Using Realistic Evaluation as a tool to understand what enables and constrains

parental engagement in a Midland Local Authority TaMHS project

Volume 1

By

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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).

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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. <u>A review of literature</u> 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. <u>Methodology</u> 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. <u>Results</u> 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. <u>Discussion and conclusion</u> 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.

Level of intervention

Create environment conducive to promoting
psychosocial competence and wellbeing

Mental health education: knowledge,
attitudes and behaviour

Psychosocial interventions
and problems

Professional
treatment
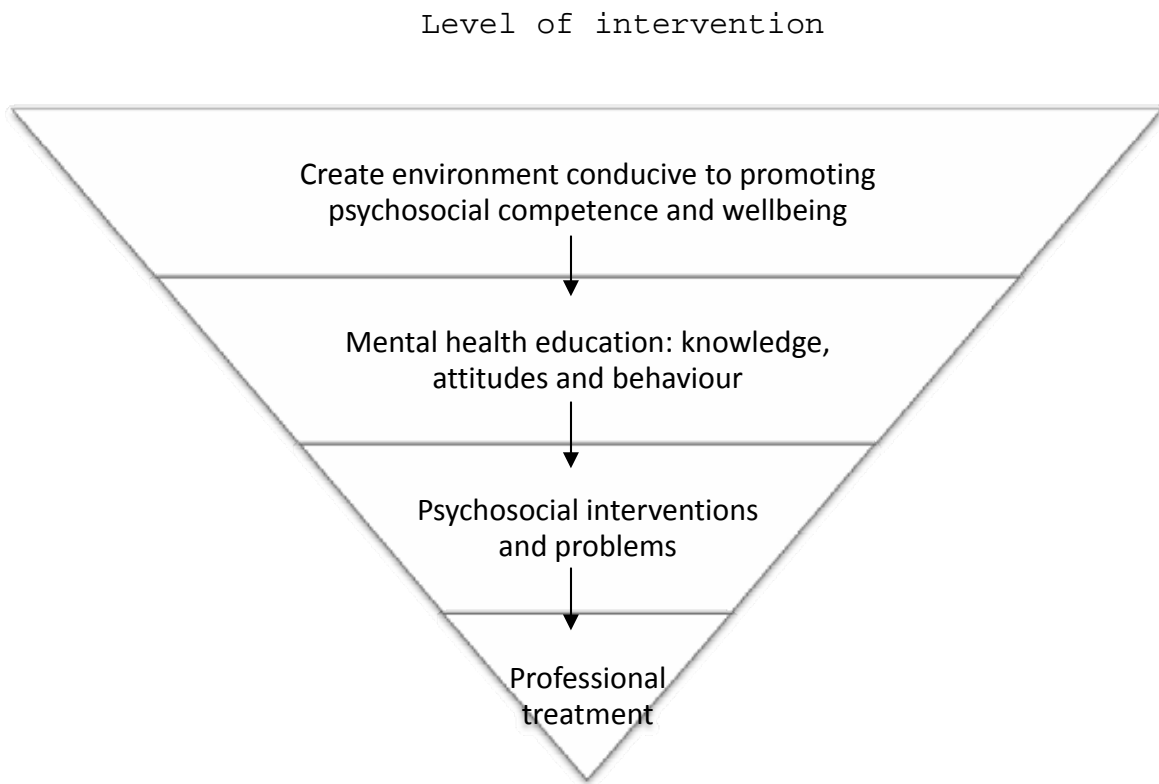
Figure 1. The World Health Organization's four-level, whole school approach to school change.

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

   (Green, H., McGinnity, A., Meltzer, H., et al. (2005).Mental Health of children and young people in Great Britain 2004.London: Palgrave)

- 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

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

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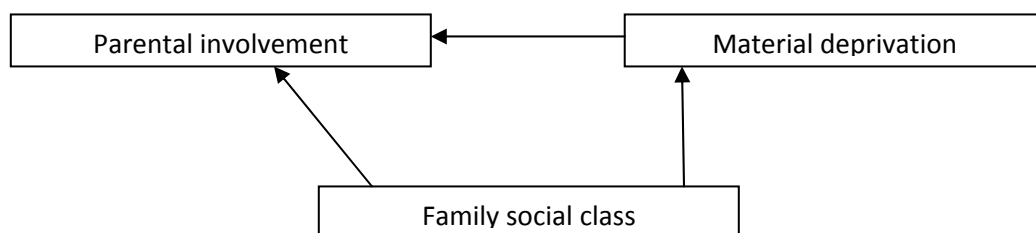
Figure 3. taken from Sacker *et al.,* (2002) path diagram for the contextual-systems model of the relationship between family social class, material deprivation and parental involvement

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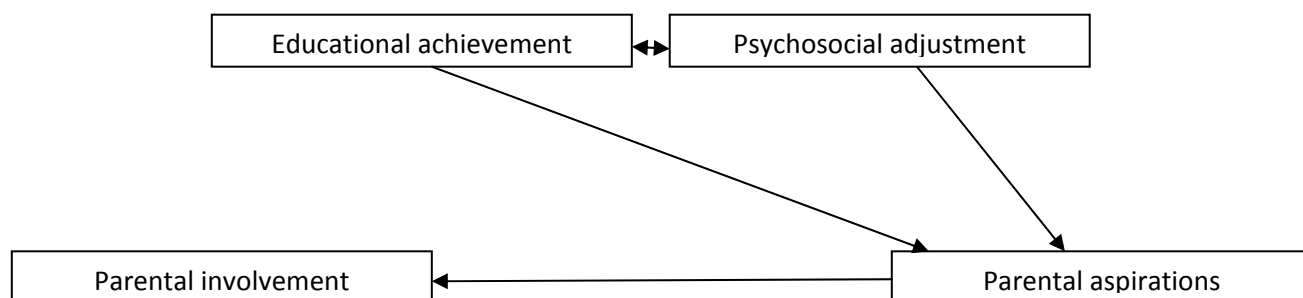
Figure 4. taken from Sacker *et al.*, (2002) path diagram for the contextual-systems model of the relationship between educational achievement, psychosocial adjustment, parental aspiration and parental involvement

Grolnick *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. Grolnick 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 Grolnick *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 a., 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

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:
    o 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:
    o 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).

context

mechanism

An action →is causal only if...
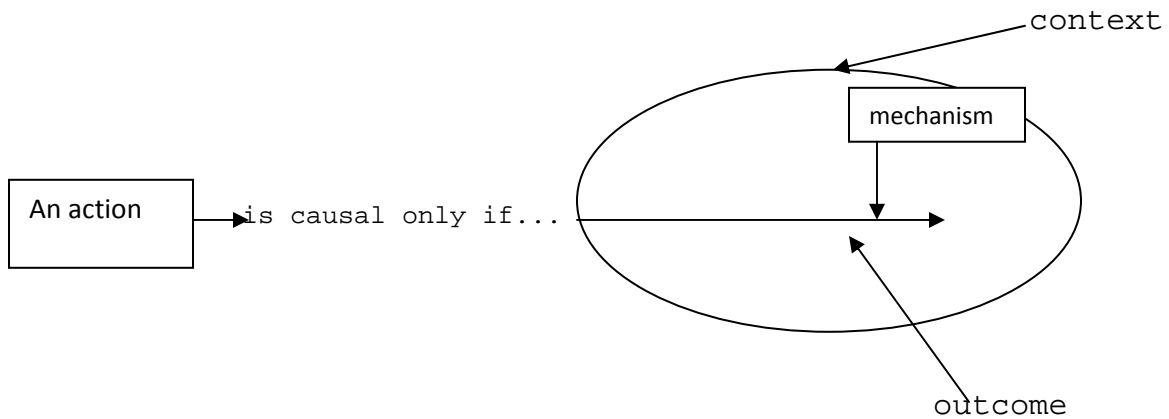
outcome

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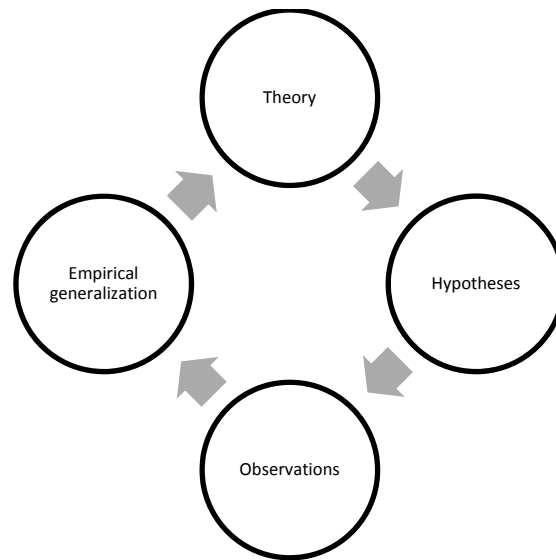
Figure 6 The wheel of science (after Wallace, 1971)

However, RE differs in content as illustrated in the realist evaluation cycle (figure 7).
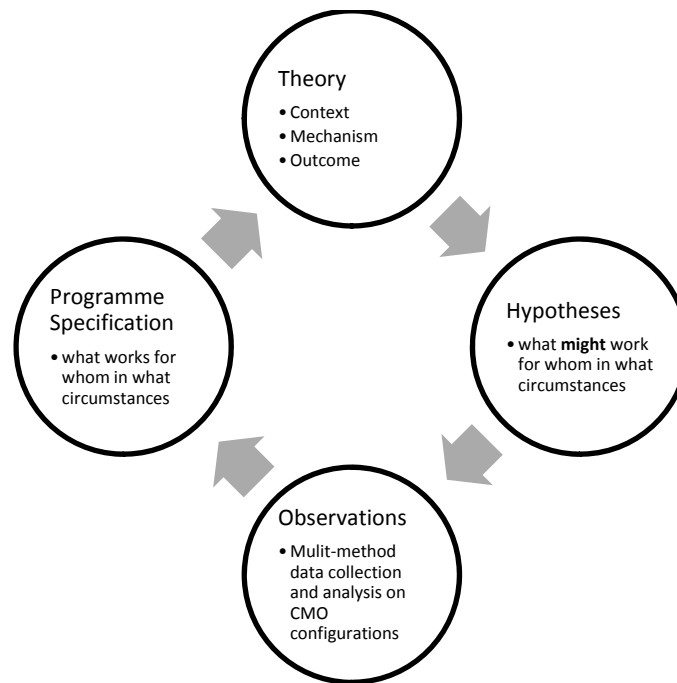
Figure 7 The realist evaluation cycle (Pawson and Tilley, 1997)

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 negotiated 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 |

| August 2010 | ← | July 2010 Ethical Approval Parent Letters sent out to TaMHS schools | ← | June 2010 |

| 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. Additionalinformation given out. |

| February 2011 Data gathering. | ← | January 2011 Ethic approval | ← | December 2010 Revised Ethics submitted. Schools contacted. Date set in new year to interview two teachers and four parents. |

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).
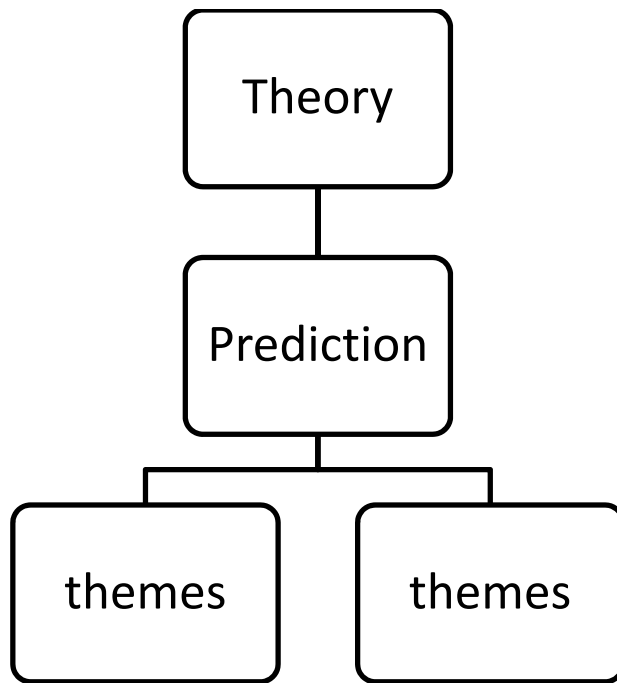
Figure 9. Process of theory-driven thematic analysis

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
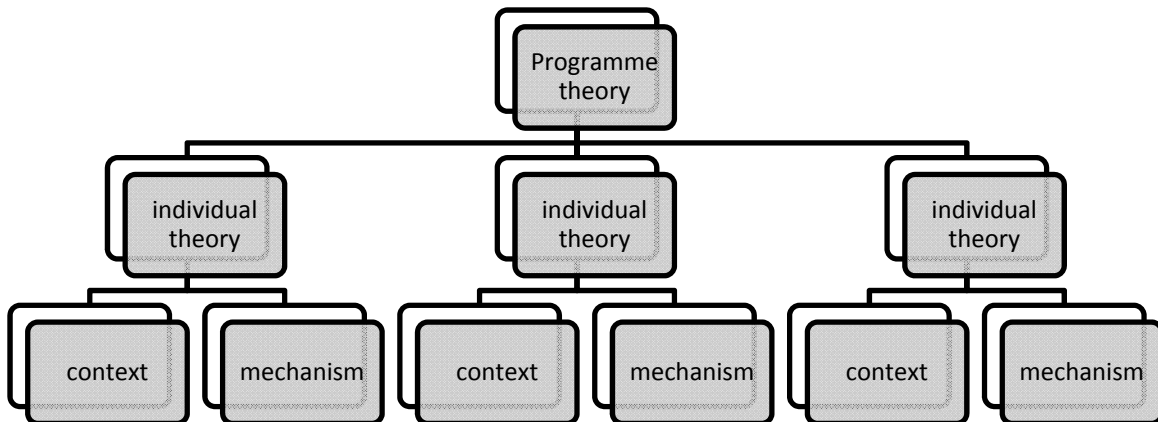
Figure 10. An example of the beginning process in theory - driven thematic analysis for RE

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

> [the individual theory]' (Hayes, 2007,p.180)

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 presents 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

2. Parents who have a negative perception of the term 'mental health' (C) still choose to engage with the TaMHS project (O) when the school did not use the term 'mental health' in their discussions with parents (M)

3. Parents who have a negative perception of the term 'mental health' (C) still choose to engage with the TaMHS project (O) when the term 'mental health' did not appear in any correspondences that parents received (M)

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

Initial Programme Theory
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)

1. Parents who have a negative perception of the term 'mental health' (C) still choose to engage with the TaMHS project (O) when the project communicated to parents about the positive work they would be doing (M)

5. Parents who have a negative perception of the term 'mental health' (C) still choose to engage with the TaMHS project (O) when TaMHS offered workshops on 'Promoting Positive Behaviour' (M)

Figure 11. Programme Theory for 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

Context	Mechanisms	Outcome
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	*TaMHS communicated to parents about the positive work that they would be doing*	*Parental engagement in TaMHS*
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	*TaMHS communicated to parents about the positive work that they would be doing*	*Parental engagement in TaMHS*
P3 Parent worked in school and had a positive view of mental health	*TaMHS communicated to parents about the positive work that they would be doing*	*Parental engagement in TaMHS*

Table 6: Teachers' views

Context	Mechanisms	Outcome
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.	*Parental engagement in TaMHS*

T2		
TaMHS school who had a relatively good working relationship with TaMHS team (email contact details)	TaMHS team forwarded literature to school. School copied literature for parents.	*Parental engagement in TaMHS*

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

Context	*Mechanisms*	*Outcome*
P1 Parent had a positive perception of mental health and there was a good relationship between parent and staff Parent trusted staff and both staff and parent support one another for the benefit of the pupil	The school used and explained the term mental health positively to parent and was transparent School and parent engaged in open discussions	*Parental engagement in TaMHS*
P2 Parent had experience working in a 'mental health' environment	She used the terms 'problem', 'anxiety issue' or 'stress issue' with school	*Parental engagement in TaMHS*
P4 Parent did not like the	School did not use term	*No Parental*

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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.		*engagement 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

Context	Mechanisms	Outcome
T1 TaMHS school where parents did not know about TaMHS	School did not use the term 'mental health' when talking with parents	*Parental engagement in TaMHS*
T2 TaMHS school that had supportive parents	School used the term 'mental health' and also reassured parents that their child was not going to be labelled or perceived as 'mentally ill'	*Parental engagement in TaMHS*

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

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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

Context	Mechanisms	Outcome
P2 Parent associated the term mental health with stigma	*The term 'mental health' did not appear in any correspondences that parents received*	*Parental engagement in TaMHS*

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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

Context	Mechanisms	Outcome
T1 TaMHS school parents held a negative perception of mental health	School did not use the term 'mental health' in any correspondence. The term was used rarely.	*Parental engagement in TaMHS*
T2 TaMHS school parents held a negative perception of mental health	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.	*Parental engagement in TaMHS*

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

Context	*Mechanisms*	*Outcome*
T1 School had staff who were trusted by parents and where many things were offered to support parents/pupils	TaMHS training was offered to staff	*Parental engagement in TaMHS*
T2 TaMHS school teacher and support staff had a good understanding of mental health and were confident	TaMHS offered whole school training and staff talked openly with parents about 'mental health'	*Parental engagement in TaMHS*

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

Context	Mechanisms	Outcome
P1 Parent believed that to change her child's behaviour she needed to	*TaMHS offered a workshop entitled: 'Promoting Positive Behaviour'*	*Parental engagement in TaMHS*

change aspects of her own behaviour		
P2 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	*TaMHS offered a workshop on 'Promoting Positive Behaviour'*	*Parental engagement in TaMHS*
P4 Parent did not like the term mental health and was a working mum	*TaMHS offer of a workshop on 'Promoting Positive Behaviour' was not communicated to parent*	***No*** *parental engagement in TaMHS*

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

Context	Mechanisms	Outcome
T1 Parents lived in another catchment area Parents may have felt they did not need it Parents had work commitments	Workshop offered by TaMHS happened during the afternoon in another school	**No** *parental engagement in TaMHS*
T2 TaMHS school parents held a negative perception of mental health	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.	*Parental engagement in TaMHS*

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

2. Parents who have a negative perception of the term 'mental health' (C) do not engage with the TaMHS project (O) when the activities happen during the day (M)

3. Parents who have a negative perception of the term 'mental health' (C) do not engage with the TaMHS project (O) when the school use the term 'mental health' in discussions about their child (M)

1. Parents who have a negative perception of the term 'mental health' (C) do not engage with the TaMHS project (O) when the school may asume that parents are not interested or able to promote their child's 'mental health' (M)

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 /relationship with parents (M)

4. Parents who have a negative perception of the term 'mental health' (C) do not engage with the TaMHS project (O) when parents contact with the school has been mostly negative with regards to discussing their child's behaviour (M)

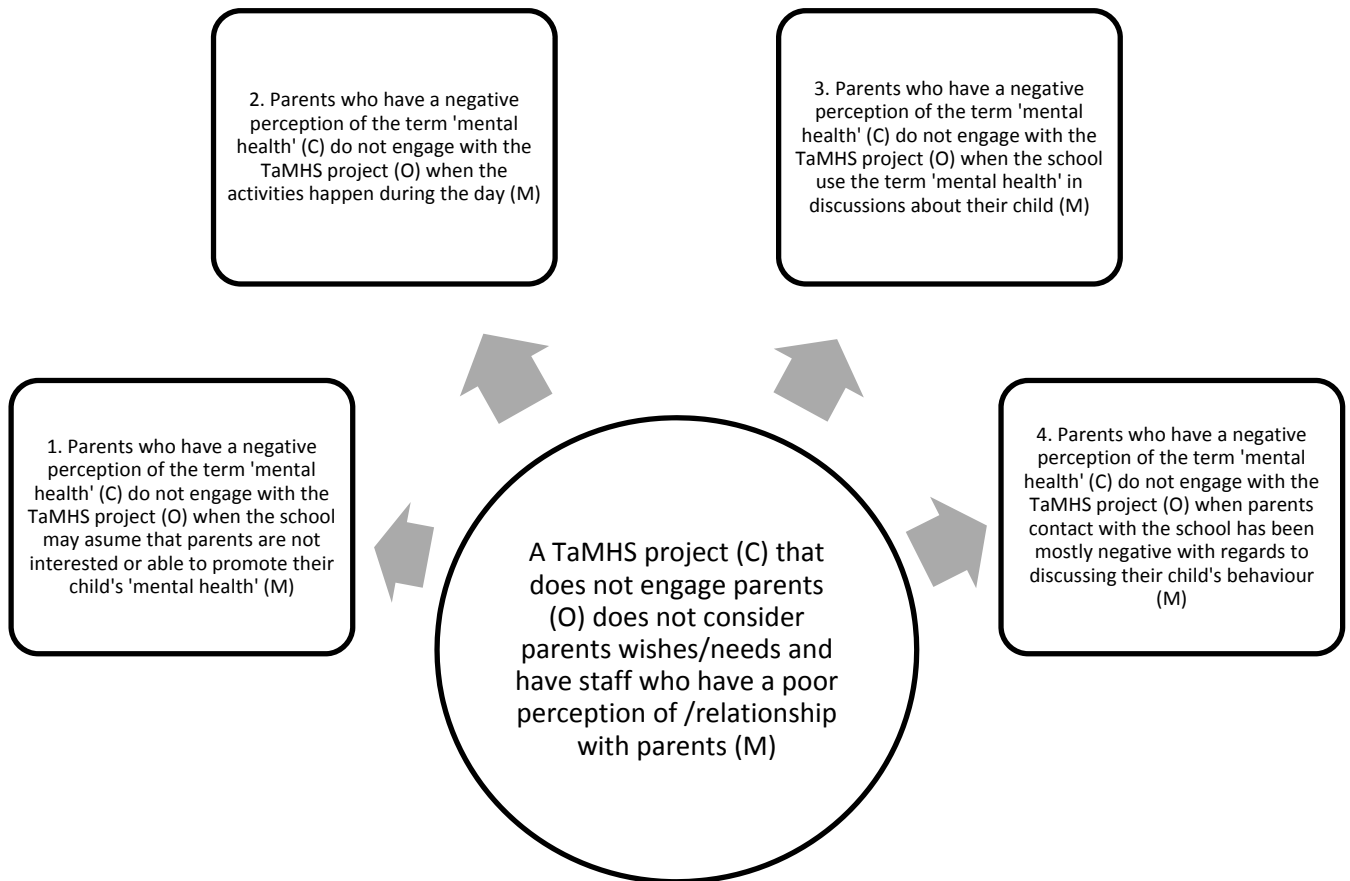Figure 12. Programme Theory for what 'hinders' parental

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

Context	Mechanism	Outcome
P4 Parent had worked with everything the school did (supportive)	School assumed parent was addressing their child's issues outside of school	**No** *parental engagement in TaMHS*

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

Context	Mechanisms	Outcome
T1 TaMHS school had a positive approach to promoting 'mental health'	School did not assume a lack of parental interest in mental health, or that parents were unable to promote their child's 'mental health'.	*Parental engagement in TaMHS*
T2 School's ethos was to help	School did not presume that parents were not able to	*Parental engagement in*

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

Context	Mechanism	*Outcome*
P1 Parent's child had difficulties at school and she found invites into school 'daunting'. She was concerned that	*The activities offered happened during the day in school and teachers would reassure worried parents when asked to come into school.*	*Parental engagement in TaMHS*

other parents may 'look down their noses' at her		
P2 Parent did have a negative perception towards the day but suggested that there were some parents who had no work commitments and wanted help and support	Four different schools were invited to take part in an activity that happened during the day and so parents could attend without children	*Parental engagement in TaMHS*
P4 Parent had work commitments but open to receiving information that was specific to the needs of her child	*The activities offered happened during the day*	**No** *parental engagement in TaMHS*

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

Context	Mechanism	*Outcome*
T2 Parents had work commitments A cluster of schools had been invited Parents trusted teacher and viewed this as an issue for the school and not home	The meeting was arranged for the afternoon	*Few parents engaged with the TaMHS project*

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)

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Table 18: Parents' views

Context	Mechanism	Outcome
P1 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	*The school used the term 'mental health' in discussions with her about her child*	*Parental engagement in TaMHS*
P2 However, suggests some parents have a good understanding of mental health like herself	*The school used the term 'mental health' in discussions with her about her child*	*Parental engagement in TaMHS*
P4 Parent did not like the term 'mental health' but was seeking appropriate help for her child	*The school did not use the term 'mental health' in discussions with her about her child*	*No parental engagement in TaMHS*

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

Context	Mechanisms	Outcome
T2 TaMHS teacher	TaMHS teacher offered	*Parental*

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| | encouragement and support to parents
School pursued parents who did not initially engage | *engagement in TaMHS* |
| subscribed to the LA's recommendation to use the term 'mental health' 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

Context	Mechanisms	Outcome
P1 Parent had a good relationship with the school, had a positive perception of 'mental health' and the support of others around her.	*Their (parent) contact with school had been mostly negative with regards to discussing their child's behaviour*	*Parental engagement in TaMHS*
P2 Parent knew support was available in TaMHS, she had a 'better' understanding of	*Their (parent) contact with school had been mostly negative with regards to discussing their child's behaviour*	*Parental engagement in TaMHS*

Context	Mechanism	Outcome
'mental health' and the teachers in school had been supportive this year		
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*

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

Context	Mechanism	Outcome
T1 One parent had had	School tried hard to ensure contact between	*Parental*

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.	home and school was positive	*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

Parent	Context and Mechanisms suggested to 'help' parental engagement
1	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).
2	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.
3	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.

	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

Parent	Contexts and mechanisms suggested to 'hinder' parental engagement
1	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).
2	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.
3	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.

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

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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).
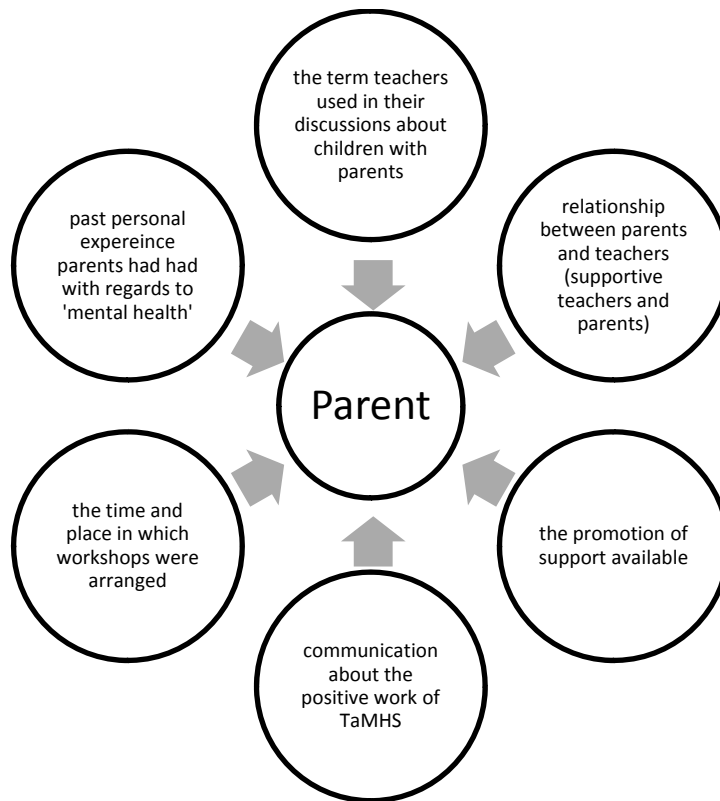
Figure 13. Influences on parents' decision to engage with TaMHS

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

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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

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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

Adi, Y., Killoran, A., Janmohamed, K., and Stewart-Brown, S. (2007a). *Systematic review of the effectiveness of interventions to promote mental wellbeing in primary schools: Universal approaches which do not focus on violence or bullying.* London: National Institute for Clinical Excelence.

Antonovsky, A.(1979). *Health, Stress and Coping: New Perspectives on Mental and Physical Well-being, Jossey-Bass*. San Francisco: CA.

Archer, M., Bhaskar, R., Collier, A., Lawson, T. and Norrie, A. (eds)(1998). *Critical Realism: Essential Readings*. Routledge: London.

Bernstein, B. (1974). Sociology and the sociology of education: a brief account. In J. Rex (ed.) *Approaches to Sociology: An Introduction to Major Trends in British Sociology.* London: Routledge and Kegan Paul, 145-159.

Braun,V. and Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, pp77-101.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press

Calabrese Barton, A., Drake, C., Perez, J. G. St Louis, K. and George, M. (2004). Ecologies of parental engagement in urban education, *Educational Researcher*,33(4), pp3-12

Capra, F. (1997). *The web of life: A new synthesis of mind and matter.* London: Flamingo

Central Advisory Council for Education (England) (1967). *Children and their Primary Schools* (the Plowden Report). London: HMSO

Cohen, L., Manion, L. and Morrison, K. (2010). *Research Methods in Education.* London and New York: Routledge

Crozier, G. And Davies, J. (2007). Hard to reach parents or hard to reach schools? A discussion of home-school relations, with particular reference to Bangladeshi and Pakistani parents, *British Educational Research Journal*, 33: 3, pp295-313.

Cunningham, C. and Davis, H. (1985). *Working with parents: Frameworks for Collaboration*. Milton Keynes: Open University Press.

Dale, N. (1996). *Working with families of children with special educational needs: partnership and practice*. London: Routledge

Department for Education and Employment, (1997). *Excellence in Schools: White Paper*. DfEE Publications: London

Department for Children, Schools and Families (2007). *The Children's Plan: Building brighter futures.* London: TSO

Department for Children, Schools and Families (2008a). *The Impact of Parental Involvement on Children's Education*. Nottingham, DCSF Publications

Department for Children, Schools and Families (2008b). *Targeted Mental Health in Schools Project. Using the evidence to inform your approach: a practical guide for headteachers and commissioners*. London, DCSF Publications

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

Department for Children, Schools and Families (2009). *Learning from Targeted Mental Health in Schools Phase 1 Pathfinders: Summary report*. London, DCSF Publications

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

Department of Education and Science (DES) (1978). *Special Educational Need* (Report of the Warnock Committee).London: HMSO

Department for Education and Skills, (2001). *Special Educational Needs Code of Practice*. London: DfES

Department for Education and Skills (2004). *Every Child Matters: Change for children.* London: HMSO

Department for Education and Skills (2005). *Primary National Strategy. Excellence and Enjoyment. Social and Emotional Aspects of Learning.* London: DfES

Department for Education and Skills (2007). *Secondary National Strategy. Social and Emotional Aspects of Learning for Secondary Schools.* London: DfES

Department for Education and Skills, (2007). *Aiming high for children: supporting families.* DfES: Norwich

Department for Health (2004). *National Service Framework for Children, Young People and Maternity Services.* London: DH

Education and Inspections Act (2006)(c.40). London:OPSI

Elverson, D. (2009). *Targeted Mental Health in Schools (TaMHS) West Norfolk Pathfinder Area: Project Evaluation*. Spirals: Attleborough

Epstein, J. L. and Becker, H. J.(1982). Teachers' reported practices of parent involvement: problems and possibilities. *Elementary School Journal,*83, pp103-113.

Franze, M. And Paulus, P. (2009). MindMatters-a programme for the promotion of mental health in primary and secondary schools: Results of an evaluation of the German language adaptation. *Health Education,* 109, 2, pp369-379.

Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A Research Note. *Journal of Child Psychology and Psychiatry*, 38, pp381-586.

Green, H., McGinnity, A., Meltzer, H., et al. (2005).Mental Health of children and young people in Great Britain 2004.

London: Palgrave[online]. www.youngminds.org.uk/ym-newsroom/media-resources/fast-facts [Accessed March 22nd 2010]

Grolnick, W. S., Benjet, C. Kurowski, C. O. And Apostoleris, N. H. (1997). Predictors of Parent Involvement in Children's Schooling. *Journal of Educational Psychology*, Vol.89, No.3, pp538-548.

Harris, A. and Goodall, J. (2007). *Engaging Parents in Raising Achievement – Do Parents Know they Matter?* DCSF Research Report. RW 004.

Hayes, N. (2007). *Doing Psychological Research*. Open University Press: Berkshire

Healy, M. and Perry, C. (2000). Comprehensive criteria to judge validity and reliability of qualitative research within the realism paradigm. *Qualitative Market Research: An International Journal,* vol 3. No.3. pp118-126.

Hill, N. E. and Taylor, L. C. (2004). Parental School Involvement and Children's Academic Achievement: Pragmatics and Issues. *Current Directions in Psychological Science*, Vol.1, No.4, pp161-164.

Hoover-Dempsey, K.V., Walker, J. M. T., Sandler, H.M., Whetsel, D., Green, C. L., Wilkins, A. S. and Closson, K. (2005). Why Do Parents Become Involved? Research Findings and Implications. *The Elementary School Journal*, Vol.106, No.2, pp105-130.

Hornby, G. (2000). *Improving Parental Involvement*. Cassell Education: London and New York

Kay, H. (1999). *Bright Futures, Promoting children and young people's mental health*. The Mental Health Foundation: London

Kerlinger, F. N. (1970). *Foundations of Behavioural Research*. New York: Holt, Rinehart and Winston

Langdridge, D. (2007). *Phenomenological Psychology: Theory, research and method.* Pearson Education: Harlow

Life Impacts: Childhood and Adolescent Mental Health, Understanding The Lifetime Impacts, Mental Health Foundation, (2005)[Online] www.mentalhealth.org.uk/help-information-statistics/children-young-people/ [Accessed 22nd March 2010]

Maturana, H. (1988). Reality: The search for objectivity or the quest for a compelling argument. *Irish Journal of Psychology*, 9,pp25-83.

May, T. and Williams, M. (1998). *Knowing the Social World.* Open University Press:Milton Keynes

Macdonald, G. and O'Hara, K. (1998). *Ten Elements of Mental Health, its promotion and demotion: Implications for practice.* London: Society for Health Education and Promotion Specialists.

Mental Disorders More Common in Boys, National Statistics Online, (2004) [Online] www.mentalhealth.org.uk/help-information-statistics/children-young-people/ [Accessed 22nd March]

Miles, M. B. and Huberman, A. M. (1994). *Qualitative Data Analysis: An Expanded Sourcebook (Second Edition).* Thousand Oaks, California: Sage

National CAMHS Support Service, Tackling Stigma: A Practical Toolkit in www.chimat.org.uk/tacklingstigma

NHS advisory service (1995). *Together we stand: Thematic review of the commissioning, role and management of child and adolescent mental health services*. London: The Stationery Office

Outwaite, W. (1987). *New Philosophies of Social Science: Realism, Hermeneutics and Critical Theory.* Basingstoke: Macmillan

Patton, M. Q.(1990). *Qualitative evaluation and research methods (2nd Edition).* California: Sage

Pawson, R. (2002). Evidenced-based policy: in search of a method. *Evaluation,* 8, pp157-181.

Pawson, R. and Tilley, N. (1997). *Realistic Evaluation.* Sage: London.

Pomerantz, E. M. and Moorman, E. (2007). The How, Whom, and Why of Parents' Involvement in Children's Academic Lives: More Is Not Always Better. *Review of Educational Research*, Vol.77, No.3, pp373-410.

Promoting children's social and emotional wellbeing in primary education. NICE, 2008. Available at www.nice.org.uk/guidance/index.jsp?action=download&o=4011

Reynolds, M., Brewin, C.R., Saxton, M. (2000). Emotional disclosure in school children. *Journal of Child Psychology and Psychiatry and Allied Disciplines*. 41 (2): 151 – 159.

Robson, C. (2008). *Real World Research (2nd Edition).* Oxford: Blackwell Publishing

Rogers, A. And Pilgrim, D.with Latham, M. (1996). *Understanding and Promoting Mental Health*. Health Education Authority: London

Rosenthal, H. (2001). Discussion paper – working towards inclusion: "I am another other". *Educational Psychology in Practice*, 17(4), pp385-392.

Sacker, A,. Schoon, I. and Bartley, M. (2002). Social inequality in educational achievement and psychosocial adjustment throughout childhood: magnitude and mechanisms. *Social Science and medicine*, 55, pp863-880.

Scott, D. and Usher, R. (1996). *Understanding Education Research.* London: Routledge

Shumow, L. and Lomax, R. (2002). Parental efficacy: Predictor of parenting behaviour and adolescent outcomes. *Parenting: Science and practice,* 2, pp127-150.

Silverman, D. (1993). *Interpreting Qualitative Data: Methods for Analysing Talk, Text and Interaction*. London: Sage

(The Office for National Statistics, Mental Health in Children and Young People in Great Britain, 2005)[Online] www.mentalhealth.org.uk/help-information-statistics/children-young-people/ [Accessed 22nd March 2010]

Timmins, P. and Miller, C. (2007). Making evaluations realistic: the challenge of complexity. *Support for Learning*, Vol.22, No.1,pp9-16.

Training and Development Agency (TDA) Qualified Teacher Status (QTS) standards guidance. Health and Wellbeing [online] www.tda.gov.uk/trainee-teacher/qts-standards/knowledge-and-understanding/health-well-being/q21b.aspx

Usher, R., Bryant, I., and Johnson, R. (1997). *Adult education and the postmodern challenge: Learning beyond limits*. London: Routledge

Wallace, W. (1971). *The Logic of Science in Sociology*. New York: Aldine

Weare, K. (2000).*Promoting Mental, Emotional and Social Health: A Whole School Approach*. Routledge: London

Weare, K. and Markham. W. (2005).What do we know about promoting mental health through school? *In Promotion and Education*, xii, (3-4), pp14-18.

Wells. J., Barlow. J. And Stewart-Brown. S. (2003). A systematic review of universal approaches to mental health promotion in schools. *Health Education*, 103(4);p220

White, K. R., Taylor, M. J. And Moss, V. T.(1992). Does research support claims about the benefits of involving parents in early intervention programs? *Review of educational Research,* 62, pp91-125.

World Health Organization (1998). *WHO's Global School Health Initiative: Health promoting schools*. Geneva:WHO

World Health Organization (2007). Mental health: strengthening mental health promotion [online].

www.who.int/mediacentre/factsheets/fs220/en/print.html [Accessed March 22nd 2010]

World Health Organization (1986). *Ottawa Charter for Health Promotion*. Geneva: WHO

Wyn, J., Cahill, H., Holdsworth, R., Rowling, L. and Carson, S. (2000). MindMatters, a whole-school approach promoting mental

health and wellbeing. *Australian and New Zealand Journal of Psychiatry*, 34:pp594-601.

Yin, R.L.(1994). *Case Study Research.* Thousands Oak: Sage publications

Appendix 1

<u>A diagrammatic representation of a 'contextual systems' model</u>
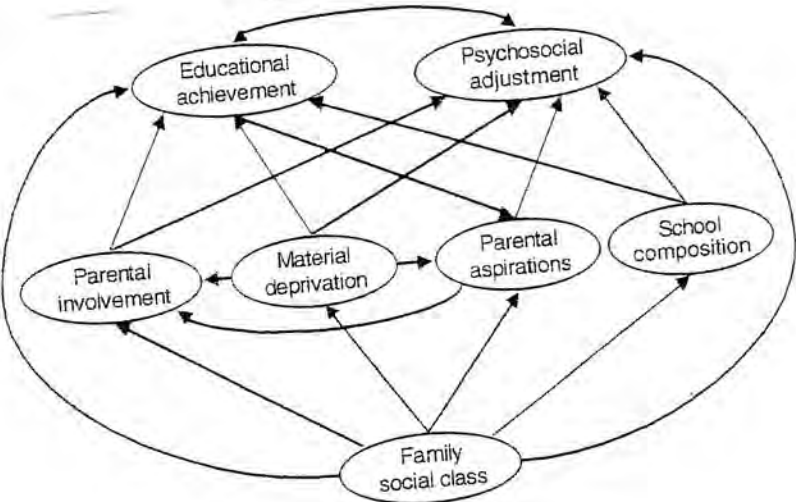
Appendix 2

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

<u>Hinders: Theory presented to participants (context and outcome)</u>

"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

<u>Information and consent sheet</u>

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 ████████. 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 ████████

- 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	Dr Jane Yeomans
Trainee Educational Psychologist	The University of Birmingham
The University of Birmingham	School of Education
School of Education	B15 2TT
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 theTaMHS 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 ████████. 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	Dr Jane Yeomans
Trainee Educational Psychologist	The University of Birmingham
The University of Birmingham	School of Education
School of Education	B15 2TT
B15 2TT	0121 414 4843

████████████████████████████

████████████████████████ research described.

(TaMHS lead) Name: _____

Signature: _____

Telephone number: _____

Appendix 7

<u>Application for Ethical Review</u>

Appendix 8

<u>Pre-interview information</u>

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

<u>Prompt sheet</u>

Very true

Almost true

Slightly true

Not at all true

Appendix 10

<u>A sample of analysed transcripts</u>

1 R: Right, ok. Parents who have a negative perception of the

2 term mental health still choose to engage with the TaMHS

3 project when the project communicates to parents about the

4 positive work that they will be doing. How true do you think

5 that statement is do you feel?

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

7 R: Yes and why do you say that?

8 P1: Erm..mental health still has that stigma attached to it

9 that if you've got mental health issues and even the term

10 issues drives me .. insane. It's still got that negative

11 image attached to it that the media portrayal or this

12 person's ex offenders could be in custody has got mental

13 health problems. It's all the bad side. Terms like psycho

14 and things like that. Those words that have been carried

15 forward within this. And I think it's only been within the

16 last few years and I feel yes but I was pleased to see the

17 advert about mental health on the TV yesterday. I'm a big

18 ambassador for mental health. Erm, so yes it's alright to

19 talk about it, so I think , but having that side of things

20 as well as talking about the positive work so this is what

21 mental health is about it's about looking after your

22 physical, your emotional wellbeing as well as..

23 R: Umm.

24 P1: it's not just about the gory side of things. It's about

25 the extremeness schizophrenia, bipolar, or any stuff like

26 that. It's about how you feeling today and doing and doing

27 that in.. it just puts.. it certainly put my mind at ease

28 and I've been right through the spectrum but I think

29 sometimes that's why I'm doing al..almost true to..to very

30 true because I think it would put people's minds at ease

31 because it's suppose to be focusing on the positive rather

32 than on the negative.

33 R: Yes. Do you feel in your experience that the project has

34 commun..communicated that to parents to get them to engage?

35 P1: In..in ..in mine it has erm, and I'm not sure if   Comment [W2]: H1T1M

36 that's just me because.. with with B(son) being involved

37 with the TaMHS here I've got.. I had visits. I have been

2

38 through the mental health section myself as a person and I

39 don't wont that for him so any help that I can get

40 even if it's just a case of my emotional diary and stuff

41 like that I'm already within that so I'm not su..I'm not

42 sure ..I can't comment on how I felt it would help other

43 parents because I'm all for mental health

44 R: Umm.

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

46 and..

47 R: Yes.

48 P1: and things like that.

49 R: Yes. So it sounds like f..for you, from what you're

50 saying that..parents who have a negative perception of the

51 term mental health will still choose to engage with   the

52 TaMHS project when the project does communicate the

53 positive work that it's doing

54 P1: Yes.

55 R: That..that's..

3

56   P1: ..people a little bit more

57   R: Yes.

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

60   R: Yes.

61   P1: It would..but if I focussed on the negative -- on the

62   positive side this is what we can do this is how we can we

63   can move and talk about the little steps that that TaMHS

64   project..

65   R: Yes.

66   P1: c..can erm..can do. But you can't. It kind've gives you

67   that..that as a parent..it kind've gives you that..yes..I've

68   go..I've got to do this to help..

69   R: Reassurance?

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

71   R: Yes.

72   P1: and that the best-- or is in not.. talk about the

73 positive work that it's doing it normalises that..it it er

74 very very very common but not as common as .. not as the all

75 common as the what people think you feel as a parent you

76 think that you're the only one

77 R: Yes.

78 P1: and you're not..

79 R: Yes and it sounds like for you you..your sons engaged in

80 the project..

81 P1: Umm.

82 R: with a mum who I..am I right in thinking you have more of

83 a positive perception?

84 P1: Yes.

85 R: Yes? Is that right? Yes?

86 P1: Yes. I've worked with..I've worked with mental health as

87 well as being right from one end of.. right..right the way

88 to the other end in..in the work that I've..I've done with

89 mental health and training and everything that I've been on

90 and I can see where he's going..

91 R: Umm.

5

92   P1: and his--low

93   R: Umm.

94   P1: turn, turn it around

95   R: Yes.

96   P1: like the view -- that positive

97   R: Yes.

98   P1: mental attitude

99   R: Yes.

100 P1: and sing a happy song.

101 R: Yes.

102 P1: Things like that.

103 R: Thank you for that. Right, parents who have a negative

104 perception of the term mental health still choose to engage

105 with the TaMHS project when the school do not use the term

106 mental health in their discussions with parents. Do you

Comment [W8]: Help Theory 2

107 think that's a true statement to make? It's better for

108 schools not to use that term to get parents to engage?

109 P1: (reads to self) I'm sitting in the middle of slightly

110 true to almost true.

111 R: Umm, umm.

112 P1: because I think if it's not..if the word mental health

113 is not mentioned..

114 R: Umm.

115 P1: in things.. if parents were to discover that men.. that

116 it is to work on mental health they might feel deceived

117 R: Right.

118 P1: and and lied to. Erm.. because...but I think by not

119 using the word mental health..

120 R: Umm.

121 P1: it's putting back that it's a negative thing

122 R: Umm, umm.

123 P1: in my opinion

124 R: Umm.

125 P1: that it's something that shouldn't be spoken about

126 R: Right.

7

127 P1: and it is something that should be spoken about and

128 something that should be embraced

129 R: Umm..so do you feel that..are you saying that parents who

130 have a negative perception of the term mental health will

131 still choose to engage with the TaMHS project when the

132 school are honest..

133 P1: Umm.

134 R: and use the term mental health..

135 P1: Yes.

136 R: but explain it positively?

Comment [d9]: paraphrased

137 P1: Yes.

138 R: Is that what you're saying?

139 P1: Yes, yes.

140 R: Yes? You think that would work?

141 P1: Yes.

142 R: Umm. Thank you for that. Has that fitted your

143 experience? Do you feel that the school have erm..explained

144 it positively to you so that you have trust because you

8

145 have a positive perception..

146 P1: Yes, yes, erm I mean..

147 R: did you query the..--

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

149 Mrs M

150 R: Yes.

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

152 R: Yes.

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

154 behaviour..

155 R: Yes.

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

157 R: Yes.

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

159 with them and they've been very open with me

160 R: Yes.

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

162 absolutely anything I mean I've had to have.. the

163 conversation today was about B (son) threatening that he's

164 going to harm himself again.

165 R: Umm, umm.

166 P1: So if we didn't have that relationship with the teacher

167 and with the school   ..knew that I had their support and

168 equally that they had my support we couldn't work

169 together to support B(son)

170 R: Yes.

171 P1: and that's the way of..of..of being anything..with any

172 relationship that you have on a professional level you have

173 to be u..you have to be honest

174 R: Umm.

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

176 R: Umm.

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

178 transparent

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

180 P1: Yes.

Comment [d13]: H1T2C

Comment [d14]: H1T2C

Comment [d15]: H1T2M

181 R: in that respect.

182 P1: Yes.

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

184 P1: No.

185 R: If you realised ..

185 P1: If..if they like..yes if they're..if..if..if they'd have

186 been saying..they hadn't been open with me..

187 R: Right.

188 P1: and kind of tip toed around I would have felt like I'd

189 been a bit deceived and I would have felt, felt a bit

190 insulted to be honest. At the end of the day all parents

191 p..

192 R: Umm.

193 P1: well in theory all parents put the welfare of their

194 children above anything.

195 R: Umm.

196 P1: Erm and if it's going to get the best out of them..

197 R: Umm.

198 P1: when we know that they're struggling.

199 R: Umm, umm, thank you for that. Parents who have a negative

200 perception of the term mental health still choose to engage

201 with the TaMHS project when the term mental health does not

202 appear in any correspondence that parents receive.

203 P1: Umm.

204 R: Now we've just talked of..

205 P1: Yes.

206 R: haven't we about that. And I've put that in because some

207 schools chose not to put that in the correspondence..

208 P1: Umhum.

209 R: even though it was called a TaMHS project.

210 P1: Yes.

211 R: What do you think about how true that statement is to get

212 parents through the door? Do you think that worked?

213 P1: I think it depends, I think it depends on the on the

214 parent

215 R: Umm.

216 P1: Yes I mean..d..and how they've been received and if

217 they've gone and asked for help before and been..been

218 knocked back instead..oh you're being a bit slightly it's

219 all in your imagination and stuff like that

220 R: Umm.

221 P1: which I had when B(son) was very young and when he hurt

222 himself and they looked at me and said well are you sure

223 that you haven't done that?

224 R: Umm.

225 P1: He had a big bump on his head from when he'd banged it

226 off the wall.

227 R: Umm.

228 P1: Erm.. and I think sometimes when people do see the word

229 mental health they just close up.

230 R: Umm.

231 P1: It was like the word parenting skills.

232 R: Umm.

233 P1: They --- and I'm a parenting skills facilitator (laughs)

234 erm..

235 R: But it's still a benefit..

236 P1: But it's still that delicate one and I think ..I'm not

237 sure whether to..it could hit every single one of those

238 erm..

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

240 P1: Yes, depending on whatever..I think.. I think it has to

241 have the word mental..

242 R: Umm.

243 P1: in it but health could have been, you see it could have

244 been mental wellbeing, it could have been mental health, it

245 could be..it could be adapted for the..for the individual

246 and for the family as well erm..

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

248 P1: Yes.

249 R: and context of the parents..

250 P1: Yes.

251 R: Who they are that might affect..like for you, as a parent

252 you're feeling that school can approach you..

253 P1: Yes.

254 R: and use that term mental health in letters and

255 whatever,

256 P1: Yes.

257 R: for you but..

258 P1: Some people it might be..it might not be appropriate.

259 It might be -- of mental wellbeing and and emotional

260 wellbeing as well. So it encompasses everything..

261 R: Yes.

262 P1: which..and then..followed by which comes under

263 men..which parts of the mental health act isn't it really.

264 R: Umm.

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

266 well.

267 R: Umm, umm. I mean what, can I ask you what sort of parents

268 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.

286 R: Everything that you're saying is really, really useful.
287 Thank you it really is.

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

292 R: Yes.

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

295 R: Yes.

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

299 feelings emotions

300 R: Umm.

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

305 R: Yes.

306 P1: how we're feeling up here..

307 R: Umm.

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

309 and that.

310 R: Umm.

311 P1: It's, it's a wider spectrum sometimes you can go through

312 things in a different way to..

313 R: Umm.

314 P1: get the same message across.

315 R: Yes, yes. That's what I'm picking up from you that

316 there's.. it's the type of..

317 P1: Yes.

318 R: parents

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

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

321 P1: Yes.

322 R: doesn't..

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?

340 P1: Yes if they've got that negative attitude

341 R: Umm that might not make them come through the door?

342 P1: I think you do need to say it.. I think it all goes

343 back to relationship and social in..social inclusion

344 as well if you're feeling included in something   you're

345 more likely to participate in something than if you feel

346 like you're going to have something..a label..a post it note

347 stuck on you or..

348 R: Umm.

349 P1: whatever.

350 R: Yes.

351 P1: Erm, but it's all about ---

352 R: No..that's interesting.

353 P1: Most of the--- have been to get the stigma away from

354 that as well..

355 R: Umm.

356 P1: and include people.

357 R: Yes, right. Thank you. Right, parents who have a negative

358 perception of the term mental health still choose to engage

359 with the TaMHS project when TaMHS offers workshops on

360 promoting positive behaviour. What do you think about that

361 then? How true do you think that is? Will that get them

362 through the door if they offer workshops promoting positive

363 behaviour?

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

365 R: Ummm, ummm.

366 P1: Erm...reading that as a parent not..with my parent head

367 on..oh what's wrong with my behaviour? It my guar..my

368 guard..just reading that my guard went up and I'm thinking..

369 R: Right.

370 P1: would I be happy saying..promoting positive

371 behaviour..what is it about my behaviour ..what is it about

372 my behaviour that's having an affect on me what are you

373 blaming me over? And I think..

374 R: Umm.

21

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   Comment [d20]: H1T5M

378 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.|_____   Comment [d21]: H1T5M

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,..|_____   Comment [d22]: H1T5M

391 R: Umm.

392 P1: and..and try and do it like that and this is what

22

393 w..w..if you have .. and what..d..that maybe what the course

394 or workshop are going to cover are any of these, think that

395 maybe have a tick sheet first or something..what are these

396 other issues, problems, concerns for you? Which ones do you

397 find easy within these as well?

398 R: Yes.

399 P1: Erm and having that as a collective information say

400 right then you..you look like you've got some positive

401 strategies about how you deal with this could you share that

402 wit..can we use your experience and partly -- people feeling

403 included

404 R: Right.

405 P1: Probably if they just came out and said it, that they've

406 oh won't you like to come to a positive behaviour..positive

407 behaviour course   I don't think it would get many people

408 through the door that's all

409 R: Umm, so it sounds like what you're saying is parents who

410 have a negative perception of the term mental health

411 still choose to engage with the TaMHS project   when TaMHS

412 involves parents in the ideas about what workshops..

23

413 P1: Yes.

414 R: they need.

415 P1: Yes.

416 R: So, they're meeting their need.

417 P1: Umhum.

418 R: So, parents can then say act..actually this is what I'm

419 good at, this is what I do well,..

420 P1: Umm.

421 R: and then they can say can you share that or are you

422 willing to share that.

423 P1: Yes.

424 R: Is that what you're saying? Parents more supporting..

425 P1: Yes.

426 R: parents?

427 P1: like p..peer..peer mentoring..in..in..in a..a erm that

428 buddy system as well that would possibly..that..that the

429 whole.. it's all part of the table of this is what we can

430 offer erm and how about we come together in..kind've .. to

24

431 do..would you like some workshop sessions to be able to do

432 that?

433 R: Yes.

434 P1: Is there any areas that you would, obviously you're

435 going to have a criteria of what you need to cover .. so

436 putting that open to well what is it that you want to .. and

437 really tailoring the workshops if you can to the individuals

438 needs   it's not a one ..one size fits all..you can't try   Comment [d26]: H1T5M

439 and fit a square peg into a round hole.

440 R: Umm.

441 P1: Erm, because people will just feel excluded   or feel

442 like they've been coerced into being there.

443 R: Umm.

444 P1: and not turn up and not get anything for it and meet

445 peoples' anticipations

446 R: Umm.

447 P1: to be able to move forward.

448 R: Umm. Thank you for that.   That fit with your experience

449 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.

464 P1: But I know that in order to help B(son) I need to change

465 aspects of my..my behaviour and if I can do that from being

466 a positive role model myself I'm open to doing that but I

467 think that people would er..er again -- a negative and if

468 they've had issues before maybe they've had social care and

469 welfare involved on one stage again you need to knock

470 those barriers down before you can start fixing everything

471 you need to just work with people on that level. You can

471 only work with what you get. Erm and normalising things as

472 well.

473 R: Umm. Thank you for that. Right. The other side of the

474 coin, parents who have a negative perception of the term

475 mental health do not engage with the TaMHS project when the

476 school may assume that parents are not interested or able to

477 promote their child's mental health. How true do you think

478 it is for me to make that statement? And what I'm saying

479 there is if a parent has a negative perception of mental

480 health they wont engage with the project if that parent feel

481 school assume that parents aren't interested in the

482 behaviour that they get from them.

Comment [d28]: Hinders-Theory 1

483 P1: I think very true.

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

485 P1: It's the assumptions isn't it. It makes an ass out of

486 you and me. Erm, that the parent would feel that the school

487 doesn't give a monkeys..

488 R: Umm.

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

490 R: Umm.

491 P1: and in the middle the child here whose tearing their

492 hair out and doing what ever because either people are too

493 scared to approach each other, --like a communication

494 problem, and again there's that..that being honest on

495 both s.. on both parts. You can only ask.. sometimes you can

496 only help those people who ask, who are receptive to help.

497 You can take a horse to water but you can't make it drink is

498 my favourite..favourite saying at the minute. Erm, because

499 how would this school know that this is going on if the

500 school ever looked into open up and tell them and how if the

501 school was assuming that the parents are not interested what

502 are they doing to let..let parents know that they been

503 concerns around this child as well. The child needs to be

504 at the centre of everything so yes no body knows nobody can

505 do anything about it.

506 R: Thank you. Parents who have a negative perception of the

507 term mental health do not engage with the TaMHS project when

508 the activities happen during the day. And so activities   Comment [d30]: Hinders-Theory 2

509 like the workshop for parents, if it's happening during the

510 day I'm saying that they're not going to get parents

511 to engage with it.

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

513 R: Umm.

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

515 R: Umm.

516 P1: Is that parent working during the day and they can't

517 attend because they've got work commitments   Comment [d31]: H2T2C

518 R: Umm.

519 P1: So it could fit up..I'm going to be naughty here and go

520 across all of the spectrum because it does depend on how it

521 ..it's promoted how it's marketed. Is there an

522 alternative? What if there are other activities during the

523 day and if they've got other children to look for even if

524 they..creche factility or somebody who could sit with..with

525 the other kids or do they have play things in the corner?

526 Erm, it's all about location, it's everything that you've

527 go to take into consideration isn't it.   Comment [d32]: H2T2C

528 R: That can help it to work?

529 P1: Yes, or make it   break   down   completely   as well

530 R: Umm.

531 P1: Of where it is..is it going to be in a nice calm and..is

532 it going to be in school   and if.. is because if parents

533 have got a negative perception of the term mental health

534 and have also got.. not got that relationship with the

535 school coming into a school to do something can be   Comment [d33]: H2T2C

536 daunting, I've .. when I've -- see the school number flash

537 up on my phone I think oh my god what's happened..

538 R: Umm.

30

539 P1: and that's not because I've got a negative perception.
540 The receptionist will say it's school you have nothing to
541 worry about --wont to put the telephone down ..school

542 there's nothing wrong..ok..erm and so it's just f..I think
543 it needs to be marketed of, with parents who..are there

544 parents that's going to engage? What's stopping them? And
545 maybe having that open discussion with them if it if they
546 are looking at putting the activities on during the day.
547 What would help you to get here? What do you..what is it

548 that you need? Do you need child care? Do you need..is it
549 hard to transport them..are we in the right catchment area
550 to do that? Do we need to put something into the local..

551 R: Yes.

552 P1: local areas   Erm and it's quite..it's quite good here

553 I think because most kids are of the immediate estate and
554 don't have to catch 3, 4 buses to get there but when you're
555 in inner city Birmingham and you've got to catch a bus which
556 goes there to there to there and when no-one --because it
557 goes there to there. You could get parents who are not

558 going to be able to do that because of the transport

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.

577 R: whether they're located close or not

578 P1: Yes.

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

580 P1: Yes.

581 R: might be a factor as well.

582 P1: Yes.

583 R: Erm..

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

585 R: Yes.

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

561 R: Yes.

562 P1: Erm so it's to look at the other side of the bits and
563 pieces but erm but not excluding those people because

33

564 they've got that but how can they be included by doing other

565 bits and pieces. Could it be telephone contact?

566 R: Yes.

567 P1: and things like that.

568 R: So it's the inclusion side again

569 P1: Yes.

570 R: what you're saying..

571 P1: Yes.

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

573 P1: there needs

574 R: needs, individual needs isn't it.

575 P1: Yes.

576 R: Did you want some water?

577 P1: No I'm ok.

578 R: Parents who have a negative perception of the term mental

579 health do not engage with the TaMHS project when the school

580 use the term mental health in discussions about their child.

581 Now that's quite the opposite to what we were saying..

Comment [d38]: Hinders-Theory 3

34

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?

600 P1: I think slightly..

601 R: Slightly true you think..

602 P1: Yes, yes.

603 R: because of the parent you think?

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

605 marketed

606 R: Yes.

607 P1: sold to that individual

608 R: Yes.

609 P1: and how what their experiences have been.

610 R: Yes.

611 P1: Is it or is it going to be a case if..if that

612 par..parent has got erm mental health and had that stigma

613 attached to them.

614 R: Umm.

615 P1: I think you can feel like you're to blame.   Comment [d39]: H2T3C

616 R: Umm.

36

617 P1: Erm, I know that I've certainly had that thrown at me

618 not from school but when B's(son) hurt himself 'oh well look

619 at the state of his mother , he ain't got to look very far'

620 and that was from his dad..erm, and..and..and and family and

621 when I've said I've been very..very ill 'oh well you're

622 dad's a nutter' and I've had that done to -- it's like well

623 no this is .. that comes from your dads side of the family.

624 No it comes from all of us. We're all susceptible to.. it's

625 like we're all susceptible to broken bones and all

626 susceptible to have a little bit of a mental imbalance

627 sometimes.

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

629 P1: Umm.

630 R: Personal experience your saying?

631 P1: Yes.

632 R: Umm. Parents who have a negative perception of the term

633 mental health do not engage with the TaMHS project when

634 their contact with school has been mostly negative with

635 regards to discussing their child's behaviour. I wonder

Comment [d40]: Hinders-Theory 4

636 what you..

637 P1: Very true.

638 R: You feel yes?

639 P1: Umm..you've got negative h.. negative here and all those

640 negatives add up..no.. because you do you get just bogged

641 down..

642 R: Yes.

643 P1: with everything being negative and then it'..it's

644 difficult to find that gleem..

645 R: Umm.

645 P1: within there.

647 R: Umm.

648 P1: But again it de..I think it depends on the relationship

649 that you have

650 R: Yes.

651 P1: Erm..

652 R: Because I'm thinking, for you..

653 P1: Personally I've been this a lot of my conversations have

654 been in regards to difficult challenges problem behaviour

655 and I just think..what now but.. but I've not got..but I

656 think because I've not got the negative perception of mental

657 health if I did

658 R: You don't think you..

659 P1: I don't think I would have engaged the way that I did

660 and if I don't think if I had that relationship with the

661 teacher that I've got here and the support of others

662 around me as well I think is also very important as

663 well..

664 R: Others, family, some friends?

665 P1: Family, friends, other health professionals erm..

666 R: Right.

667 P1: It's like, as well as those for B(son) as well..

668 R: Umm.

669 P1: If you haven't got them I think it's very..very

670 di..difficult because again you'd have been stuck in a box

671 and this is what this you need this because this n.. will

672 sort out..

673 R: Yes.

674 P1: these issues..

675 R: Yes.

676 P1: rather than ...people are like onions

677 R: Umm.

678 P1: peel away the layers to get towards the really

679 really..that thing happening down..

680 R: core

681 P1: and sometimes you can't do that if you just give them

682 one thing..yes..if the contact with the school has mostly

683 been negative and again it's how that..from the teaching

684 staff as well is it a case of see I need to talk to you

685 about such--about your son or daughters behaviour in the

686 classroom. You're going to feel like you're valued and your

687 opinions are valued ..it's about that inclusive thing

40

688 R: Umm.

689 P1: It's about feeling included in what's..what's going

690 on rather than being dictated to because people will

691 stick their --one of them, people..people stick their heels

692 in if they feel that they've got to do something which goes

693 against what they..what they think and what they believe and

694 what they feel.

695 R: Umm, umm.

696 P1: If you was to turn that on it's head..

697 R: Umm.

698 P1: and say this is going to.. however we've got..we've got

699 things in place that might..might help erm this is what we

700 can do. How do you feel about that? What's you're exp..what

701 do you want to sha..what what do you..what what would you

702 like to change?

703 R: Umm.

704 P1: Two years, next week? What would you like to see as an

705 immediate change if you had a magic wand -- if you could

706 wake up on your ideal morning what would it look like and

707 how can we get there? And do you realise that as a school as

708 an organisation this is what we can do to help? How about

709 giving it a go? By changing and turning it on it's head

710 sometimes people would be more likely to engage   even if

711 they had that negative image more likely to engage

712 because your making them feel included

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

714 P1: Yes, yes.

715 R: That you seem to be saying there,

716 P1: Yes people feel more valued when there..there

717 opinions..when they feel that they've truly been listened

718 to rather than dictated to

719 R: Umm, umm. Thank you very much for that.

1   R: Parents who have a negative perception of the term mental

2   health still choose to engage with the TaMHS project when

3   TaMHS offers workshops on promoting positive behaviour. How

4   true do you feel that is for me to make that suggestion?

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

6   because..

7   R: Yes..

8   T2: I'm just thinking the parents that I had to work hard

9   with to engage..

10 R: Yes..

11 T2: They needed my input.

Comment [d2]: H1T5M

12 R: Umm.

13 T2: I needed to get them in.. and talk to them and explain

14 to them what mental health was and what the project would be

15 about

Comment [d3]: H1T5M

16 R: Umm.

17   T2: and..trying to (---) with the optimistic kids. I had one

18   parent who actually said erm would they have to declare that

19   their child had a mental health problem for insurances

20   purposes for holiday and that you know it was just that

21   her scores had come out a certain way..

22   R: Umm.

23   T2: and I needed to do a lot of input on that, so it

24   wasn't... I wouldn't say no, I'd say slightly true but not

25   not so much really, it needed a lot of explaining what the

26   term mental health was

Comment [d4]: H1T5M

27   R: Umm.

28   T2: is that the kind of..

29   R: Yes.

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

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

32   to get..

33   T2: I had to..

34   R: them through the door when you've got that situation.

35 T2: I had to get them in first of all. Some.. erm.. most of

36 the parents in year 5 with regards to optimistic kids, did..

37 go along with it.   Some of them chose not to. Only about

38 two. But then when it came to the narrowing down to the

39 twelve children..erm

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

41 T2:   These are what we needed further consent for.   It was

42 tricky. There were at least... three in that year group who

43 needed.. further explanation and intervention and one in

44 particular that needed a lot of..'please, its not a negative

45 thing, it doesn't mean your child is ill. It doesn't mean

46 your child is poorly in any way. It just means that maybe

47 they have a view on something, and we want to try and help

48 them have a different view.

49 R: Yes.

50 T2: but they.. on .. they do turn round and say do we have

51 to declare this for our medical insurance for holidays,..

52 R: Right, umm.

53 T2: and so that's quite.. you know.. I mean I was a bit

54   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

71   project

72   T2: Yes.

73   R: when .. you can sort of .. talk with them..

74   T2: Yes.

75   R: about what..

76   T2: Yes.

77   R: the TaMHS project is? Or about the..

78   T2: the particular intervention and the TaMHS project. I

79   tried to put it into a big, the big global picture erm..

80   like, you know the term mental health is becoming more

81   widely used. There's that great advert on the telly now. I

82   don't know if you've seen it. The guy comes back from..

83   err..work and his colleague's a bit nervous about asking him

84   about it. So it is being raised more so you're now being

85   able to say that to parents but erm.. they did

86   need..particular one to one about their child and their..

87   R: Umm.

5

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.   Comment [d10]: H1T5M

108 R: Yes.

109 T2: Comfort with it really, reassurance that actually we

110 weren't going to label their child..   Comment [d11]: H1T5M

111 R: Yes.

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

113 R: Yes, yes. Thank you. Right, parents who have a negative

114 perception erm.. of the term mental health, still choose to

115 engage with the TaMHS project when..the staff at the school

116 have a positive view of mental health as a result of the

117 training they have received?   Comment [d12]: Help-theory 4

118 T2: Oh I think that's very true. I think the staff here I

119 know, when I say staff I mean teaching staff..

120 R: Yes.

121 T2: and support staff.. have got a very good..understanding   Comment [d13]: H1T4C

122 of what it means to talk about mental health... as a result   Comment [d14]: H1T4O

123 of the whole school training we did that day but also   Comment [d15]: H1T4M

7

124 individual intervention that people have then gone on and

125 followed..

126 R: Yes.

127 T2: and so people across the board generally.. talk

128 quite..openly..to the parents about it and feel

129 confident. The only time when the teacher's were a little

130 bit erm.. (L), you need to do this.. is when it was a

131 particular intervention they weren't sure of, the specifics

132 to do with that. But generally, in terms of mental health,

133 I'd say the staff, I'd say that's very true.

134 R: Umm.

135 T2: That they were able to talk to the parents very clearly

136 about it..

137 R: and so it basically helps, I think from what you're

138 saying, it helps staff to communicate with parents..

139 T2: Yes.

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

141 T2: Yes.

142 R: understanding of mental health and what TaMHS mean by

143 mental health

144 T2: Yes, yes. And what the school are doing to support

145 mental health or promote mental health you know, the staff

146 have got a quite clear .. understanding what what we mean by

147 it and so on the general terms they're able to talk quite

148 confidently to the parents about it. So yes.

149 R: Yes. I think what you're saying, it's the clarity with

150 staff about the interventions that's going on.

151 T2: Yes.

152 R: I think your sort of saying that, if teachers can

153 understand what's happening in those..

154 T2: Yes.

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

156 T2: Yes and I think that will come because now that we've

157 done the therapeutic story writing and the optimistic kids

158 and there, you know we're on our second of therapeutic story

159 writing now with out TA leading it, erm the TaMHS teachers

160 is..is not involved this time and the next time we run

9

161 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

163 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. |

> **Comment [d19]:** Helps-theory 3

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

> **Comment [d20]:** H1T3M

175 dress it in a way ..so, I don't know if I can really

> **Comment [d21]:** H1T3M

10

176 answer that one because I had put it in. I didn't want to

177 avoid it.. erm we did then, I might have only mentioned it

178 once and we talked about positivity and self-esteem and

179 self-belief and things like that. So, that might have

180 been why we had the the negative perception because I wasn't

181 afraid of using the language. Erm, I didn't want to shy away

182 from it, so erm.. I would imagine that that (laughs) yes,

183 that might've been quite true actually. They would have

184 quite happily gone yes, good fun stuff optimistic kids, but

185 the moment we start talking about mental health they were

186 very, 'what does that mean' about it so yes.

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

188 almost true?

189 T2: I'm saying it's almost true I mean I.. unfortunately I

190 can't..I can't answer that black and white.

191 R: Umm.

192 T2: Because.. erm.. I did use the term. So I can't, but I

193 do think, my gut reaction tells me that if I hadn't used it

194 I think I might have got (laughs).. it might have been a bit

195 easier for the parents to just go 'oh that sounds like a

11

196 really nice little thing, therapeutic story writing. But I

197 did.. I told.. when I spoke to parents I used the term

198 TaMHS. I explained what that meant and I used the word

199 mental health so.. so I think that if I hadn't used it I

200 think that would be almost true.

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

202 T2: I think the term itself is the problem.

203 R: Yes, that sort of removes them a little bit from being

204 interested? Is that what you're saying?

205 T2: Erm.. or just, I think its just the erm..name. I really

206 do think it..it's.. what actually does mental health mean?

207 (rhetorical question) erm.. because you can't see it. Erm,

208 and you know, as we..as we say to the children with a broken

209 bone or something, it's quite easy to see that that

210 person's ill but with mental health you can't see it unless

211 they are displaying certain features and then often its..

212 then often late, well not too late, but they're already down

213 the cycle kind of thing and I think for parents that's

214 quite... and also with our parents, erm, anyone that they

215 know who may have had mental health problems will already

Comment [d23]: H1T3M

Comment [d24]: H1T3M

12

216 be creating an imagine of what they think it is. Erm, and

217 it's so vast, it's trying to get that across to parents. So,

218 yeh I..I..I do think that would have been almost true if I

219 hadn't put the terms in.

220 R: Umm, so you're saying then, that parents who have a

221 negative perception of the term mental health still

Comment [d25]: H1T3C

222 choose to engage with the TaMHS project when.. let me

Comment [d26]: H1T3O

223 look, (pause) when the TaMHS, the term mental health..

224 T2: Yes.

225 R: If used in correspondence,..

224 T2: Yes.

225 R: with them,..

226 T2: they don't understand it. Like I said with the other

227 one, they need finite explanation.

Comment [d27]: H1T3M

228 R: Yes.

229 T2: They needed a little bit more coaxing

Comment [d28]: H1T3M

230 R: Yes.

231 T2: or encouragement or erm, explanation, definitely

13

232 R: Yes, that explanation.

233 T2: Yes.

234 R: Thank you.

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

236 R: Umm.

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

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

239 R: Umm.

240 T2: knocked away at erm (phone rings)

241 R: Parents who have a negative perception of the term mental

242 health still choose to engage with the TaMHS project when

243 the school do not use the term mental health in their .. in

244 their discussions with parents.

Comment [d29]: Helps-theory 2

245 T2: (she reads this quietly to herself) It's very difficult

246 because I have always used the term mental health.

247 R: Umm.. do you think that my hunch, is a correct hunch? Do

248 you think that's not necessarily true Sevi. -- no because I

249 still get them through the door. It's about this.

250 T2: (quietly reads) I think if we had not used the term

251 mental health (pause) they would have engaged..happier..the

252 more are doing.

253 R: Do you think, you would've got more in? I mean I don't

254 know if you managed to get all of the parents that you

255 wanted..

256 T2: No I didn't get all of them in. We didn't get all of the

257 twelve where our optimistic kids group there's only eight..

258 R: Umm.

259 T2: Erm which was a shame because we did have twelve. So

260 maybe if we'd hadn't..if we'd not used the term mental

261 health... and just talked about positivity and things

262 like that, that might've .. yes I think..I think your hunch

263 is right.

264 R: You think?

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

266 R: What was the term by the way that you used before TaMHS

267 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
273 would have been depending on the situation so it might have
274 been like a – you're talking about self-belief, self-esteem,
275 positivity, erm view points, erm how you perceive things
276 around you, so I would..I would just described the

277 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
282 used the word mental health

283 R: Umm.

284 T2: We have used the word mental health

285 R: Thank you, thank you. So you're saying then, parents who

286 have a negative perception of the term mental health

287 still choose to engage with the TaMHS project when the

288 school do use the term mental health in their discussions

289 with parents

290 T2: It says 'do not use' there.

291 R: Oh sorry when the school do not use.

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

293 R: Almost, this one?

294 T2: Yes (reads quietly back to herself again) I'd say if we

295 hadn't used that term and just dressed it up as something

296 else

297 R: You'd have had more you feel.

298 T2: I think maybe we would've had more.   **Comment [d30]:** hypothetical

299 R: Umm.

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

301 R: Thank you ..I'm just wondering, I wonder how we could

302 make it true? What you would say would make it true? That's

303 why I'm sort of..

304 T2: Well the ..the..the thing.. the rea.. the reason why I

305 can't say that it's true is because..

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

307 T2: No , no I just..

308 R: but what your theory would be.

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

310 R: Yes.

311 T2: I'm just..I'm just ...I'm nervous of saying it's very

312 true because I haven't had the experience of it..

> **Comment [d31]:** H1T2 not reflected in her experience

313 R: Yes.

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

315 R: Yes.

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

317 R: Yes.

318 T2: Most of our parents, if you hadn't used that term

319 they'd've just signed the form

320 R: Yes.

321 T2: and just sent them in.

322 R: Yes.

323 T2: Erm..

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

325 you coming up..

326 T2: Yes, yes definitely.

327 R: that you can use the term mental health

328 T2: Yes.

329 R: and still get them through the door

330 T2: Yes.

331 R: but..

332 T2: but those parents who are slightly negative about it

333 anyway .. that is a .. a barrier

334 R: Do you think the ones that you've got through the door ..

335 do you think they've changed their perception and that's

336 why they came through the door compared to the..the other

337 four that didn't?

338 T2: I think ..I think some of them..erm..were happy anyway.

339 R: Right.

340 T2: I think they'd got the idea of mental health

341 R: Yes.

342 T2: I didn't have to talk to them

343 R: Yes.

344 T2: I think the ones who I had to talk to .. I don't know

345 if they necessarily changed their perspective..or perception

346 R: Umm.

347 T2: I think they felt reassured   Comment [d32]: H1T2C

348 R: Umm.

349 T2: that their child wasn't going to be labelled or their

350 child wasn't going to be perceived as mentally ill   Comment [d33]: H1T2C

351 R: Right.

352 T2: I was able to reassure them that that wasn't the

353 case.

354 R: Fantastic.

355 T2: Does that make sense?

356 R: Yes yes.

357 T2: Actually I think it was..I'm not sure that they

358 necessarily changed their perception of..well I..actually no

359 I'm going to argue against myself here because by the very

360 nature of that, by them actually having to turn around they

361 would've therefore thought about mental health in a

362 better...because I'd've had to .. through the discussion.. I

363 would've..I would've very clearly make them feel a little

364 bit more comfortable to get them to sign the form .. so..

365 therefore something must've changed.. and I do think

366 ..narrowing it down it was just that it was that their child

367 wont be perceived as mentally ill or..or anything like

368 that

Comment [d34]: In T2's view this made a difference to parental engagement

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

370 not.

371 T2: Umhum.

372 R: What do you think is different? What distinguishes them

373 from the ones that did do you think?

374 T2: The parents. I do think that the

375 R: Umm.

376 T2: because this one parent is a very supportive parent

 377 and erm I think some of the others.. erm who didn't sign

378 didn't even bother to chase up weren't interested. I'm

379 not sure if that was the term mental health that put them

380 off. Erm it might just have been.. they might just couldn't

381 be bothered.

382 R: Yes.

383 T2: We have a mixed intake of parents and..and supportive

384 parents and a..but I do think it's interesting that the

385 ones who erm.. I spoke to and also staying away from

386 optimistic kids we also had some one to one work with..

387 R: Yes.

388 T: some of the TaMHS team and again there I had to talk

389 to some of the parents to get their permission erm to..to

390 let them talk to MC(Primary Mental Health Worker) who came

391 in and spoke to them and erm..it was trying you know

22

392 getting across, in fact this one boy in particular same

393 conversation that I was having with the other lady with

394 regards to optimistic kids erm... so yes so they must've

395 changed their perception to a degree ...

396 R: Umm.

397 T2: But it what I think that they felt that that saying

398 their child..

399 R: Umm.

400 T2: in terms of their child they felt safe and reassured

401 that their child was ok and they weren't..

402 R: being labelled?

403 T2: being labelled exactly or anything like that.

Comment [d37]: In T2's view this made a difference

404 Actually you.. that's a very..yes. thank you for saying

405 that. That one parent who asked about the erm insurance they

406 said will this be recorded anywhere..

407 R: Right.

408 T2: in school. Erm and I said no, not at all. That's not,

409 not what it's all about. Erm..however, I did go down the

410 line of however if we do if we do find something that we

411 really want to talk to you about then we will of course go

412 into it a little bit more detail with you. But I said no

413 it's not going to be..they're not going to be put on a

414 register or something like that. No, no.

415 R: Thank you for that. Right, parents who have a negative

416 perception of the term mental health still choose to engage

417 with the TaMHS project when the project communicates to the

418 parents about the positive work they will be doing and I

419 think from what you're saying I mean how true do you say..

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

421 R: Yes.

422 T2: I'd say that's very true..erm. It's just a shame that

423 you have to (pause) sell it almost in a way erm..to get

424 to that point erm..but yes. I .. I would say that is very

425 true actually. That actually this is going to be really

24

426 good for your child. Not just now but hopefully for the long

427 term future erm.. so yes that's very true.

428 R: Umm.

429 T2: Very, very true..definately.

430 R: Very true. So you're..so you're basically agreeing with

431 all of that?

432 T2: Yes.

433 R: The whole of that?

434 T2: Yes definitely.

435 R: I'm interested in how did TaMHS communicates that for you

436 to be able to convey that across. Did they..

437 T2: What do you mean?

438 R: How..did they sort of erm.. in their correspondence or on

439 the news letter or leaflet..

440 T2: Yes.

441 R: they sent out..

442 T2: Yes.

443 R: Did they manage to communicate about themselves and

444 mental..

445 T2: Yes erm.. and also I found from my point that..a..the

446 staff were very, very good and e..from me for a one to one

447 level if I had any queries or anything I was straight on the

448 email to P(EP) or MC(TaMHS team) or B(TaMHS team) who we

449 worked with and so from that point for me it was..you know I

450 was able to very easily give the..the positive outlook to

451 the parents who in particularly with regards to the

452 optimistic kids they sent through some literature which I

453 got photocopied for the parents and things like that so that

454 they were able to say ok .. there's going to be a positive

455 outcome for my child.

456 R: Yes.

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

458 something.

459 R: Yes.

460 T2: So yes that was definitely.

461 R: Did..did the news letters go out to parents because I

462 don't know that much about..

463 T2: No. They came to..to us..

464 R: Just for schools?

467 T2: Yes, it was informing us of things that had gone on and

468 other schools that had tried things and erm and

469 opportunities that were coming up. It was a kind of .. a

470 round up thing..

471 R: Yes.

472 T2: of what was going on. But we also had the meetings but

473 that was just kind've like your..

474 R: Umm.

475 T2: Your record of it.

476 R: Umm.

478 T2: So yes.

479 R: Thank you (pause) parents who have a negative perception

480 of the term mental health do not engage with the TaMHS

481 project when the school may assume that parents are not

482 interested or able to promote their child's mental health..

483 T2: Ummmm.

Comment [d43]: H1T1M

Comment [d44]: Hinders-Theory 1

27

484 R: You know, can you tell me how true you feel it is for me

485 to make that suggestion?

486 T2: (reads quietly to herself) Erm..I..I think that's..I'd

487 say that's..not true here. I would say that's not true here.

488 Erm we have..we've got a care team. We have a care co-

489 ordinator and so I think the parents have a very clear

490 understanding that we're here for the whole child and so we

491 wouldn't necessarily presume that they can't or aren't

492 interested. Erm I think it's just excepted that that's what

493 we do.. erm and so we would try and help the parents in that

494 school. You're always going to get the one or two parents

495 who just don't want to but most of the parents are quite

496 open to do that so I'd say in.. in our case

497 R: Umm.

498 T2: that's not true because we as a school have that kind of

499 ethos anyway and mart.. it might not be using the term

500 mental health

501 R: Umm.

502 T2: I think it's quite clear about the child as a whole

28

503 R: Umm. So what you're saying then is..you're saying that

504 parents who have a negative perception of the term mental

505 health will engage with the school when the school

506 don't assume the parents..

507 T2: Yes.

508 R: are not interested or unable to promote the

509 child's..yes, yes.

510 T2: Yes, I'm saying it will.

511 R: No, which is fine.

512 T2: Yes.

513 R: That's great information as well.

514 T2: Yes.

515 R: So, is it..am I right in thinking that you would say that

516 if a school were like that

517 T2: Yes.

518 R: I think then they'd probably get better outcomes?

519 T2: Yes I think .. I think we .. yes definitely .. I would

520 definitely agree with you on that one because .. it..I mean

521 whilst the term mental health did frighten a lot of our

522 parents we do have that ethos here, erm..we've always done

523 nurture groups and things like. So it certainly made putting

524 all these things easier and also with the staff as well it

525 wasn't like 'oh here comes the mother --- for everything

526 that L(her name) wants to put in'. It was, actually you

527 know, we know where we're going with this. So I can see that

528 actually the other way round where a school wasn't so..into

529 the whole child and the well being there ooh not neces..

530 that's not fair to say because most schools would be now but

531 not engaging in that kind of thing I can see that actually

532 bringing something like TaMHS into the school would have

533 been quite difficult.

534 R: Umm.

535 T2: Definately.

536 R: Thank you for that. Still recording good. Parents who

537 have a negative perception of the term mental health do not

538 engage with the TaMHS project when the school use the term

539 mental health in discussions about their child. I'm

540 wondering if that's..you know the truth..--or not. |

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

542 engage.

543 R: Umm, that's why I'm thinking maybe in your case it's not

544 very true.

545 T2: It's..yes..

546 R: One of the others?

547 T2: There is an element of ..erm... it's not 'do not

548 engage', they need encouragement.. it's..it's not quite

549 that..there's the .. there's the grey area in the middle. I

550 think erm..I think the term mental heath has an awful lot to

551 do with why we needed a lot of input and further input from

552 me

553 R: Umm.

554 T2: Erm.. and so it certainly as I said earlier, if I hadn't

555 used that term and if I'd just dressed it up, I think we

556 wouldn't have had the issues that we did.

557 R: Umm.

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

559 R: Which one would you say then?

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

561 R: Umm.

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

563 R: Umm.

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

568 R: What do you think..

569 T2: In most case..

570 R: What do you think made the difference?

571 T2: the further depression..the fact that we were... we

572 wanted to dis..discuss with them

573 R: Umm.

574 T2: and talk to them about it and we were willing to do

575 that.   Erm where as if we'd just gone 'oh ok don't worry'

576 they might've gone 'uh that's fine' but because we did .. I

577 did..not chase them up and badger them but I didn't just let

578 it go

579 R: Yes.

580 T2: Erm..that there was a follow through, that did make   `Comment [d53]: H2T3M`

581 the difference.

582 R: Thank you for that.

583 T2: Was that ok?

584 R: Yes that's fine, lovely. Parents who have a negative

585 perception of the term mental health do not engage with the

586 TaMHS project when the activities happen during the day and

587 I'm talking about the parents activities for them to

588 engage..   `Comment [d54]: Hinders-Theory 2`

589 T2: The parents activities, right, ok. We only have one

590 parents activity and of ..the eight children doing

591 Optimistic kids, only two turned up.

592 R: Umm.

593 T2: Erm, so I would say that....I would say that's pretty

594 true but I don't know if there's..it might've been because

595 they were at work, erm or anything like that so I'm not

596 necessarily sure of why..but I know some of them do work.

597 R: Umm.

598 T2: Some of them do work. So erm...(reads back to self) so I

599 mean I have to say that that, that's almost true..

600 R: Umm.

601 T2: based on the numbers that we had at school. So that is

602 almost true. They didn't get involved in the activities

603 there.

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

605 think it..

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

607 R: Umm.

608 T2: I do think some of it was time because the meeting

609 was at two o'clock or something in the afternoon. Erm,

610 mind you it was..er but the thing is it was in a cluster of

611 schools, but I do also think that I, you know some of the

612 parents might think that you've sat round in a group all

613 humming and meditating together and that kind of thing. Erm

614 and..you know there is a bit of that but also there might be

615 a bit of erm well wh..what goes on at school they're at

616 school, I trust the teachers, yes not a negative or

617 they're just child care but I trust the teachers as to

618 what's going on and so I don't feel I need to necessarily

619 go..

620 R: Umm.

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

622 R: Umm.

623 T2: So..

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

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

626 about.

627 R: Oh right.

628 T2: Erm and I..and you know I've said that to them erm...

629 I'm I'm gonna be hon.. I don't know about the other one.

630 R: Umm.

631 T2: I don't know about the other one. They might, I can't

632 even think who it was at the moment just thinking are they

633 the type of parent that would go to every meeting anyway

634 (pause) I can't think. I can't think sorry. But it was in

635 fact the same parent who went to that meeting as well.

636 R: Ummm after much talking with her?

637 T2: Yes, much talking erm..

638 R: Reassured?

639 T2: Yes, yes and actually they even wanted to find out a

640 little bit more about it and then did come back.. back and

641 speak to me again and then fill the form and off she went

642 she's doing it now so..

643 R: Umm.

644 T2: Yes.

645 R: Thank you, thanks. Right, parents who have a negative

646 perception of the term mental health do not engage with the

647 TaMHS project when their contact with school has been mostly

648 negative with regards to discussing their child's behaviour. | **Comment [d59]:** Hinders-Theory 4

649 T2: Oohh the three boys that we started doing therapeutic

650 story writing with have all had parents who are just

651 constantly being phoned about erm their behaviour but they

652 all did it. | **Comment [d60]:** H2T4MO

653 R: And got parents to consent?

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

655 R: Did they come to the..any of those parents were ones,

656 were they one that came to..

657 T2: No they.. they.. we didn't have a meeting about

658 therapeutic story writing. It was purely just any input

659 that I gave them on the phone or talking to them. But yes

660 all three, I managed to talk all three of the parents into

661 getting their boys to do it. R(child) was quite an easy one **Comment [d61]:** H2T4M

662 to do even though he's our most disaffected young man in

663 year 6. Mum herself is a behaviour therapist..

666 R: Right.

37

667 T2: and is pulling her hair out because that's her job.

668 Actually she's not doing,.. it's not working with him in

669 school. Erm and so she was very open to it.. erm and again

670 with the other two I did have to speak to the parents, I did

671 have to explain what it was all about erm..but no I..I

672 would have to..that's not true at all..

673 R: Umm.

674 T2: because all three of them, all three of them signed up

675 to it.

676 R: Why do you think that is? Is it back to the explanation

677 is it?

678 T2: Might be the explanation, could be the ethos, I

679 know with..with regards to this one young man in year 6 mum

680 has said I'll quote here 'I'll try anything', 'I will try

681 anything' and one of the other young men erm.. who has had

682 behaviour issues but actually wasn't really put in for that,

683 it was.. he had a lot of background and things to do with

684 his family background and dad actually said that he had

685 shied away before because he thought it might be too much

686 erm for him to cope with but he..he thought that actually

687 the timing might be right for him to have to.. I mean he

688 used the word confront but you, you know I don't mean ..but

689 you know.. have to face things like that..erm.. so yes I

690 think it was..I think that maybe the timing was right. I   Comment [d65]: H2T4C

691 think as well that they felt ..erm..that the learning

692 support whose going to be doing it as well, the children

693 knew her. There was a comfort there with her. Erm and   Comment [d66]: H2T4M

694 so that..that might've helped as well. But I think .. I

695 think that it was you know, dressed up in a way that

696 actually this could.. it could help or it certainly could

697 open our eyes to look at other avenues.

698 R: Umm.

699 T2: So no that was er..not true at all.

700 R: Thank you. That was brilliant. Is there anything else

701 that er you feel has happened to make parents who..who view

702 mental health negatively engage or not engage with the TaMHS

703 project that we might not've explored? Is there any other

704 factors that you think actually helped them to come through

705 those doors and engage?

706 T2: I think a lot of it was dependent on us. We had to work

707 hard. Erm I think that's come across today we. I mean me,

708 support staff, class teachers did have to erm sell it. I

709 do think as well that actually the children themselves may

710 have brought things home and we bought in an awful lot of

711 resources. Years 3 and 6 class here took part in the erm

712 Y4U I think it was. The..the drama..

713 R: Right.

714 T2: So they would've gone home and talked about that as

715 well and that would filter through. So that might've..

716 that might've helped. Then you know the parents might have

717 thought actually there's a whole culture thing going on

718 here. It's not just that they're aiming at my child.

719 Erm.. but I still come back to the fact that you can't use

720 that term and then leave it when people are like 'what?'

721 Which is what you found out when you tried to get your

Comment [d67]: M

Comment [d68]: M

722 ethics done. But no it is the term ..erm and I think that

723 was.. not a barrier a hurdle that I had to climb over to get

724 the parents in and it did require a lot of input erm

725 interesting when we..we've ru..running the second group of

726 thera..therapeutic story writing erm had no such issues

727 with.. I mean there were less issues with therapeutic story

728 writing than the optimistic kids but nevertheless I did

729 still have to get the parents in for those three boys with

730 therapeutic story writing where this time we didn't have to

731 do that at all..

732 R: Umm.

733 T2: and the letters went out asking for permission and

734 they'd come back. So...we we..I don't know if they'd been a

735 change in .. I don't know. Different year group maybe. I'm

736 not sure. But yeh.

737 R: Something happened there?

738 T2: Yes, I think so. Me and my placard about mental

739 health I think..I think that's it. Yes.

740 R: Yes.

41

741 T2: I think so.

742 R: Thank you for that.

Appendix 11

<u>Public domain briefing papers</u>

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.

<u>Results from parent and TaMHS teacher interviews</u>

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'
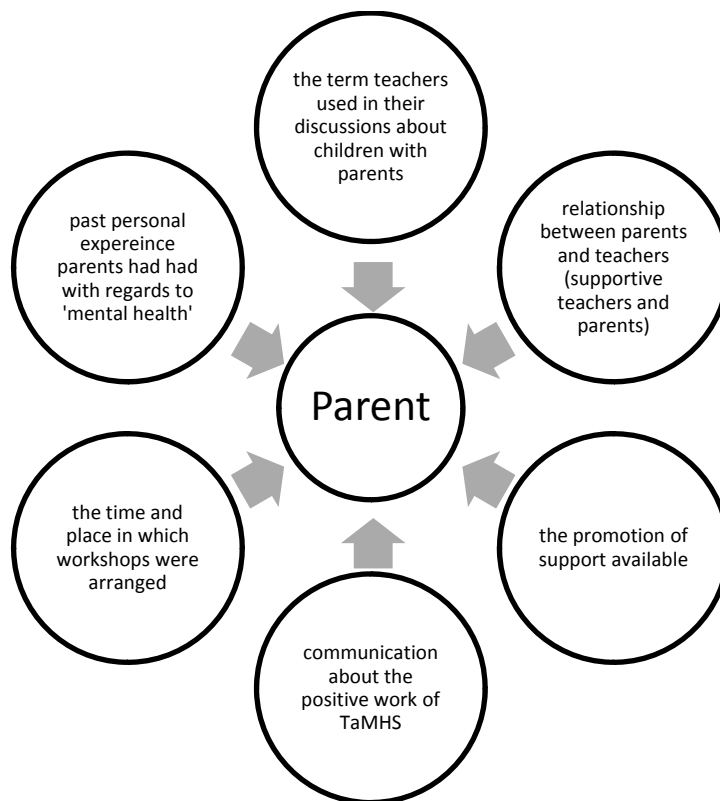
Discussion and conclusion

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.

<u>An overview of the literature review</u>

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.