when the school are honest..

P1: Umm.

R: and use the term mental health..

P1: Yes.

R: but explain it positively?

P1: Yes.

R: Is that what you're saying?

P1: Yes, yes.

R: Yes? You think that would work?

P1: Yes.

R: Umm. Thank you for that. Has that fitted your experience? Do you feel that the school have erm.. explained it positively to you so that you have trust because you
have a positive perception..

P1: Yes, yes, erm I mean..

R: did you query the..--

P1: no, not at all. Erm..I have a very good relationship with Mrs M

R: Yes.

P1: She was B’s (son) sch..form teacher last year when..

R: Yes.

P1: We’ve been through absolute hell and back with his

behaviour..

R: Yes.

P1: his self-belief, his self-confidence..

R: Yes.

P1: everything. Erm..and because..I've..I've been very open

with them and they've been very open with me

R: Yes.

P1: We've had that relationship anyway. I could tell them

absolutely anything I mean I've had to have.. the
conversation today was about B (son) threatening that he's going to harm himself again.

R: Umm, umm.

P1: So if we didn't have that relationship with the teacher and with the school..knew that I had their support and equally that they had my support we couldn't work together to support B(son)

R: Yes.

P1: and that's the way of..of..of being anything..with any relationship that you have on a professional level you have to be u..you have to be honest

R: Umm.

P1: with people and by..by hiding the word mental health

R: Umm.

P1:it's not being completely honest..need to be transparent

R: Umm. So you've been happier with their transparency?

P1: Yes.
R: in that respect.

Pl: Yes.

R: And you wouldn't have been comfortable if it wasn't?

Pl: No.

R: If you realised..

Pl: If..if they like..yes if they're..if..if..if they'd have been saying..they hadn't been open with me..

R: Right.

Pl: and kind of tip toed around I would have felt like I'd been a bit deceived and I would have felt, felt a bit insulted to be honest. At the end of the day all parents p..

R: Umm.

Pl: well in theory all parents put the welfare of their children above anything.

R: Umm.

Pl: Erm and if it's going to get the best out of them..

R: Umm.
when we know that they're struggling.

Parents who have a negative perception of the term mental health still choose to engage with the TaMHS project when the term mental health does not appear in any correspondence that parents receive.

Now we've just talked of.. And I've put that in because some schools chose not to put that in the correspondence..

even though it was called a TaMHS project.

What do you think about how true that statement is to get parents through the door? Do you think that worked?

I think it depends, I think it depends on the on the parent.
P1: Yes I mean..d..and how they've been received and if they've gone and asked for help before and been..been knocked back instead..oh you're being a bit slightly it's all in your imagination and stuff like that

R: Umm.

P1: which I had when B(son) was very young and when he hurt himself and they looked at me and said well are you sure that you haven't done that?

R: Umm.

P1: He had a big bump on his head from when he'd banged it off the wall.

R: Umm.

P1: Erm.. and I think sometimes when people do see the word mental health they just close up.

R: Umm.

P1: It was like the word parenting skills.
P1: They --- and I'm a parenting skills facilitator (laughs) erm..

R: But it's still a benefit..

P1: But it's still that delicate one and I think ..I'm not sure whether to..it could hit every single one of those erm..

R: Umm, not true, slightly true, almost true or very true?

P1: Yes, depending on whatever..I think.. I think it has to have the word mental..

R: Umm.

P1: in it but health could have been, you see it could have been mental wellbeing, it could have been mental health, it could be..it could be adapted for the..for the individual and for the family as well erm..

R: Umm, so you think we to consider the parents..

P1: Yes.

R: and context of the parents..

P1: Yes.
R: Who they are that might affect..like for you, as a parent you're feeling that school can approach you..

P1: Yes.

R: and use that term mental health in letters and whatever,

P1: Yes.

R: for you but..

P1: Some people it might be..it might not be appropriate. It might be -- of mental wellbeing and and emotional wellbeing as well. So it encompasses everything..

R: Yes.

P1: which..and then..followed by which comes under men..which parts of the mental health act isn't it really.

R: Umm.

P1: Erm..if you needed to have that that back up of that as well.

R: Umm, umm. I mean what, can I ask you what sort of parents do you feel we'd need to use a different term for like
269 mental wellbeing I think you said?

270 P1: Umm, yes I think it's just maybe maybe all parents

271 really. Erm, in particular there are those who've had

272 negative experiences of what mental health is and maybe

273 those who who are suffering at the other end of the scale as

274 well who've had those negative vibes coming from people as

275 well and think that that's the one with the mental problem

276 R: Right.

277 P1: and people are deceived about.. I know I've got it is my

278 kid going to have it and stuff like that. And it's, it's

279 that.. could be that knock on effect doesn't it I'm afraid

280 it's such a shame that mental health-- negative stigma

281 attached to it.

282 R: Umm.

283 P1: Does that answer your question?

284 R: Yes, yes thank you.

285 P1: I do waffle.
R: Everything that you're saying is really, really useful.
Thank you it really is.

P1: I'm just thinking of some of the families that I work
with in the job that I do. If I went to them and said oh I
think erm we need to do some work on mental health with your
child they'd go absolutely up the wall..

R: Yes.

P1: and they would climb it. The defences would come up and
it would break --

R: Yes.

P1: it would take a while the good work that I had been able
to do would..would yes but I'm the young person as well, why
I'd ever say that we're going to have a look at thoughts
feelings emotions

R: Umm.

P1: and...and do it on a one to one and do it and do it as a
family session as well about how our thoughts and how our
feelings and how our behaviour can effect other people as
well and how it all links in to how we're..

R: Yes.
P1: how we're feeling up here..

R: Umm.

P1: and then bring it in talk about mental health as well and that.

R: Umm.

P1: It's, it's a wider spectrum sometimes you can go through things in a different way to..

R: Umm.

P1: get the same message across.

R: Yes, yes. That's what I'm picking up from you that there's.. it's the type of..

P1: Yes.

R: parents

P1: Yes, type of parents and the type of..

R: You see, you're the type of parent that that term

P1: Yes.

R: doesn't..
19

323 P1: Yes.

324 R: throw fear into you.

325 P1: Yes.

326 R: Plus there's elements about your relationship with

327 L(teacher) as well

328 P1: Yes.

329 R: that comes into that as well.

330 P1: Yes.

331 R: So that that doesn't worry you..

332 P1: Yes.

333 R: when they or use that..

334 P1: Yes.

335 R: but for another parent like you've said has different..

336 different experiences they may not have similar

337 relationship as yourself and and L(teacher)?

338 P1: Yes.

339 R: Is that what you’re thinking as well?
P1: Yes if they've got that negative attitude
R: Umm that might not make them come through the door?
P1: I think you do need to say it. I think it all goes back to relationship and social inclusion as well if you're feeling included in something you're more likely to participate in something than if you feel like you're going to have something a label.. a post it note stuck on you or..
R: Umm.
P1: Erm, but it's all about --
R: No.. that's interesting.
P1: Most of the--- have been to get the stigma away from that as well..
R: Umm.
P1: and include people.
R: Yes, right. Thank you. Right, parents who have a negative perception of the term mental health still choose to engage with the TaMHS project when TaMHS offers workshops on promoting positive behaviour. What do you think about that then? How true do you think that is? Will that get them through the door if they offer workshops promoting positive behaviour?

P1: My opinion slightly true to not true at all.

R: Umm, ummm.

P1: Erm...reading that as a parent not..with my parent head on..oh what's wrong with my behaviour? It my guard..my guard..just reading that my guard went up and I'm thinking..

R: Right.

P1: would I be happy saying..promoting positive behaviour..what is it about my behaviour ..what is it about my behaviour that's having an affect on me what are you blaming me over? And I think..

R: Umm.
375  **P1:** the wording has to be very very..

376  **R:** Yes.

377  **P1:** almost fluffy to get you in..in . I know how..how

difficult it is to get people involved in positive parenting
379  courses and things like that and people go..I can see people
380  go (makes a tense noise). And it's how you..I suppose it's
381  how it's sold again..it's..it's..it's how it's sold. |  

382  Erm..it's difficult. How about we meet with some other
383  people, to talk about how difficult it is.

384  **R:** Yes.

385  **P1:** Erm..about -- to have a little break down to give you a
386  chance to see that you're not on your own.

387  **R:** Umm.

388  **P1:** Come give it a try. We could have a free taster session
389  at the beginning just to talk about any fears, anxieties,
390  have some coffee, have some biscuits,.. |  

391  **R:** Umm.

392  **P1:** and..and try and do it like that and this is what
if you have .. and what..d..that maybe what the course or workshop are going to cover are any of these, think that maybe have a tick sheet first or something..what are these other issues, problems, concerns for you? Which ones do you find easy within these as well?

R: Yes.

P1: Erm and having that as a collective information say right then you..you look like you've got some positive strategies about how you deal with this could you share that wit..can we use your experience and partly -- people feeling included

R: Right.

P1: Probably if they just came out and said it, that they've oh won’t you like to come to a positive behaviour..positive behaviour course I don't think it would get many people through the door that's all

R: Umm, so it sounds like what you're saying is parents who have a negative perception of the term mental health still choose to engage with the TaMHS project when TaMHS involves parents in the ideas about what workshops..
413 P1: Yes.
414 R: they need.
415 P1: Yes.
416 R: So, they're meeting their need.
417 P1: Umm.
418 R: So, parents can then say act..actually this is what I'm good at, this is what I do well,..
419 P1: Umm.
420 R: and then they can say can you share that or are you willing to share that.
421 P1: Yes.
422 R: Is that what you're saying? Parents more supporting..
423 P1: Yes.
424 R: parents?
425 P1: like p..peer..peer mentoring..in..in..in a..a erm that buddy system as well that would possibly..that..that the whole.. it's all part of the table of this is what we can offer erm and how about we come together in..kind've .. to
do..would you like some workshop sessions to be able to do that?

R: Yes.

P1: Is there any areas that you would, obviously you're going to have a criteria of what you need to cover .. so putting that open to well what is it that you want to .. and really tailoring the workshops if you can to the individuals needs it's not a one ..one size fits all..you can't try and fit a square peg into a round hole.

R: Umm.

P1: Erm, because people will just feel excluded or feel like they've been coerced into being there.

R: Umm.

P1: and not turn up and not get anything for it and meet peoples’ anticipations

R: Umm.

P1: to be able to move forward.
448  R: Umm. Thank you for that. That fit with your experience then?

450  P1: Yes.

451  R: Because I think they've had that promoting positive..

452  P1: Yes.

453  R: Erm, and that's were I've got that from..

454  P1: Umhum.

455  R: and I wondered..

456  P1: Yes.

457  R: did you feel the same from what you're saying?

458  P1: I've..I've been offered a workshop in

459  positive..promoting positive behaviour. I think it's

460  because I do it as my job. So and again if I had I'd be

461  yes ok not a problem but I think I'd still be a little

462  bit

463  R: Yes.
P1: But I know that in order to help B(son) I need to change aspects of my..my behaviour and if I can do that from being a positive role model myself I'm open to doing that but I think that people would er..er again -- a negative and if they've had issues before maybe they've had social care and welfare involved on one stage again you need to knock those barriers down before you can start fixing everything you need to just work with people on that level. You can only work with what you get. Erm and normalising things as well.

R: Umm. Thank you for that. Right. The other side of the coin, parents who have a negative perception of the term mental health do not engage with the TaMHS project when the school may assume that parents are not interested or able to promote their child's mental health. How true do you think it is for me to make that statement? And what I'm saying there is if a parent has a negative perception of mental health they wont engage with the project if that parent feel school assume that parents aren't interested in the behaviour that they get from them.
P1: I think very true.

R: Umm, and why do you say that? Why do you feel that?

P1: It's the assumptions isn't it. It makes an ass out of you and me. Erm, that the parent would feel that the school doesn't give a monkeys..

R: Umm.

P1: and school feels that the parents don't give a monkeys..

R: Umm.

P1: and in the middle the child here whose tearing their hair out and doing what ever because either people are too scared to approach each other, --like a communication problem, and again there's that..that being honest on both s.. on both parts. You can only ask.. sometimes you can only help those people who ask, who are receptive to help. You can take a horse to water but you can't make it drink is my favourite..favourite saying at the minute. Erm, because how would this school know that this is going on if the
school ever looked into open up and tell them and how if the school was assuming that the parents are not interested what are they doing to let..let parents know that they been concerns around this child as well. The child needs to be at the centre of everything so yes nobody knows nobody can do anything about it.

R: Thank you. Parents who have a negative perception of the term mental health do not engage with the TaMHS project when the activities happen during the day. And so activities like the workshop for parents, if it's happening during the day I'm saying that they're not going to get parents to engage with it.

P1: I think it..it again it..it.. I think it depends.

R: Umm.

P1: Erm, ..of how it's promoted.

R: Umm.

P1: Is that parent working during the day and they can't attend because they've got work commitments

R: Umm.
So it could fit up..I'm going to be naughty here and go across all of the spectrum because it does depend on how it's promoted how it's marketed. Is there an alternative? What if there are other activities during the day and if they've got other children to look for even if they..creche facility or somebody who could sit with..with the other kids or do they have play things in the corner? Erm, it's all about location, it's everything that you've go to take into consideration isn't it.

That can help it to work?

Yes, or make it break down completely as well.

Umm.

Of where it is..is it going to be in a nice calm and..is it going to be in school and if.. is because if parents have got a negative perception of the term mental health and have also got.. not got that relationship with the school coming into a school to do something can be daunting, I've .. when I've -- see the school number flash up on my phone I think oh my god what's happened..

Umm.
P1: and that's not because I've got a negative perception. The receptionist will say it's school you have nothing to worry about -- wont to put the telephone down .. school there's nothing wrong.. ok.. erm and so it's just f..I think it needs to be marketed of, with parents who.. are there parents that's going to engage? What's stopping them? And maybe having that open discussion with them if it if they are looking at putting the activities on during the day. What would help you to get here? What do you.. what is it that you need? Do you need child care? Do you need.. is it hard to transport them.. are we in the right catchment area to do that? Do we need to put something into the local..

R: Yes.

P1: local areas Erm and it's quite.. it's quite good here I think because most kids are of the immediate estate and don't have to catch 3, 4 buses to get there but when you're in inner city Birmingham and you've got to catch a bus which goes there to there to there and when no-one -- because it goes there to there. You could get parents who are not going to be able to do that because of the transport
32

559  link
560  R: Umm.
561  P1: and again ev.. the erm sometimes that stigma as well of
562  oh who else is going to be there? Whose going to be looking
563  down their nose at me?
564  R: Yes.
565  P1: Erm, but again if all the positive side to tha..this..
566  R: Umm.
567  P1: so I'm not..I'm across..I'm across the spectrum on that
568  one. Other things need to be taken into consideration as
569  well.
570  R: Yes, yes, so you're saying parents who have a negative
571  perception of the term mental health do not engage with
572  the TaMHS project when activities happen during the
573  day but this depends on erm.. their circumstances,
574  P1: Yes.
575  R: their position,
576  P1: Yes.
R: whether they’re located close or not

P1: Yes.

R: I think you sort of said their relationship as well

P1: Yes.

R: might be a factor as well.

P1: Yes.

R: Erm..

P1: But--parents might have other things going on..

R: Yes.

P1: and they're like can we ..is a DV issues with it on..I'm sorry domestic abuse --don't necessarily domestic violence on both sides, are they allowed out of the homes to be able to see things, can they physically get out of there home, are they bed ridden

R: Yes.

P1: Erm so it's to look at the other side of the bits and pieces but erm but not excluding those people because
they've got that but how can they be included by doing other bits and pieces. Could it be telephone contact?

R: Yes.

P1: and things like that.

R: So it's the inclusion side again

P1: Yes.

R: what you're saying..

P1: Yes.

R: isn't it. And meeting their..

P1: there needs

R: needs, individual needs isn't it.

P1: Yes.

R: Did you want some water?

P1: No I'm ok.

R: Parents who have a negative perception of the term mental health do not engage with the TaMHS project when the school use the term mental health in discussions about their child.

Now that's quite the opposite to what we were saying..
582 P1: Yes.

583 R: before but I've put it in to see what you.. what you

584 might think of that?

585 P1: Again I'd .. I'd say that slightly to almost true again
586 because of how it..is it just insensitively blurted out
587 R: Umm.

588 P1: Erm, how..how things have been..before
589 R: Umm.

590 P1: but also been inside there it did seem to be spoken
591 about..
592 R: Umm.
593 P1: But it's how..it's how it's come about --highlight it's
594 had that..it's had that approach perhaps.
595 R: Umm (interuption by phone buzzing)So parents who have a
596 negative perception of the term mental health do not engage
597 with the TaMHS project when school use the term mental
598 health in discussions about their child. Are you saying that
599 you almost agree did you sorry?
P1: I think slightly..

R: Slightly true you think..

P1: Yes, yes.

R: because of the parent you think?

P1: because of the parent and how it needs to be marketed

R: Yes.

P1: sold to that individual

R: Yes.

P1: and how what their experiences have been.

R: Yes.

P1: Is it or is it going to be a case if..if that parent has got erm mental health and had that stigma attached to them.

R: Umm.

P1: I think you can feel like you're to blame.

R: Umm.
P1: Erm, I know that I've certainly had that thrown at me not from school but when B's(son) hurt himself ‘oh well look at the state of his mother, he ain’t got to look very far’ and that was from his dad..erm, and..and..and family and when I've said I've been very..very ill ‘oh well you're dad's a nutter’ and I've had that done to -- it's like well no this is .. that comes from your dads side of the family.

R: Umm, so yes it's that experience..

P1: Umm.

R: Personal experience your saying?

P1: Yes.

R: Umm. Parents who have a negative perception of the term mental health do not engage with the TaMHS project when their contact with school has been mostly negative with regards to discussing their child’s behaviour. I wonder
P1: Very true.

R: You feel yes?

P1: Umm..you've got negative h.. negative here and all those negatives add up..no.. because you do you get just bogged down..

R: Yes.

P1: with everything being negative and then it'..it's difficult to find that gleem..

R: Umm.

P1: within there.

R: Umm.

P1: But again it de..I think it depends on the relationship that you have

R: Yes.

P1: Erm..

R: Because I'm thinking, for you..
Personally I've been this a lot of my conversations have been in regards to difficult challenges problem behaviour and I just think..what now but..but I've not got..but I think because I've not got the negative perception of mental health if I did

You don't think you..

I don't think I would have engaged the way that I did and if I don't think if I had that relationship with the teacher that I've got here and the support of others around me as well I think is also very important as well.

Others, family, some friends?

Family, friends, other health professionals erm..

Right.

It's like, as well as those for B(son) as well.

Umm.

If you haven't got them I think it's very..very
di...difficult because again you'd have been stuck in a box and this is what this you need this because this n.. will sort out..

R: Yes.

P1: these issues..

R: Yes.

P1: rather than ...people are like onions

R: Umm.

P1: peel away the layers to get towards the really really..that thing happening down..

R: core

P1: and sometimes you can't do that if you just give them one thing..yes..if the contact with the school has mostly been negative and again it's how that..from the teaching staff as well is it a case of see I need to talk to you about such--about your son or daughters behaviour in the classroom. You're going to feel like you’re valued and your opinions are valued ..it's about that inclusive thing
It's about feeling included in what's going on rather than being dictated to because people will stick their heels in if they feel that they've got to do something which goes against what they think and what they believe and what they feel.

If you was to turn that on its head.. and say this is going to.. however we've got.. we've got things in place that might.. might help erm this is what we can do. How do you feel about that? What's you're exp.. what do you want to sha.. what what do you.. what would you like to change?

Two years, next week? What would you like to see as an immediate change if you had a magic wand -- if you could
wake up on your ideal morning what would it look like and how can we get there? And do you realise that as a school as an organisation this is what we can do to help? How about giving it a go? By changing and turning it on it's head sometimes people would be more likely to engage even if they had that negative image more likely to engage because your making them feel included

R: There's an element of empowering them as well.

P1: Yes, yes.

R: That you seem to be saying there,

P1: Yes people feel more valued when there..there opinions..when they feel that they've truly been listened to rather than dictated to

R: Umm, umm. Thank you very much for that.
R: Parents who have a negative perception of the term mental health still choose to engage with the TaMHS project when TaMHS offers workshops on promoting positive behaviour. How true do you feel that is for me to make that suggestion?

T2: (reads statement to herself) I'd say slightly true because..

R: Yes..

T2: I'm just thinking the parents that I had to work hard with to engage..

R: Yes..

T2: They needed my input.

R: Umm.

T2: I needed to get them in... and talk to them and explain to them what mental health was and what the project would be about

R: Umm.
T2: and..trying to (---) with the optimistic kids. I had one parent who actually said erm would they have to declare that
their child had a mental health problem for insurances purposes for holiday and that you know it was just that
her scores had come out a certain way..

R: Umm.

T2: and I needed to do a lot of input on that, so it wasn't... I wouldn't say no, I'd say slightly true but not not so much really, it needed a lot of explaining what the
term mental health was

R: Umm.

T2: is that the kind of..

R: Yes.

T2: Is that the kind of answer you.. yes.

R: Yes. Because I'm just interested in what you had to do to get..

T2: I had to..

R: them through the door when you've got that situation.
T2: I had to get them in first of all. Some.. erm.. most of the parents in year 5 with regards to optimistic kids, did.. go along with it. Some of them chose not to. Only about two. But then when it came to the narrowing down to the twelve children..erm

R: And these are the ones that you need the consent for?

T2: These are what we needed further consent for. It was tricky. There were at least... three in that year group who needed.. further explanation and intervention and one in particular that needed a lot of..’please, its not a negative thing, it doesn't mean your child is ill. It doesn't mean your child is poorly in any way. It just means that maybe they have a view on something, and we want to try and help them have a different view.

R: Yes.

T2: but they.. on .. they do turn round and say do we have to declare this for our medical insurance for holidays,..

R: Right, umm.

T2: and so that's quite.. you know.. I mean I was a bit
4 like.. what?

55 R: Umm.

56 T2: But also, you know, sitting back and thinking about it, 

57 if that’s their perception and of course I’m pleased that 

58 they asked the question in a way. 

59 R: Yes, yes.

60 T2: So erm..

61 R: Ok

62 T2: Yes.

63 R: Slightly?

64 T2: Slightly, slightly.

65 R: Would you say that's slightly true? You're happy with 

66 that?

67 T2: Yes.

68 R: Thank you, thank you for that. Erm.. so what you're 

69 saying is parents who have a negative perception of the term 

70 mental health, they still choose to engage with the TaMHS
T2: Yes.
R: when .. you can sort of .. talk with them..
T2: Yes.
R: about what..
T2: Yes.
R: the TaMHS project is? Or about the..
T2: the particular intervention and the TaMHS project. I tried to put it into a big, the big global picture erm.. like, you know the term mental health is becoming more widely used. There's that great advert on the telly now. I don't know if you've seen it. The guy comes back from.. err..work and his colleague’s a bit nervous about asking him about it. So it is being raised more so you’re now being able to say that to parents but erm.. they did
R: Umm.
88  T2: situation, to get them to engage with it. and to
89  give their permission then..
90  R: Yes, yes, so understand that its the.. we're not saying
91  that their child's got mental issues .. any negatives..
92: T2: mental .. no.. no.. or even labelled. As I said to you,
93  it doesn't even mean that they've got a mental health issue.
94  R: Umm.
95  T2: What we're looking at is.. you know, there might be
96  something that actually all we can help them turn that
97  around..
98  R: Yes.
99  T2: Well particularly a view point or something. It was
100  hard.
101  R: Umm.
102  T2: It was hard with this one parent, particularly, it was
103  hard. She's doing it now.
104  R: Yes.
105  T2: Erm.. and..and they signed and they were happy.
106 R: Yes.

107 T2: But they did need a lot of support I think.

108 R: Yes.

109 T2: Comfort with it really, reassurance that actually we weren't going to label their child.

110 R: Yes.

111 T2: and send them off to the asylum or something.

112 R: Yes, yes. Thank you. Right, parents who have a negative perception erm.. of the term mental health, still choose to engage with the TaMHS project when..the staff at the school have a positive view of mental health as a result of the training they have received?

113 T2: Oh I think that's very true. I think the staff here I know, when I say staff I mean teaching staff..

114 R: Yes.

115 T2: and support staff.. have got a very good..understanding of what it means to talk about mental health... as a result of the whole school training we did that day but also
individual intervention that people have then gone on and followed.

R: Yes.

T2: and so people across the board generally.. talk quite..openly..to the parents about it and feel confident. The only time when the teacher's were a little bit erm.. (L), you need to do this.. is when it was a particular intervention they weren't sure of, the specifics to do with that. But generally, in terms of mental health, I'd say the staff, I'd say that's very true.

R: Umm.

T2: That they were able to talk to the parents very clearly about it..

R: and so it basically helps, I think from what you're saying, it helps staff to communicate with parents..

T2: Yes.

R: at ease when they are or relatively secure in their own

T2: Yes.
R: understanding of mental health and what TaMHS mean by mental health

T2: Yes, yes. And what the school are doing to support mental health or promote mental health you know, the staff have got a quite clear understanding what we mean by it and so on the general terms they're able to talk quite confidently to the parents about it. So yes.

R: Yes. I think what you're saying, it's the clarity with staff about the interventions that's going on.

T2: Yes.

R: I think your sort of saying that, if teachers can understand what's happening in those.

T2: Yes.

R: interventions so that they can relay that back to..

T2: Yes and I think that will come because now that we've done the therapeutic story writing and the optimistic kids and there, you know we're on our second of therapeutic story writing now with out TA leading it, erm the TaMHS teachers is..is not involved this time and the next time we run
optimistic kids it will be staff running it erm and so the
162 teaching staff will have a much clearer view of what goes on
with it and so then they will feel more confident being able
164 to explain

165 R: Umm.

164 T2: to parents. I think the..I think the mental health
165 thing was ok to talk about with parents but the specific way
166 that we're going to be looking at it, the teachers were
167 unsure but that will come in time I think

168 R: Umm. Thank you for that, thanks a lot. Parents who have
169 a negative perception of the term mental health still choose
170 to engage with the TaMHS project when the term mental health
171 does not appear on any correspondences that parents
172 received.

173 T2: I did put the term mental health in all of the
174 correspondence. I wanted it to be there but then I did
dress it in a way ..so, I don't know if I can really
answer that one because I had put it in. I didn't want to avoid it. Erm we did then, I might have only mentioned it once and we talked about positivity and self-esteem and self-belief and things like that. So, that might have been why we had the the negative perception because I wasn't afraid of using the language. Erm, I didn't want to shy away from it, so erm.. I would imagine that that (laughs) yes, that might've been quite true actually. They would have quite happily gone yes, good fun stuff optimistic kids, but the moment we start talking about mental health they were very, 'what does that mean' about it so yes.

R: Really, you think what? When you say 'yes' you saying almost true?

T2: I'm saying it's almost true I mean I.. unfortunately I can't.. I can't answer that black and white.

R: Umm.

T2: Because.. erm.. I did use the term. So I can't, but I do think, my gut reaction tells me that if I hadn't used it I think I might have got (laughs) .. it might have been a bit easier for the parents to just go 'oh that sounds like a
really nice little thing, therapeutic story writing. But I did.. I told.. when I spoke to parents I used the term TaMHS. I explained what that meant and I used the word mental health so.. so I think that if I hadn't used it I think that would be almost true.

R: Right, ok, if you hadn't, so ..

T2: I think the term itself is the problem.

R: Yes, that sort of removes them a little bit from being interested? Is that what you're saying?

T2: Erm.. or just, I think its just the erm..name. I really do think it..it's.. what actually does mental health mean? (rhetorical question) erm.. because you can't see it. Erm, and you know, as we..as we say to the children with a broken bone or something, it's quite easy to see that that person's ill but with mental health you can't see it unless they are displaying certain features and then often its.. then often late, well not too late, but they're already down the cycle kind of thing and I think for parents that's quite... and also with our parents, erm, anyone that they know who may have had mental health problems will already
be creating an imagine of what they think it is. Erm, and it’s so vast, it’s trying to get that across to parents. So, yeh I..I..I do think that would have been almost true if I hadn't put the terms in.

R: Umm, so you're saying then, that parents who have a negative perception of the term mental health still choose to engage with the TaMHS project when.. let me look, (pause) when the TaMHS, the term mental health..

T2: Yes.

R: If used in correspondence,..

T2: Yes.

R: with them,..

T2: they don't understand it. Like I said with the other one, they need finite explanation.

R: Yes.

T2: They needed a little bit more coaxing or encouragement or erm, explanation, definitely
R: Yes, that explanation.

T2: Yes.

R: Thank you.

T2: And I think it's just err.. society thing

R: Umm.

T2: about mental health erm which I think that's why the

TaMHS thing's been very good because it has..

R: Umm.

T2: knocked away at erm (phone rings)

R: Parents who have a negative perception of the term mental health still choose to engage with the TaMHS project when
the school do not use the term mental health in their .. in
their discussions with parents.

T2: (she reads this quietly to herself) It’s very difficult
because I have always used the term mental health.

R: Umm.. do you think that my hunch, is a correct hunch? Do
you think that's not necessarily true Sevi. -- no because I
still get them through the door. It's about this.
T2: (quietly reads) I think if we had not used the term mental health (pause) they would have engaged..happier..the more are doing.

R: Do you think, you would've got more in? I mean I don't know if you managed to get all of the parents that you wanted..

T2: No I didn't get all of them in. We didn't get all of the twelve where our optimistic kids group there's only eight..

R: Umm.

T2: Erm which was a shame because we did have twelve. So maybe if we'd hadn't..if we'd not used the term mental health... and just talked about positivity and things like that, that might've .. yes I think..I think your hunch is right.

R: You think?

T2: Yes I do. I think..I think it's almost true.

R: What was the term by the way that you used before TaMHS came in to sort of describe mental health. I'm interested.
268 T2: Erm..so..I mean I'm only SENCo for the last so..

269 R: Right.

270 T2: I've only.. I've only been involved in TaMHS..

271 R: Ok.

272 T2: since I become SENCo..erm..just trying to think...erm..it would have been depending on the situation so it might have been like a - you're talking about self-belief, self-esteem, positivity, erm view points, erm how you perceive things around you, so I would..I would just described the situation with the particular child

278 R: Umm.

279 T2: Rather than giving it the label..

280 R: Umm .. generally in this school you've used..

281 T2: as..as now we would.. anything to do with TaMHS we have used the word mental health

283 R: Umm.

284 T2: We have used the word mental health
R: Thank you, thank you. So you're saying then, parents who have a negative perception of the term mental health still choose to engage with the TaMHS project when the school do use the term mental health in their discussions with parents.

T2: It says 'do not use' there.

R: Oh sorry when the school do not use.

T2: I would say my hunch is that that is almost true.

R: Almost, this one?

T2: Yes (reads quietly back to herself again) I'd say if we hadn't used that term and just dressed it up as something else

R: You'd have had more you feel.

T2: I think maybe we would've had more.

R: Umm.

T2: Yes .. I do..yes I do.

R: Thank you ..I'm just wondering, I wonder how we could
make it true? What you would say would make it true? That's why I'm sort of..

T2: Well the ..the..the thing.. the reason why I can't say that it's true is because..

R: No, no, I wouldn't want to change that to make it true..

T2: No, no I just..

R: but what your theory would be.

T2: I..it possibly would be true..I just..

R: Yes.

T2: I'm just..I'm just ...I'm nervous of saying it's very true because I haven't had the experience of it..

R: Yes.

T2: Erm and I would say that that is a good 80%

R: Yes.

T2: That wou..that.. you know..

R: Yes.

T2: Most of our parents, if you hadn't used that term they'd've just signed the form
R: Yes.

T2: and just sent them in.

R: Yes.

T2: Erm..

R: So there's ..there's a 'true' element for you I find for you coming up..

T2: Yes, yes definitely.

R: that you can use the term mental health

T2: Yes.

R: and still get them through the door

T2: Yes.

R: but..

T2: but those parents who are slightly negative about it anyway .. that is a .. a barrier

R: Do you think the ones that you've got through the door .. do you think they've changed their perception and that's why they came through the door compared to the..the other four that didn't?
T2: I think ..I think some of them..erm..were happy anyway.
R: Right.
T2: I think they'd got the idea of mental health
R: Yes.
T2: I didn't have to talk to them
R: Yes.
T2: I think the ones who I had to talk to .. I don't know if they necessarily changed their perspective..or perception
R: Umm.
T2: I think they felt reassured
R: Umm.
T2: that their child wasn't going to be labelled or their child wasn't going to be perceived as mentally ill
R: Right.
T2: I was able to reassure them that that wasn't the case.
R: Fantastic.
T2: Does that make sense?

R: Yes yes.

T2: Actually I think it was..I'm not sure that they necessarily changed their perception of..well I..actually no I'm going to argue against myself here because by the very nature of that, by them actually having to turn around they would've therefore thought about mental health in a better...because I'd've had to .. through the discussion.. I would've..I would've very clearly make them feel a little bit more comfortable to get them to sign the form .. so.. therefore something must've changed.. and I do think narrowing it down it was just that it was that their child wont be perceived as mentally ill or..or anything like that.

R: Yes, and talk, and talk about the ones that didn't..have not.

T2: Umhum.

R: What do you think is different? What distinguishes them from the ones that did do you think?
T2: The parents. I do think that the
R: Umm.
T2: because this one parent is a very supportive parent
and erm I think some of the others.. erm who didn't sign
didn't even bother to chase up weren't interested. I'm
not sure if that was the term mental health that put them
off. Erm it might just have been.. they might just couldn't
be bothered.
R: Yes.
T2: We have a mixed intake of parents and..and supportive
parents and a..but I do think it's interesting that the
ones who erm.. I spoke to and also staying away from
optimistic kids we also had some one to one work with..
R: Yes.
T: some of the TaMHS team and again there I had to talk
to some of the parents to get their permission erm to..to
let them talk to MC(Primary Mental Health Worker) who came
in and spoke to them and erm..it was trying you know
getting across, in fact this one boy in particular same
conversation that I was having with the other lady with
regards to optimistic kids erm... so yes so they must've
changed their perception to a degree ...

R: Umm.

T2: But it what I think that they felt that that saying
their child..

R: Umm.

T2: in terms of their child they felt safe and reassured
that their child was ok and they weren't..

R: being labelled?

T2: being labelled exactly or anything like that.

Actually you.. that's a very..yes. thank you for saying
that. That one parent who asked about the erm insurance they
said will this be recorded anywhere..

R: Right.
in school. Erm and I said no, not at all. That's not, not what it's all about. Erm..however, I did go down the line of however if we do if we do find something that we really want to talk to you about then we will of course go into it a little bit more detail with you. But I said no it’s not going to be..they’re not going to be put on a register or something like that. No, no.

R: Thank you for that. Right, parents who have a negative perception of the term mental health still choose to engage with the TaMHS project when the project communicates to the parents about the positive work they will be doing and I think from what you're saying I mean how true do you say..

T2: Yes I'd say that's very true.

R: Yes.

T2: I'd say that's very true..erm. It's just a shame that you have to (pause) sell it almost in a way erm..to get to that point erm..but yes. I .. I would say that is very true actually. That actually this is going to be really
good for your child. Not just now but hopefully for the long
term future erm.. so yes that's very true.

R: Umm.

T2: Very, very true..definitely.

R: Very true. So you're..so you're basically agreeing with
all of that?

T2: Yes.

R: The whole of that?

T2: Yes definitely.

R: I'm interested in how did TaMHS communicates that for you
to be able to convey that across. Did they..

T2: What do you mean?

R: How..did they sort of erm.. in their correspondence or on
the news letter or leaflet..

T2: Yes.

R: they sent out..

T2: Yes.

R: Did they manage to communicate about themselves and
T2: Yes erm.. and also I found from my point that...a...the staff were very, very good and e...from me for a one to one level if I had any queries or anything I was straight on the email to P(EP) or MC(TaMHS team) or B(TaMHS team) who we worked with and so from that point for me it was...you know I was able to very easily give the...the positive outlook to the parents who in particularly with regards to the optimistic kids they sent through some literature which I got photocopied for the parents and things like that so that they were able to say ok.. there's going to be a positive outcome for my child.

R: Yes.

T2: and it's not a label actually, we're working towards something.

R: Yes.

T2: So yes that was definitely.

R: Did...did the news letters go out to parents because I don't know that much about..
T2: No. They came to...to us..

R: Just for schools?

T2: Yes, it was informing us of things that had gone on and other schools that had tried things and erm and opportunities that were coming up. It was a kind of...a round up thing..

R: Yes.

T2: of what was going on. But we also had the meetings but that was just kind've like your..

R: Umm.

T2: Your record of it.

R: Umm.

T2: So yes.

R: Thank you (pause) parents who have a negative perception of the term mental health do not engage with the TaMHS project when the school may assume that parents are not interested or able to promote their child's mental health..

T2: Ummmm.
R: You know, can you tell me how true you feel it is for me to make that suggestion?

T2: (reads quietly to herself) Erm..I..I think that's..I'd say that's..not true here. I would say that's not true here. Erm we have..we've got a care team. We have a care co-

ordinator and so I think the parents have a very clear understanding that we're here for the whole child and so we wouldn't necessarily presume that they can't or aren't interested. Erm I think it's just excepted that that's what we do.. erm and so we would try and help the parents in that school. You're always going to get the one or two parents who just don't want to but most of the parents are quite open to do that so I'd say in.. in our case

R: Umm.

T2: that's not true because we as a school have that kind of ethos anyway and mart.. it might not be using the term mental health

R: Umm.

T2: I think it's quite clear about the child as a whole
R: Umm. So what you're saying then is...you're saying that parents who have a negative perception of the term mental health will engage with the school when the school don't assume the parents.
T2: Yes.
R: are not interested or unable to promote the child's...yes, yes.
T2: Yes. I'm saying it will.
R: No, which is fine.
T2: Yes.
R: That's great information as well.
T2: Yes.
R: So, is it...am I right in thinking that you would say that if a school were like that
T2: Yes.
R: I think then they'd probably get better outcomes?
T2: Yes I think .. I think we .. yes definitely .. I would definitely agree with you on that one because .. it..I mean whilst the term mental health did frighten a lot of our parents we do have that ethos here, erm..we've always done nurture groups and things like. So it certainly made putting all these things easier and also with the staff as well it wasn't like 'oh here comes the mother --- for everything that L(her name) wants to put in'. It was, actually you know, we know where we're going with this. So I can see that actually the other way round where a school wasn't so..into the whole child and the well being there ooh not neces.. that's not fair to say because most schools would be now but not engaging in that kind of thing I can see that actually bringing something like TaMHS into the school would have been quite difficult.

R: Umm.

T2: Definately.

R: Thank you for that. Still recording good. Parents who have a negative perception of the term mental health do not
538 engage with the TaMHS project when the school use the term mental health in discussions about their child. I'm wondering if that's...you know the truth...or not.

540 T2: Yes (reads to self) I wouldn't say that they do not engage.

542 R: Umm, that's why I'm thinking maybe in your case it's not very true.

544 T2: It's...yes..

546 R: One of the others?

548 T2: There is an element of...erm...it's not 'do not engage', they need encouragement...it's...it's not quite that...there's the...there's the grey area in the middle. I think erm...I think the term mental health has an awful lot to do with why we needed a lot of input and further input from me.

552 R: Umm.

554 T2: Erm.. and so it certainly as I said earlier, if I hadn't used that term and if I'd just dressed it up, I think we
wouldn't have had the issues that we did.

R: Umm.

T2: So, erm.. to say that they don't engage full stop..

R: Which one would you say then?

T2: (reads to herself) I'd say slightly true.

R: Umm.

T2: Because I think it did shock some of them.

R: Umm.

T2: Erm so there is an element of truth about that. Maybe even almost true. Erm...but it didn't stop them engaging.

In most..

R: What do you think..

T2: In most case..

R: What do you think made the difference?

T2: the further depression..the fact that we were... we wanted to dis..discuss with them

R: Umm.
T2: and talk to them about it and we were willing to do that. Erm where as if we'd just gone 'oh ok don't worry' they might've gone 'uh that's fine' but because we did .. I did..not chase them up and badger them but I didn't just let it go

R: Yes.

T2: Erm..that there was a follow through, that did make the difference.

R: Thank you for that.

T2: Was that ok?

R: Yes that's fine, lovely. Parents who have a negative perception of the term mental health do not engage with the TaMHS project when the activities happen during the day and I'm talking about the parents activities for them to engage.. 

T2: The parents activities, right, ok. We only have one parents activity and of ..the eight children doing Optimistic kids, only two turned up.
R: Umm.

T2: Erm, so I would say that....I would say that's pretty true but I don't know if there's...it might've been because they were at work, erm or anything like that so I'm not necessarily sure of why..but I know some of them do work.

R: Umm.

T2: Some of them do work. So erm...(reads back to self) so I mean I have to say that that, that's almost true..

R: Umm.

T2: based on the numbers that we had at school. So that is almost true. They didn't get involved in the activities there.

R: And what do you think was the barriers there? Do you think it..

T2: Erm, I think some of it was time.

R: Umm.

T2: I do think some of it was time because the meeting was at two o’clock or something in the afternoon. Erm,
mind you it was..er but the thing is it was in a cluster of schools, but I do also think that I, you know some of the parents might think that you've sat round in a group all humming and meditating together and that kind of thing. Erm and..you know there is a bit of that but also there might be a bit of erm well wh..what goes on at school they're at school, I trust the teachers, yes not a negative or they're just child care but I trust the teachers as to what's going on and so I don't feel I need to necessarily go..

R: Umm.

T2: but yes I know that only two of our parents went.

R: Umm.

T2: So..

R: What do you think got those through the door though?

T2: One of them was the parent that I've been talking a lot about.

R: Oh right.
T2: Erm and I... and you know I've said that to them erm...
I'm I'm gonna be hon... I don't know about the other one.
R: Umm.
T2: I don't know about the other one. They might, I can't
even think who it was at the moment just thinking are they
the type of parent that would go to every meeting anyway
(pause) I can't think. I can't think sorry. But it was in
fact the same parent who went to that meeting as well.
R: Ummm after much talking with her?
T2: Yes, much talking erm..
R: Reassured?
T2: Yes, yes and actually they even wanted to find out a
little bit more about it and then did come back.. back and
speak to me again and then fill the form and off she went
she’s doing it now so..
R: Umm.
T2: Yes.
R: Thank you, thanks. Right, parents who have a negative
of the term mental health do not engage with the TaMHS project when their contact with school has been mostly negative with regards to discussing their child’s behaviour.

T2: Oohh the three boys that we started doing therapeutic story writing with have all had parents who are just constantly being phoned about erm their behaviour but they all did it.

R: And got parents to consent?

T2: got parents -- parents permission to do it. Erm..

R: Did they come to the..any of those parents were ones, were they one that came to..

T2: No they.. they.. we didn't have a meeting about therapeutic story writing. It was purely just any input that I gave them on the phone or talking to them. But yes all three, I managed to talk all three of the parents into getting their boys to do it. R(child) was quite an easy one to do even though he's our most disaffected young man in year 6. Mum herself is a behaviour therapist..

R: Right.
T2: and is pulling her hair out because that's her job.

Actually she's not doing,.. it's not working with him in school. Erm and so she was very open to it.. erm and again with the other two I did have to speak to the parents, I did have to explain what it was all about erm..but no I..I would have to..that's not true at all..

R: Umm.

T2: because all three of them, all three of them signed up to it.

R: Why do you think that is? Is it back to the explanation is it?

T2: Might be the explanation, could be the ethos, I know with..with regards to this one young man in year 6 mum has said I'll quote here 'I'll try anything', 'I will try anything' and one of the other young men erm.. who has had behaviour issues but actually wasn't really put in for that, it was.. he had a lot of background and things to do with his family background and dad actually said that he had
shied away before because he thought it might be too much
erm for him to cope with but he...he thought that actually
the timing might be right for him to have to... I mean he
used the word confront but you, you know I don't mean ..but
you know.. have to face things like that..erm.. so yes I
think it was..I think that maybe the timing was right. I
think as well that they felt ..erm..that the learning
support whose going to be doing it as well, the children
knew her. There was a comfort there with her. Erm and
so that..that might've helped as well. But I think .. I
think that it was you know, dressed up in a way that
actually this could.. it could help or it certainly could
open our eyes to look at other avenues.
R: Umm.
T2: So no that was er..not true at all.
R: Thank you. That was brilliant. Is there anything else
that er you feel has happened to make parents who..who view
mental health negatively engage or not engage with the TaMHS
project that we might not've explored? Is there any other
factors that you think actually helped them to come through those doors and engage?

T2: I think a lot of it was dependent on us. We had to work hard. Erm I think that's come across today we. I mean me, support staff, class teachers did have to erm sell it. I do think as well that actually the children themselves may have brought things home and we bought in an awful lot of resources. Years 3 and 6 class here took part in the erm Y4U I think it was. The..the drama..

R: Right.

T2: So they would've gone home and talked about that as well and that would filter through. So that might've. that might've helped. Then you know the parents might have thought actually there's a whole culture thing going on here. It's not just that they're aiming at my child.

Erm.. but I still come back to the fact that you can't use that term and then leave it when people are like 'what?' Which is what you found out when you tried to get your
ethics done. But no it is the term ..erm and I think that was.. not a barrier a hurdle that I had to climb over to get the parents in and it did require a lot of input erm interesting when we..we've ru..running the second group of thera..therapeutic story writing erm had no such issues with.. I mean there were less issues with therapeutic story writing than the optimistic kids but nevertheless I did still have to get the parents in for those three boys with therapeutic story writing where this time we didn't have to do that at all..

R: Umm.

T2: and the letters went out asking for permission and they'd come back. So...we we..I don't know if they'd been a change in .. I don't know. Different year group maybe. I'm not sure. But yeh.

R: Something happened there?

T2: Yes, I think so. Me and my placard about mental health I think..I think that's it. Yes.

R: Yes.
T2: I think so.

R: Thank you for that.
Appendix 11

Public domain briefing papers
Enabling and constraining parental engagement in a Midland Local Authority TaMHS project

Background

The Educational Psychologist (co-ordinating TaMHS) and the TaMHS team reported that schools had found that parents were reluctant to engage with TaMHS directly or consenting to their child’s involvement. They attributed this to the term ‘mental health’.

The Educational Psychologist wanted to understand why parents were not engaging with the project. I agreed to investigate this issue as ‘mental health’ was an area of particular interest to me and I also wanted to provide information for ways forward in the project.

Objectives

• To know what ‘helps’ and what ‘hinders’ parental engagement and why.

Method

• Semi-structured interviews with two TaMHS teachers and four parents (the focus was to discuss what participants believed ‘helped’ and ‘hindered’ parental engagement with TaMHS)

Procedure

1. TaMHS teachers at nine TaMHS schools were contacted by email and telephone. Information consent sheets were sent to each school (one for the TaMHS teacher and two for parents).

2. Two TaMHS teachers and four parents offered to be interviewed. Interviews were arranged at a time and place
of convenience. Interviews were conducted over a period of three weeks.

3. All six participants agreed for the interview to be recorded. The purpose of the interview and participants’ rights to withdraw from the study were explained.

4. Participants were presented with each statement in turn starting with what ‘helped’ parental engagement before presenting statements for what ‘hindered’ parental engagement. Each statement was discussed in turn. The focus of the discussion was to elicit what was happening in TaMHS with consideration to the circumstances for parents that ‘helped’ or ‘hindered’ their engagement with the project.

5. The interview took between 45 minutes to one hour.

Results from parent and TaMHS teacher interviews

Results indicated what participants found ‘helped’ parental engagement:

1. Positive relationships between teachers and parents
2. Teachers confidence to speak with parents about ‘mental health’
3. Parents having a good and positive understanding of mental health
4. Parents feeling they had the support and understanding of other parents
5. TaMHS communicating the positive work it would be doing in schools
6. The use of the term ‘mental health’ when explained by teachers who were open and honest (trusted by parents) or alternative more acceptable terms used.
7. Where there had been a family member with ‘mental heath’ difficulties in the past, TaMHS provided support required to avoid children experiencing ‘mental health’ difficulties.

Results indicated what participants found ‘hindered’ parental engagement:
1. School assuming a child does not require support from TaMHS due to being in receipt of support from other agencies

Parents commented that the following might ‘help’:

1. parents being involved, schools working in partnership with parents tailoring workshops to their needs and communicating well with parents

Parents commented that the following might ‘hinder’:

1. parents blaming themselves
2. parents who have work commitments and a negative perception of mental health in addition to having a poor relationship with school
3. parents having limited knowledge of mental health and schools not providing explanations to parents on ‘mental health’

Discussion and conclusion

![Diagram illustrating influences on parents' decision to engage]

Figure 1. Influences on parents decision to engage
Findings indicated that parents’ decision to engage with TaMHS was influenced by several factors (figure 1). Furthermore, factors associated with ‘hindering’ parental involvement included arrangements that were beyond parents’ control (such as, workshops happening during the day in another school).

Findings from this investigation showed that parents were not included in the programmes or interventions in TaMHS other than being invited to a workshop to Promote Positive behaviour. A parent suggested that schools should work with parents in the planning of programmes such as TaMHs particularly with regards to meeting the needs of parents in terms of workshops to provide.

The relationship between parents and teachers also functioned to ‘help’ parental engagement. Both parents and teachers were reported to be supportive. This particularly worked for parents who had children with behavioural difficulties.
An overview of the literature review

The review of literature for the present study begins by reflecting on a proposal by Rogers and Pilgrims (1996) who suggest the use of alternative terms when discussing mental health with lay people.

This then moves on to describe the government review paper (Aiming High for Children: supporting families, 2007) which is described as the catalyst to promoting mental health in schools.

This is followed by a description of the perspective of ‘mental health’ taken by the World Health Organization (WHO) whereby Mental health is viewed in a positive sense as ‘a state of wellbeing’ that enables an individual ‘to cope with the normal stresses of life’.

The review moves into a description of the TaMHS project describing the aims of the project including its core aims:

- Strategic integration
- Evidenced informed practice

The review moves on to describe TaMHS and how the project has been implemented. It describes the view TaMHS takes of ‘mental health’ with reference to the definition of ‘mental health’ from the 1999 Mental Health Foundation report Bright Futures.
Although there is little literature as yet with reference to promoting mental health in schools in the UK (particularly TaMHS), this review includes a description of an Australian project (MindMatters) aimed at promoting the mental health and preventing the suicide of young people. This project is influenced by the model of school change developed by WHO. This model is presented and described in the review.

An evaluative study of MindMatters by Franze and Paulus (2009) is described. This evaluation concerned schools across Germany and the focus was on measuring the impact of the programme on the mental health of the students and the professional development of the teachers.

The literature review moves on to describe how TaMHS is being evaluated both nationally (the ‘Me and My School’ research project) and locally.

With regards to a local evaluation, only one paper was located. The review describes the evaluation study by West Norfolk TaMHS (2009). The review discusses the focus of evaluative studies in TaMHS so far.

The review then moves into an overview of literature concerned with ‘engaging parents’. This begins with a description of the
seven points highlighted in the summary report by the DCSF (2009) in which avoiding the use of the term ‘mental health’ was a recommendation.

In attempting to make a distinction between parental involvement and parental engagement, the review reflects on definitions by Grolnick et al., (1997), Calabrese et al., (2004) and Harris and Goodall (2007).

The review then moves into a discussion about parent partnership models:

1. Expert model (Crozier and Davies, 2007; Cunningham and Davis, 1985)

2. Transplant model (Crozier and Davies, 2007; Cunningham and Davis, 1985)

3. Consumer model (Cunningham and Davis, 1985)

4. Partnership model (Hornby, 2000, p. 20)

5. An empowerment model White et al., (1992),

The work of Sacker et al., (2002) in terms of contextual systems that influence parental involvement from distal and proximal factors is discussed.
This is supported by reference to the work of Grolnick et al., (1997) who considers the influence of a child’s characteristics in regulating parental involvement.

The review provides a detailed description of Hoover-Dempsey et al., (2005) four influences on parents’ choice to be involved in their child’s schooling.

1. Parents’ role construction
2. Parents’ sense of self-efficacy
3. Parents perception of invitations
4. The life-contexts of parents

Literature by Hill and Taylor (2004) is reviewed in terms of its contribution in supporting suggestions by Sacker et al., (2002) and Hoover-Dempsey et al., (2005). Here, the Socio Economic Status of families and parents psychological state is considered to influence parental involvement.

The review finally makes reference to the argument by Hill and Taylor (2004) with regards to schools negative assumptions about parents’ interest in their child’s schooling. This is further supported by a qualitative study by Crozier and Davies (2007) who concluded that schools were hard-to-reach and not the parents.