Building a ‘whole-school approach’: How are mainstream secondary schools supporting students’ mental health and wellbeing?

Submitted by Sinead Veale to the University of Exeter
as a thesis for the degree of
Doctor of Educational Psychology in Educational Child and Community Psychology
In May 2019.

I certify that all material in this thesis which is not my own work has been identified and that no material has previously been submitted and approved for the award of a degree by this or any other University.

Signature: ……..

Abstract

Schools are considered a key environment to promote children and young people's wellbeing and address mental health difficulties (Patalay et al., 2017). There have been numerous policies and guidance published on how schools can support students' mental health (MH) and wellbeing (WB) through a whole-school approach (Lavis & Robson, 2015; Weare, 2015). Evidence has shown that schools are finding it difficult to cope with the pressures of supporting an increasing number of students requiring mental health support, whilst balancing the 'academic' and 'non-academic' role of education (Weare, 2015). Students' challenging behaviours have been an increasing challenge for schools (Stanforth & Rose, 2018), and with a view to reducing exclusions, a number of schools are developing their own on-site units to support vulnerable students (Department for Education, 2018; Ofsted 2016).

The present study aimed to explore how senior leaders in mainstream secondary schools are supporting students' MH and WB through a whole-school approach. Further explorations of schools with on-site units, as part of their specialised level of support, were conducted. This research consisted of two phases using a qualitative methodology. In the first phase, interviews were conducted with senior leaders in six mainstream secondary schools in a local authority in the West Midlands. The second phase consisted of two case studies of specialist on-site units. The data was analysed using thematic analysis (Braun & Clarke, 2006).

The findings demonstrate that senior leaders acknowledged the importance of supporting students' MH and WB and all schools in this research had the majority of factors contributing to a whole-school approach. Yet schools are facing a number of challenges which prevent them being fully implemented. On-site units were perceived as a supportive addition to the schools' approach. They aimed to support students' MH and WB and prevent exclusions. Students gave mixed views about attending the unit but felt they had progressed in their learning and emotional regulation. Students' views, as reinforced by staff, highlighted the importance of relationships across school. Considerations for the role of educational psychologists in supporting the MH and WB of young people are explored.

Acknowledgments

First and foremost, I would like to thank all the schools, staff and young people who accepted to participate in this research and who have given their insight into this topic. I am grateful you were willing to share your views with me.

Thank you to my supervisors, Professor Brahm Norwich and Margie Tunbridge for your guidance and support. It has been invaluable in developing and completing this research project.

I would like to thank my supervisor, and all my colleagues at the Educational Psychology Service where I have been on placement. Your commitment to supporting children and young people, their families and schools, is inspiring, and has contributed to my reflections on this topic.

A special thank you to all my friends who have played a huge role in helping me start and complete this thesis. To my fellow trainees, thank you for all the support and advice. A special thank you to Caitlin and Esme, for being more than helpful throughout this process.

My biggest thank you goes to my family. To Mum and Dad – thank you for all the love and opportunities you have created for me. I am so grateful. To my sisters Ailish and Siobhan – thank you for always being there, to help and encourage me. Thank you all for your reflections on this topic and the reading you have put in over the years.

Table of Contents

List of Tables and Figures

Abbreviations

Abbreviation	Terminology
AP	Alternative Provision
BPS	British Psychology Society
CAMHS	Child and Adolescent Mental Health Services
DfE	Department for Education
DoH	Department of Health
EP	Educational Psychologist
EPS	Educational Psychology Service
HoC	House of Commons
HoU	Head of Unit
HoY	Head of Year
LA	Local Authority
MH	Mental Health
NHS	National Health Service
Ofsted	The Office for Standards in Education, Children's Services and Skills
PRU	Pupil Referral Unit
PSHE	Personal, Social and Health Education
RP	Restorative Practices
RQ	Research Question
SEMH	Social, Emotional and Mental Health
SEN	Special Educational Needs
SENCo	Special Educational Needs Co-ordinator
SLT	Senior Leadership Team
TA	Teaching Assistant
WB	Wellbeing
WHO	World Health Organisation

Chapter 1: Introduction

This introduction begins by discussing the rationale and importance of researching the topic of mental health (MH) and wellbeing (WB) in mainstream secondary schools. Subsequently, I will present the national and local contexts of the research. Finally, I will explore my personal interest in the topic.

1.1. Rationale For The Research – Young People's MH and WB in the UK

Promoting the MH and WB of young people is increasingly an area of concern and a priority in UK legislation, due to the number of young people suffering from MH difficulties. This phenomenon has been declared an 'emergent public health crisis' (Humphrey & Wiglesworth, 2016). It is recognised that promoting MH and WB is of major importance for society as a whole (Patel et al., 2018).

The Government recently published a new prevalence survey entitled "Mental Health of Children and Young People in England 2017" (Sadler et al., 2018). The data reveal that since the last published data in 2004, there has been an increase in mental disorders amongst five to 15 year olds, rising from 9.7% in 1999, to 10.1% in 2004, and 11.2% in 2017. Thus, one in seven 11 to 16 year olds are identified with a MH disorder. Emotional disorders were the most common type of MH disorder (9.0%) followed by behavioural disorders (6.2%). It is clear that this is a recognised issue for schools as, on average, four children in any given classroom, will be experiencing a MH difficulty.

Alongside this, current UK statistics show that there is an increase in the demand for MH services. Services such as Child and Adolescent Mental Health Services (CAMHS) have seen a surge in referrals (Crenna-Jennings & Hutchinson, 2018). As a result, referral thresholds have increased, leading to increasing number of children not accepted into treatment and 18-month waiting lists in some parts of the country (British Psychology Society, (BPS) 2017; Crenna-Jennings &

Hutchinson, 2018). This suggests that professionals, including school staff, who are supporting and referring these children and young people, are finding it hard to cope alone and that children and young people are not accessing the help that it is felt they need.

The factors contributing to these prevalence figures are multiple and complex (Weare, 2015). There are a number of identified risk factors that make some young people more likely to experience difficulties than others (Frith, 2016). This includes greater adversity, social, economic, and environmental disadvantage, which intersect with factors such as ethnicity, gender, and disability, as well as fewer protective factors (Frith, 2016; Mental Health Foundation, 2016).

As well as adversity, several factors have been put forward to explain the current increase in MH needs in young people. One factor which has been linked to the apparent rise in MH difficulties in children and young people is the focus on attainment and the surge in school examinations. In his report “Exam Factories?”, Hutchings (2015) relates the rise in “school-related anxiety and stress, disaffection and mental health problems” (p. 5), to pressure caused by exams, increased academic demands, as well as the range of current accountability measures in schools.

An additional modern complexity in young people’s lives is the relationship between MH problems and the use of social media (Frith, 2017). Sadler et al. (2018) have produced novel data around the links between MH and young people’s internet usage. The findings indicate that the majority of 11 to 19 years olds use social media (95.1%), and one in five (21.2%) had been bullied online in the previous year. However, while they found that the use of social media was not associated with having MH problems; young people with a MH problem were more likely to use social media every day (87.3%) than those without a disorder (77.8%).

1.2. Research Context - Mental health in schools

1.2.1. The national context

In the UK, the current system for supporting students' MH has four tiers of support (Children's Commissioner, 2017).

- **Tier 1:** Universal provision including early intervention and preventative programmes aimed at improving WB and resilience. Schools fit into this category as they are recognised as ideal sites for early interventions (Thorley, 2016).
- **Tier 2**: Targeted provision for students identified with less severe issues, who may benefit from support delivered by MH practitioners in universal settings.
- **Tier 3:** Specialist out-patient services such as CAMHS, for children and young people with more severe, complex and persistent disorders.
- **Tier 4**: Highly specialised services, such as inpatient support for children who are at significant risk to themselves or others.

School is increasingly seen as a key environment in which to promote children and young people's WB and address MH difficulties (Weare, 2017). Indeed, secondary schools are well placed to deliver early intervention and prevention due to their universal nature and long periods of engagement with young people (Humphrey, Lendrum & Wigelsworth, 2013; Weeks, Will & Owen, 2017). Providing support in schools is equally seen as a way of counteracting the barriers to help-seeking in young people (Patel et al., 2018). The 2018 Mental Health prevalence data (Sadler et al., 2018) reported that two thirds of children and young people with a MH disorder had approached a professional with concerns about their MH. The most cited source of support for young people was their teachers, followed by MH specialists and educational support services.

There has recently been a surge in educational policies concerning young people's MH (Department for Education (DfE), 2016; DfE, 2017; DfE, 2018). The "Future in Mind" document (Department of Health (DoH) & National Health Service (NHS) England, 2015) and the recent Green Paper (DoH & DfE, 2017) "Transforming Children and Young People's Mental Health Provision", both highlight the role of school supporting pupils' emotional WB and MH. These

documents support similar concepts for schools such as early intervention and the need for training. The interpretation and implementation of this guidance remains the prerogative of each school, and there continued to be a variety in the support offered across schools (Thorley, 2016) which may suggest schools are having difficulty providing for students' MH and WB.

Tucker (2015) found that pressures including lack of resources, insufficient time, staff training and targets are a barrier to schools developing their pastoral care provision. Furthermore, research has explored the links between the socio-political context of austerity measures on educational systems and the impact on young people's WB (Winter, Burman, Hanley, Kalambouka & McCoy, 2016). More research is needed to understand the practices that exist within schools to support pupils' WB and MH, as well as the pressures and challenges faced by schools (Weare, 2017).

Alongside the apparent increase in MH needs in children and young people, there has been increasing focus on perceived behavioural difficulties within schools (Stanforth & Rose, 2018). National figures suggest an increase in school exclusions and referrals to alternative provision (DfE, 2019; House of Commons (HoC), 2018; Weale, 2017). A new updated document "Mental Health and Behaviour in School" (DfE, 2018) as well as the Code of Practice (DfE, 2014) recognises that MH problems can manifest themselves in externalising behaviours, and schools are required to consider the support that should be put in place to address underlying causes of disruptive behaviour.

Evidence suggests that children and young people facing significant challenges outside of school, are more likely to experience exclusions than their peers (DoH & DfE, 2017; Paget & Emond, 2016). Sadler et al. (2018) found that school exclusion was more common in children with a MH disorder (6.8% compared to 0.5% of children without a MH disorder). It is evident that schools are under pressure when dealing with young people who are experiencing difficulties in regulating their emotions.

Recent guidance acknowledges the pressures on schools when dealing with challenging behaviour which leads schools to implement a range of practices,

including informal exclusions, which can unfairly target disadvantaged pupils (DfE, 2018a; DfE, 2019). It has been identified that some schools are developing their own in-school specialist units as a way of supporting more vulnerable students (DfE 2018; DfE, 2019; Ofsted, 2016). It is unclear whether there is a rise in the development of on-site units. The House of Commons Education Committee (HCEC) publication, "Forgotten children: alternative provision and the scandal of ever-increasing exclusions" (HCEC, 2018) reports inconsistencies in the quality of in-school units and alternative provision. The recent "Timpson Review" on school exclusions (DfE, 2019) calls for clarification on the use of in-school units to ensure they are used constructively and informed by evidence. Research is needed to understand what school support systems are in place for young people, and how these onsite school units are part of the school's response to supporting students' MH and WB.

1.2.2. The local context

This research was undertaken in a local authority (LA) in the West Midlands. According to the latest Public Health England Health Profile published in 2016, it is in the 20% most deprived LAs in England, and about 31% of children live in low-income families, compared to the national average of 18.6%. The LA has significantly more children and young people entitled to free school meals (24% compared to the national figure of 16%). The LA has a high proportion of children who live in families in relative poverty; 30.2% of under 16 years olds compared with 19.2% nationally. It has been reported that the health and WB of children in this LA is generally worse than the English average (Public Health England, 2016).

In 2016, the Local Authority in which the research was conducted was awarded a Big Lottery Fund programme aimed to build resilience across several UK LAs, including initiatives across schools and communities. As part of the implementation of this programme, several research projects were conducted around the WB and MH of young people across the LA. An emotional health and WB survey completed with young people in 2015, and a consultation completed in 2016, identified the worries of secondary school pupils across the LA. They found that examinations and tests, family problems, 'gang and guns' for boys and

‘the way you look’ for girls were the most prevalent issues. The analysis of local data indicated that 2.08% of children in this LA had accessed CAMHS during 2016-2017, compared to 2.62% nationally.

Prevalence data on young people’s MH and WB in schools within the LA indicate there are similar percentages of pupils with behavioural, emotional and social needs to the national average. It has been reported that exclusion rates in the LA have significantly increased in the last three years and are higher than national average figures (0.15% permanent exclusions, compared to 0.08% nationally) (DfE, 2017). This has become a priority concern for the LA’s Educational Psychology Service (EPS), which aims to promote inclusion, help to overcome barriers and improve the lives of children, young people and their families. This led to the creation of a comprehensive development plan in supporting schools in their graduated response around social, emotional and mental health (SEMH) needs. During the course of this research all schools across the LA were invited to attend free training run by the EPS around how to support students’ MH and WB in schools.

1.3. Personal interest in the topic

As well as reflecting on current policies, school practices, political and social issues faced by young people today, this research is based on a longstanding personal and professional interest in young people’s MH and WB.

Before starting my educational psychology (EP) training, I worked in a variety of settings supporting young people. One of my roles involved working for 18 months with a Year 7 pupil in a mainstream secondary school who was at risk of permanent exclusion. It was evident to me at the time, and even more so now, that this young boy experienced MH difficulties due to multiple adverse childhood experiences in his early years. Although staff acknowledged his difficulties, within a busy secondary setting, on a daily basis, it was a challenge for staff to spend the time they needed to understand the reasons underpinning his challenging behaviour. As a result, he was frequently sent to the learning support unit, where I did not perceive him to be receiving the support he needed. This work had a

significant impact on me professionally and personally, and I continue to question how the school and myself could have supported him better.

The present research has been inspired by this professional experience and my current role as a trainee educational psychologist. The LA in which this research is conducted has high levels of exclusions and this has been a priority area for the EPS. The work I undertake in secondary schools and pupil referral units has led me to reflect on how educational settings are coping with the rise in MH needs. This is further heightened by the national debates and concerns about the MH provision for children and young people, as expressed in various policy papers and the recent government Green Paper on children and adolescent MH (DoH & DfE, 2017). I believe that EPs are well placed to support many of the key proposals in these policy documents. My training and practice are underpinned by a systemic approach (Bronfenbrenner, 1979), striving to move away from a 'within-child' approach. Therefore this research aimed to explore how schools as a system are managing the complexity of the phenomenon.

Chapter 2: Literature Review

This chapter will explore the literature relating to schools' role in supporting young people's MH and WB. After exploring the terminology around MH and WB, I will firstly explore how young people's MH and WB is supported in school, and senior leaders role and respond to this. Secondly, I outline the requirements of schools in terms of policy and practices. The following section will explore the responses of schools towards these requirements. A fourth section will explore staff and young people's perspectives on the effectiveness of schools responses to supporting students' MH and WB. Finally, I identify the gaps within the field and how this research will contribute to existing knowledge.

2.1. Completing a Review of the Literature

A literature search was conducted electronically using Science Direct, PsycINFO and ERIC databases. The search terms used are presented in the table below. As educational systems vary and the phenomenon explored in this research are contextual, the focus was predominantly on UK based research.

Table 1: *Exploration of the Key Terms Used as Part of the Literature Search*

Topic	Population	Setting and age group
Wellbeing/well being/well-being	Leadership team/ school leaders/ SLT/ principals	Secondary school
Mental Health	Staff/members of staff/ pastoral staff/stakeholders	Pupil Referral Unit/Alternative provision/on-site units/Learning support Units
"whole-school"	Student/ child*/adolescen*	

2.2. Defining Mental Health and Wellbeing

MH and WB are two concepts considered to be too complex to define simply (Weare, 2000). Throughout the literature, they are defined in a number of ways and are often used interchangeably with other terms such as ‘mental illness’, ‘social and emotional wellbeing’ and ‘mental wellbeing’. The WHO’s definition of mental health (2014) is widely accepted and reflects a positive conceptualisation of MH. It defines MH as: "a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (WHO, 2014). This definition recognises that MH is not just the absence of mental disorder but includes wellbeing.

The Mental Health Foundation (2016) has compiled a list of attributes that can be associated with positive MH, including: the ability to learn; the ability to express and manage a range of positive and negative emotions; the ability to form and maintain good relationships with others; the ability to cope and manage change and uncertainty. Similarly, Mind (2014) outline that people with good wellbeing are able to: feel confident in themselves, live and work productively, engage with others in the world around them, to form and sustain positive relationships with others, feel and express a range of emotions, cope with stresses of daily life, and adapt and manage in times of change and uncertainty.

A model of mental health

Westerhof and Keyes (2010) developed a two-continuum model which places mental ill-health and mental health as distinct but related dimensions. “One continuum represents the presence and absence of mental illness, and the other represents different degrees of mental wellbeing” (p.112). Traditionally there were two distinct traditions of wellbeing: the hedonic and eudaimonic (Westerhof & Keyes, 2010).

- *Hedonic approach*: closely linked to emotional wellbeing, addresses the presence of positive and absence of negative affect, feelings of happiness as well as perceived satisfaction in life.

- *Eudaimonic approach*: the ability to create meaningful relationships with family and friends and living life in a deeply satisfying way and is linked to the concepts of social and psychological wellbeing.

Westerhof and Keyes (2010) propose that together, the emotional aspect of hedonic wellbeing, and the psychological and social aspects of eudaimonic wellbeing, offers a definition of positive MH. *Social wellbeing* focuses on an individual's functioning in social contexts and the quality of their relationships, their acceptance, contribution and integration. *Psychological wellbeing* covers six dimensions: self-acceptance; personal growth; purpose in life; positive relations with others; environmental mastery and autonomy (Westerhof & Keyes, 2010). It takes a combination of the three structures of wellbeing to be considered mentally healthy (Keyes, 2007).

Another term that was considered for this research was "social, emotional and mental health" (SEMH). Since the revised SEN Code of Practice (DfE, 2014), this term was introduced as a key area of need, replacing "behaviour, emotional and social difficulties" (BESD). Using the terminology 'MH and WB' I aimed to consider students more widely than those who have been labelled. Nonetheless, whichever terminology is used, the aim is to improve the quality of life of all children and young people, and their capacity to cope with life's challenges. Therefore, both the concepts of MH and WB are included in this research in order to gain views on the spectrum of provision offered in mainstream secondary schools.

2.3. Supporting young people's MH and WB in school

2.3.1. Young people's MH and WB

It is known that adolescence is a critical age for the onset of MH needs. The transition to adulthood is a period of significant change for young people, who go through many physical, emotional and social changes such as establishing new relationships, and often transition to a new educational setting (Coleman, 2011). The pressure of a secondary school environment can increase difficulties during adolescence (Mental Health Foundation, 2016). Data suggests that over half of

all MH difficulties start before the age of 14 years, and 70% have developed by the age of 18 (World Health Organisation (WHO), 2014).

According to the Mental Health Foundation (2016) young people's emotional WB is as important as their physical health. Supporting young people's MH and WB has a positive influence on their physical health, their coping mechanisms, their social, emotional and academic skills, and as a result, their future employability (Public Health England, 2014). Research suggests that young people with MH difficulties are more likely to take part in risk taking behaviours and have poorer educational outcomes and experience unemployment in later life (Frith, 2016; Weare, 2015).

Evidence shows strong links between young people's wellbeing and their learning, as well as their functioning in later life (Public Health England, 2014; Weare, 2015). Schools can be a trigger for difficulties and are therefore well-placed to support and manage these (Atkinson et al., 2019). Thorley (2016) argues that "we cannot expect to have a healthy, happy, and economically productive society when so many young people are affected by emotional problems" (p.6). Therefore Weare (2015) argues that supporting pupils' wellbeing in school should not be seen as a "luxury or optional extra" (p.12) but should be integral to a school's role.

2.3.2. Senior leaders' responses to supporting young people's MH and WB

Schools have been identified as a positive environment for early intervention and to promote MH strategies for young people (DoH, & DfE, 2017; Sharpe et al., 2016). A committed senior leader is considered a powerful agent of change in a school and is essential to the success of a whole-school approach to promoting MH (Lavis & Robson, 2015; Roffey, 2007; Weare, 2015). The recent Green Paper on MH (DoH & DfE, 2017) acknowledges the importance of the senior leadership team (SLT) by proposing that there should be a designated senior leader in each school for MH and WB. Details of this role and the training they might undertake are yet to be unveiled. Nevertheless, it underlines the need to have a member of staff dedicated to MH and WB and who is in a position to influence school policy.

Research suggests that leadership teams play a crucial role in improving students' outcomes through their influence on the teaching and learning environment, the teachers' motivation and wellbeing, as well as the school climate and environment (Day, Gu & Sammons 2016; Early & Greany 2016; Roffey, 2007). Roffey (2007) explored the role of the principal in implementing a caring vision within their community. She identified that a caring school begins with the values and vision of school leaders but involves a set of interrelated factors to turn their vision into a reality. Roffey (2007) suggests that an eco-systemic model (Bronfenbrenner, 1979) is a useful model to examine the interactive factors that influence how the leader's vision is implemented across the school community (Figure 2).

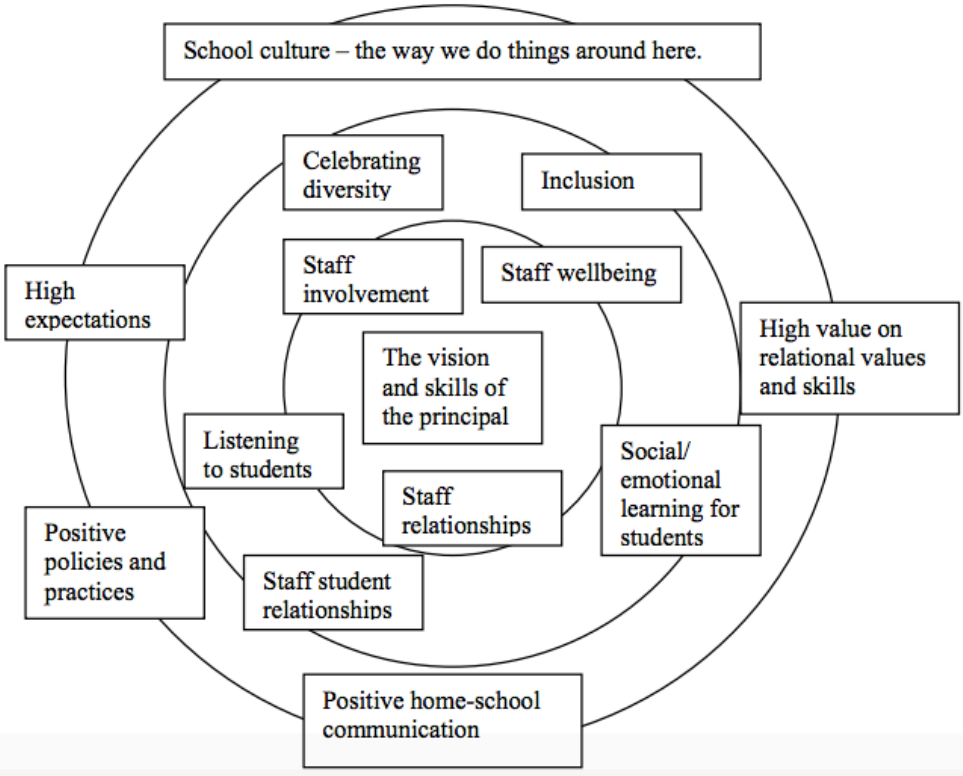


Figure 2: *An Ecological Model in Developing a Caring Community (Roffey, 2007). Used with permission.*

It has been found that leadership teams can support students' MH and WB by developing a set of shared values and culture among staff that values everyone within the school community (Roffey, 2008; Stirling & Emery; 2016; Weare & Nind, 2011). However, it is important to consider how school leaders are

managing this, whilst managing the current tensions and pressures of attainment data and the economic and social inequities which are impacting on education attainment (Hanley et al., 2017).

Although the majority of schools have some provision to support their students' wellbeing and those with MH needs (DfE, 2018), there remains a huge variety in terms of schools' approaches and the quality of provision offered (DfE, 2018a; Thorley, 2016). The most recent Good Childhood Report (Pople, Rees, Bradshaw & Main, 2015) suggests that relationships between children and their peers, teachers and other school staff; children's satisfaction with their experiences at school; their sense of membership to the learning community of the classroom and school; and their participation and voice, are areas for improvement in UK schools.

Patalay et al. (2016) argues that little is known about what priority schools place on MH support, and what schools view as the facilitators and barriers to implementing provision. They found that capacity, funding and access to specialists were the key barriers reported by schools (Patalay et al., 2016). Thorley (2016) identified four major school barriers: schools' inability to access sufficient funding and resources; a lack of mechanisms for schools to influence commissioning decisions; inconsistent quality of support that schools can buy in; and a lack of external checks on appropriateness and quality of the provision in schools. Financial resources to fund pastoral staff, and a lack of expertise in school have been identified as challenges for schools, which are affecting their ability to identify and support students (HCEC, 2018).

Recently, peer reviewed articles have attempted to gain leaderships' views on MH and WB (Anderson & Graham, 2016; Cefai & Askell-Williams, 2017; Maelan, Tjomsland, Baklien, Samdal & Thurston, 2018). Cefai and Askell-Williams (2017) captured the views of 24 teachers, principals and deputy principals on their experiences of the MH initiatives at the school, including current programmes, classroom practices, staff professional education and competence and staff wellbeing. They asked participants about the challenges faced when implementing universal interventions, as well as the perceived benefits for students and the school community. Participants found the initiatives to promote

students' MH were successful due to three processes; a shared vision and commitment of all members of the school being actively involved in implementing programmes at a classroom and whole-school level, the support and guidance of school leaders, and the active involvement of parents.

Maelan et al's. (2018) research aimed to explore teachers' and head teachers' understanding of how their everyday practices support pupils' MH in Norwegian schools. They reported that staff accepted their responsibility in supporting students' MH and WB, due to its influence on educational outcomes. School staff also recognised the importance of the school context in supporting students' MH and WB. This can be done through developing a safe and inclusive school climate and providing experiences as well as different learning opportunities.

As part of a wider research project, Anderson and Graham (2016) carried out semi-structured interviews with teachers and principals across 18 schools in the UK. The main findings were that the majority of teachers recognised the importance of building relationships with students, the importance of creating a safe school culture and class environment so students can be heard, and that students' views were acted upon. These findings on teachers and principals' views appear limited considering the large research aims of their study.

Hanley, Winter and Burrell (2017) have explored school professionals' views on the impact of austerity on schools' capacity to support students' MH and WB. They found that staff felt there had been an increase in need and were taking on new roles to accommodate. Yet they were faced with fewer resources and limited government support. Overall, the research seems to confirm that SLT recognise the importance of their role in supporting students' MH and WB. There is a need to find out the views of school leaders in the UK, around how they build a whole-school approach, whilst managing the current pressures and tensions in the educational system.

2.4. Supporting young people's MH and WB in schools

2.4.1. Key school policy in relation to supporting students' MH and WB

Concerns about young people's MH are reflected in educational policies, a number which underline the importance of schools in supporting pupils' emotional WB and MH (DfE, 2016; DfE, 2017; DfE, 2018). These aimed to implement the vision set out in the "Future in Mind" guidance (DoH & NHS England, 2015), which brought a shift towards early intervention and building resilience. The "Future in Mind" statement recognised the value of young people being able to seek support in non-stigmatising settings such as schools (DoH & NHS England, 2015).

The Mental Health Green Paper (DoH & DfE, 2017) "Transforming Children and Young People's Mental Health Provision", is further acknowledgment that MH in schools is currently on the Government's agenda. Initiatives within the proposal include the following: every secondary school will have a designated MH lead, the creation of community-based MH support teams, and a four-week waiting time to access children and young people's MH services. However, the Green Paper has been criticised for its lack of ambition, its failure to focus on preventative and systemic work, or acknowledge contributory factors within the educational systems such as the curriculum and exam pressures on young people's MH (Association of Educational Psychologists, 2018; BPS, 2018; House of Commons Education and Health and Social Care Committee, 2018).

Recent guidance "Mental health and behaviour in schools" (DfE, 2018), has outlined schools' statutory responsibility in relation to MH and WB, drawing on multiple governmental statutory guidance such as Keeping Children Safe in Education (DfE, 2016) and Working together to safeguard children (2018b). It outlines that schools are under the duty to safeguard and promote the welfare of all pupils through: prevention, by creating a safe and calm environment which develops students resiliency; identification of students through recognising emerging issues; early intervention work, which supports young people to access early support and interventions; and collaboration with external agencies for specialist support. These themes have frequently emerged in legislation around schools role in supporting students' MH and WB. Furthermore, schools are under the duty to identify and support students with special educational needs through

a graduated response (DfE, 2014). The Code of Practice (2014) emphasises the need for schools to understand that behavioural issues can underpin MH needs.

Alongside schools' statutory duties set out by the DfE, they are required to follow a range of policies and guidance which have been recommended by the DfE as good practice. Schools are not required to have a mental health policy but should have a range of policies which support students' MH and WB following the guidance set out above.

Although there is much guidance for schools, the interpretation and implementation of this guidance remains the prerogative of each school. Evidence shows that schools are on the frontline, finding it difficult to manage an increasing number of students requiring MH support, whilst balancing the 'academic' and 'non-academic' role of education (Weare, 2015). The majority of schools offer a certain level of provision to support all students' MH and WB, as well as targeted provision to support more vulnerable students (Sharpe et al., 2016). Yet Thorley (2016) found that there is a huge variety in the quality of support offered by schools, partly due to lack of funding and knowledge.

A question that underpins much of the discussion around supporting and promoting MH and WB in schools is the role of education. According to Warin (2017), there has been a "renewed academic interest in educational philosophy" (p. 189) and the role of our educational system. Particularly in the current climate which is driven by attainment scores (Hutchings, 2015). International assessments are encouraging schools to be more concerned with "raising academic standards than providing a broad based and meaningful education" (Cefai et al., 2014, p.100). In their report "School with Soul", Peterson, Lexmond, Hallgarten and Kerr (2014) discuss the importance of promoting the spiritual, moral, social and cultural development of pupils, and for "schools to carry out this deeper thinking about the way they educate and what kind of development they want to promote" (p.4). Therefore, there is a need to understand how schools interpret this guidance to support students' MH and WB.

2.4.2. Building a whole-school approach

Many government-led whole-school programmes have targeted MH and WB in school, such as the Social and Emotional Aspects of Learning Curriculum (Department for Education and Skills, 2005) and Targeting Access to MH Services (Department for Children Schools and Families, 2008). Despite mixed outcomes (Lendrum, Humphrey & Wigelsworth, 2012), research and evaluation of these approaches have produced valuable learning (Weare, 2015). These social and emotional skills-based programmes encouraged the creation of a whole-school approach, which can be defined as "a holistic approach (…) that has been strategically constructed to improve student learning, behaviour and wellbeing, and that provides the conditions that support these" (Lavis & Robson, 2015, p.28).

Alongside government whole-school programmes, a number of guidelines help schools in implementing evidenced approaches to support their students' social and emotional wellbeing (Lavis & Robson, 2015; Weare, 2015). Weare (2015) produced a framework outlining the key findings from a meta-analysis of empirical research on what schools can do to promote emotional health and wellbeing (Appendix A). This underlines the importance of adopting a whole-school approach which includes amongst several principles, a solid base of positive universal work to promote wellbeing, as well as developing a supportive school and classroom climate and ethos.

Public Health England produced a report called "Promoting children and young people's emotional health and wellbeing – a whole-school and college approach" (Lavis & Robson, 2015). They identify eight principles to promoting a whole-school approach to emotional health and wellbeing (Figure 1). At the centre of their principles they identify the driving force as a leadership team that supports and champions efforts to promote emotional health and wellbeing.

Alongside the National Institute for Health and Care Excellence guidelines (NICE, 2018), many researchers have endorsed and promoted the use of a whole-school approach (Ashton, 2014; Banerjee et al., 2014; Dix et al., 2018; Roffey, 2016; Weare, 2015). According to Askell-Wiliams and Cefai (2014) in a whole-school perspective, "the curriculum, classroom practices, relationships, and school culture and policies are all geared towards the creation of classrooms and school

climates conducive to the development of MH and WB" (p. 99). Cefai and Cavioni (2014) underline the importance of caring relationships, inclusive practices with engagement, and contribution from school leaders, teaching and support staff, students, parents, and the broader community.

A whole-school approach promotes a shift in perspective from focusing solely on school activities that are aimed at enhancing individual pupils' skills, to a focus on the wider school systems, the environment and relationships within schools (Banerjee, Weare & Farr, 2014). This reflects an ecological framework (Bronfenbrenner, 1979) where the young person is influenced by the wider systems they are part of, including school (Aston, 2014; Boyle & Roffey, 2018; Hanley, Winter & Burrell, 2017). According to Roffey (2012a), the beliefs and values that determine the quality of relationships across the school (mesosystem); the impact of school policies and procedure (exosystem), the cultural norms and socio-political context (macrosystem) and the recognition that these systems change over time (chronosystem), are all systems influencing each other, and the individual at the micro-level.

Figure 1: *Promoting Children and Young People's Emotional Health and Wellbeing – a Whole-School and College Approach (Lavis & Robson, 2015)*

School ethos

A recurring principle that is part of a whole-school approach is the concept of 'school ethos', that supports MH and WB beyond providing social and emotional learning (Roffey, 2010). Roffey (2010) defines school ethos as "the beliefs and aspirations, vision and values that underpin 'the way we do things round here' – the attitudes and behaviours that determine whole-school culture" (p.193). Ofsted's SEN review (2004) suggests that secondary schools need to do more to provide such a supportive and connected climate and ethos. According to Roffey (2016), whilst there is evidence to support implementing a whole-school approach, there is a lack of research available about how this can be achieved.

Sense of belonging

Alongside the term 'school ethos', the literature refers to related concepts such as 'school belonging' and 'school connectedness'. There is evidence that having a sense of belonging and feeling connected and engaged at school, promotes resilience, pro-social behaviours, and has a positive impact on learning outcomes and wellbeing (Cefai & Cavioni, 2014; Cunningham, 2007; Roffey, 2012). 'School belonging' is also a widely used term, despite it being "used inconsistently" (Allen, Kern, Vella-Broderich, Hattie & Waters, 2018, p.1). According to Allen et al. (2018), the most consistently used definition is "the extent to which students feel personally accepted, respected, included, and supported by others in the school social environment" (Goodenow & Grady 1993, p. 80). Relationships have been seen to be a powerful element in developing a sense of belonging and connectedness (Rowe & Stewart, 2009).

What the concepts of whole-school, school ethos, and sense of belonging have in common is the idea of building positive relationships. It has been widely recognised that positive and reciprocal relationships with staff and peers are critical in creating caring environments and are associated with students' wellbeing as well as their academic achievement (Craggs & Kelly, 2018; Hornby & Atkinson, 2003; McLaughlin & Clarke, 2010; Roffey, 2008; Spratt, Shucksmith, Philip & Watson, 2006).

2.4.3 Supporting students experiencing behavioural difficulties

MH difficulties can manifest in a variety of ways, including young people's abilities to cope with school, their attendance and their behaviour (HCEC, 2018). There has been increasing focus on perceived behaviour problems within English schools (Stanforth & Rose, 2018).

A major concern has been the rise in exclusions and referrals to alternative provision (HCEC, 2018), which suggests schools are finding it difficult to manage pupils who are presenting with challenging behaviour (Gazeley, Marrable, Brown & Boddy, 2015; Sadler et al., 2018). Furthermore, it has been established that a high percentage of young people being excluded from school have SEN (DfE, 2019; Gazeley et al., 2015). Ford et al. (2018) found a bidirectional relationship between exclusion from school and psychopathology in children. Exclusions have been linked to wider social exclusion, unemployment and poor social and emotional progress (Rose, Stanforth, Gilmore & Bevan-Brown, 2018).

According to Malcolm (2018), as a result of recent legislative guidance, the reduced rates of permanent exclusion have been replaced by a higher rate of placement into alternative provision. Alternative provision has been described as an "education arranged by local authorities, for pupils who, because of exclusion, illness or other reasons, would not otherwise receive suitable education" (DfE, 2007, p.3). There have been concerns about the ability of alternative provision to effectively manage behaviour, develop students' educational outcomes and aspirations, and support young people to reintegrate back into mainstream education (DfE, 2016; DfE, 2019; Ofsted, 2016).

It is possible that the pressures on schools to reduce exclusions (Gazeley et al., 2015), and higher accountability around exclusion practices (Malcolm, 2018), has led schools to develop unofficial exclusion practices such as managed moves, 'off-rolling' and internal exclusion to deal with their more challenging students. These practices are not currently as regulated (Stanforth & Rose, 2018). There needs to be processes in place which safeguard pupils against schools responding to the pressures of accountability measures and funding (DfE, 2019).

2. 5. Schools' responses to young people's MH and WB

2.5.1. Practices and provisions

There is a growing body of literature examining effective practices and provision in schools. It is recognised that schools are employing various approaches to supporting students' MH and WB, yet there is limited knowledge about what schools currently do to support students' MH (Patalay et al., 2017; Sharpe et al., 2016).

The terms universal, targeted, and specialist interventions are frequently used in the UK to describe a tiered approach of support within the health system and are also being used within educational systems to establish provision for children with SEN and disabilities (Mendez, Ogg, Loker & Fefer, 2013; Weare & Nind, 2011). Within school settings, universal provision refers to aspects which are available to all children and young people within the setting. These are considered preventative and include elements of the school ethos approaches explored above, as well as the curriculum and teaching which promotes social and emotional learning (Lavis & Robson, 2015).

Targeted interventions focus on specific children or young people identified as vulnerable or at-risk or with a specific need, who may need small group or individual interventions outside of the classroom. Specialist interventions focus on children and young people identified as having more complex difficulties. At this level, the provision available is more individualised and students will usually receive support from external agencies.

Several studies involving large-scale surveys have attempted to examine the provision available across schools (Patalay et al., 2017; Sharpe et al., 2016; Vostanis, Humphrey, Fitzgerald, Deighton and Wolpert, 2013). Vostanis et al. (2013) carried out a survey across 599 primary and 137 secondary schools, on what provision they had developed to promote emotional wellbeing for students. They found that two thirds of schools implemented approaches at a universal level. Yet the majority of support went to students who had been identified as having established MH difficulties, rather than being preventative. The most

frequently cited strategies were social and emotional skills development, creative and physical activity, and behaviour for learning support.

Sharpe et al. (2016) collected the views of 577 school staff across 341 schools (98 mainstream secondary) in England through an online survey which explored the MH provision in schools, and the barriers to supporting young people's MH. Staff training (82%) and whole-school approaches (66%) were the most frequently employed approaches to supporting all students' MH and WB, followed by nurture groups (48%), therapy provision (57%), the curriculum (57%) and anger management groups (53%). Two thirds of schools reported having specialist support available. Their research indicated that EPs offered the most specialist external support, followed by counsellors. Schools reported that the biggest barrier to supporting students' MH was the limited capacity of CAMHS. Attitudes towards MH, such as stigma, or lack of knowledge were not cited as barriers, which demonstrates a positive step in schools offering early intervention.

More recently, Carroll and Hurry (2018) conducted a review of the literature between 2000 and 2015 to explore "common and effective practice models in the education of children with social, emotional and MH difficulties" (p. 312). Across the 110 studies which met their inclusion criteria, they mapped out a summary of the interventions and approaches across Universal, Tier 2 and Tier 3 levels of support. They found that underpinning successful programmes was "a positive approach adopted by teachers and school leaders to pupils with SEMH; approaches which avoided a deficit model perspective, and which embraced techniques that made pupils feel secure and fostered good relationships with teachers" (p.310). They highlighted the important effect of quality first teaching at the universal level.

Recently the DfE carried out a large-scale research project named "Supporting MH in Schools and Colleges" (Marshall, Wishart, Dunatchik & Smith 2017). The research aimed to understand what schools, colleges and other educational institutions in England currently do to promote positive MH and WB among all their pupils. Their research project used quantitative survey and qualitative case studies to investigate MH and character education provision in schools and colleges. Their findings revealed that schools had a broad range of approaches.

However, the factors that institutions felt were key to success were: a shared vision for MH, strong leadership, strong relationships between staff and pupils, and high-quality training. The publication by Marshall et al. (2017) is not peer reviewed research. The premise of their research should be built upon to gain a better understanding of how mainstream secondary schools support students' MH and WB.

Research suggests that social and emotional skill-based interventions in schools can have long-term benefits for children and young people (Durlak, Weissberg, Dymnicki, Taylor & Schellinger, 2011; Payton et al., 2008; Weare & Nind, 2011). Yet some reviews have found limited outcomes from such programmes in a secondary environment (Humphrey et al., 2013). They identified that secondary schools found it difficult to implement all elements to form a consistent whole-school approach. Humphrey et al. (2013) argue that there needs to be greater awareness and understanding of the importance of these programmes, as well as better support for staff. These large-scale studies give some indication of how secondary schools are supporting students' MH and WB. There needs to be further research including senior leaders on a smaller scale, to explore their views on the development of provision as part of a whole-school approach, and the barriers and facilitators they face.

2.5.2 The development of 'On-site Units'

A further development is the creation of on-site units as a way of supporting vulnerable students and reducing exclusions (DfE, 2018a; Ofsted, 2016). The names describing these on-site units are diverse, but they are distinguished from learning support units, seclusion units or resourced provision (Barker, Alldred, Watts & Dodman, 2010; DfE, 2019). A recent report published by the House of Commons Education Committee (HCEC, 2018), suggests it is unclear whether there is a rise in the development of in-school units. Due to the lack of communal terminology and the recent development of these alternatives, there is limited research on how on-site units supports students' MH and WB.

Research on alternative provisions (APs), pupil referral units (PRUs) and learning support units (LSUs) can provide an insight into the effectiveness of providing

alternative spaces to support vulnerable students. Marchant and Ellis (2015) found that accessing a separate base or unit can be beneficial for young people when they need support. They suggest that a change in environment which is robust enough to enable good progress, but which reduces the likelihood of exclusion can allow students to have space. Ofsted (2016) reported examples of good practice in relation to the use of these on-site provisions, where effective interventions could take place and develop a sense of belonging for pupils.

The DfE (2018a; 2019) found a wide diversity of practice and mixed evidence on the effectiveness of on-site provision. Taylor (2012) claims that young people attending APs have generally poor educational outcomes. Burns and Hulusi (2005) argue that units may become an exclusion unit as they work in isolation from the rest of the school, do not support students in developing their learning or support reintegration.

Yet it has equally been found that most LSUs were successful in reducing exclusions, improving behaviour, promoting attendance and inclusion (HCEC, 2018; Ofsted, 2006). Levinson and Thompson (2016) see PRUs as being necessary for some students who need a small nurturing family atmosphere, which large secondary schools may find more difficult. They found that these settings can provide an environment for students which differs from their mainstream environment, where they can be supported holistically and build caring relationships with staff without the fixation on behavioural outcomes.

This discussion fits into the continual discourse around inclusion. Ainscow (2000) viewed inclusion as adapting the system in order to accommodate the student, thus minimising barriers to learning. This moves away from a child deficit model to a more inclusive practice focused on adapting systems within the school (Hart, 2013). Yet there have been some views that units are promoting inclusion by reducing exclusions. This reflects an assimilation view which does not ensure the school system is adapting to increase positive outcomes for the child (McSherry, 2012). “Exclusion alone does not encourage or promote change within the mainstream system” (Levinson & Thompson, p.40). It is accepted that the sole use of behavioural approaches directed at individual students, may fail to

consider the influences of environmental factors on behaviour, and students' MH and WB (Law & Wood, 2018; Roffey, 2016).

Martin, White and Jeffes (2012) and McSherry (2012) have highlighted that units should not work in isolation but should form part of a whole-school approach. They argue that it is essential that units complement other work happening as part of a whole-school approach to supporting students' MH and WB and are set within an inclusive school ethos (McSherry, 2004). Levinson and Thompson (2016) argue that mainstream schools have some way to go in adapting their systems and practices to support students with MH and WB difficulties which are manifesting through challenging behaviour. It is essential to understand how specialised on-site units fit into a whole-school approach to supporting students' MH and WB (McSherry, 2004). More research is needed to collect examples of best practice in order to provide schools with guidance and develop effective practices (DfE, 2019; HCEC, 2018).

2.6. The effectiveness of schools' responses from staff and students' perspective

2.6.1. Students' views

According to Cefai and Cooper (2017) children and young people are usually the stakeholders with the weakest voice. Recently there has been an increased recognition of children's rights to express their views, particularly in matters that impact on their lives. This includes research on their wellbeing (Hall, 2010). Gaining young people's views on MH promotion in schools is an important step in understanding their needs, learn what is working well and not so well, and ensure that provision is as appropriate as possible (Cefai & Cooper, 2017).

Students' views on whole-school support

A number of studies have explored students' views on how their school supports their MH and WB. Aldridge et al. (2016) distributed various quantitative scales to over 2,000 students in Western Australia about their perceptions of school climate as determinants of wellbeing, resilience and identity. Six school climate factors were found to have an indirect influence on student wellbeing. These

included: teacher support, peer connectedness, school connectedness, affirming diversity, rule clarity and reporting and seeking help. Cefai and Askell-Williams (2017) gained the views of 300 primary and secondary students in Malta about their school experiences and their MH. Their findings indicated that positive school community, coping with school work, social and emotional education, friendships, safety, and teachers' responses to bullying all influenced students' MH and WB. In addition these were dependent on schools' policies and practices. Furthermore, Anderson and Graham (2016) found that students reported that being cared for, respected, and valued in school were linked to the most positive outcomes on their wellbeing.

In the UK, Coombes, Appleton, Allen, and Yerrell (2013) asked secondary students about how their school provides for their emotional health and wellbeing. They found that pupils felt some aspects of emotional wellbeing were well provided for in the school curriculum, but that some MH topics, such as self-harm, were not addressed. Students were concerned with confidentiality and many expressed that they preferred to talk to their peers about their MH.

These studies suggest that being respected, listened to, having a sense of belonging, and enthusiastic teachers are key areas to support young people's MH and WB in school (Cefai & Cooper, 2017). Listening to how pupils perceive the support they have received in school, can elicit some understanding of what is important to young people. The views of marginalised students, including young people with MH difficulties, are scarce in the literature (Atkinson, 2017; Michael & Frederickson, 2013). There is a need to collect views of students who are accessing support offered by school in order to hear their opinion and participate in service improvement (Atkinson, 2017).

Students' views on alternative provision

In research seeking the views of students attending AP, students often spoke positively about their experiences of AP. Levinson and Thompson (2016) found that students valued their placement in the PRU as they developed more trusting relationships with staff, felt cared for, treated as an individual, and their learning was more flexible. Michael and Frederickson (2013) conducted interviews with

16 participants aged 12 to 16 years across two PRUs. Similarly, they identified five themes which led to positive outcomes: relationships, curriculum, discipline, learning environment and self. They identified three barriers to the achievement of positive outcomes: disruptive behaviour, unfair treatment and failure to individualise the learning environment. This is similar to findings by Hart (2013) where students identified that protective factors in the PRU were relationships, teaching and learning, expectations and environment. Overall, these studies identify similar support factors for students attending alternative provision.

Alternative provision has often been criticised for its limited outcomes on students' academic progress and reintegration into school, leading to a 'revolving door' process (Pillay, Dunbar-Krige & Mostert, 2013). Yet research indicates that a major preoccupation for staff in PRUs is the process of reintegration and establishing the 'window of opportunity', where students can be successful, and separate from the 'family feel' of the PRU (Levinson & Thompson, 2016). Jalali and Morgan (2018) interviewed 13 students aged seven to 16 years, across three primary and secondary PRUs. The results suggested that the PRUs were ineffective in changing cognitive thought patterns and in supporting long-term behavioural changes.

2.6.2. Staff's views

Staff's views on their role in supporting MH and WB

The expectations of teachers' role have shifted, as they are often relied on as being essential in the early identification of students' MH and WB (Graham, Phelps, Maddison & Fitzgerald, 2011; HoC, 2017). As cited in Graham et al. (2011), a growing number of studies have explored teachers' views of their role in supporting young people's MH. Patalay et al. (2016) suggest that there remains variation in the attitudes and capacity for staff to support the MH needs of young people. Mazzer and Rickwood (2015) found that teachers saw MH and WB as a fundamental part of their role. However, many teachers did not feel equipped to fully address students' MH needs whilst juggling the many demands of their role. Some teachers felt that supporting students' MH was an addition to their heavy workload (Mazzer & Rickwood, 2015). Ekornes (2017) found that staff stress

emerged from a disparity between feeling responsible for students' MH and WB and being able to help students with their problems. Kidger, Gunnell, Biddle, Campbell and Donovan (2010) established that some staff were unable or reluctant to engage in MH and WB work, due to their own emotional health needs being neglected.

Staff's wellbeing is becoming recognised as critical to both students' learning outcomes and wellbeing (Hanley et al., 2017; Mazzer & Rickwood, 2015; Roffey, 2012). Teachers have cited challenging behaviour in the classroom as a major factor in leaving the profession, as it has been related to dissatisfaction, stress and burnout (Day, Hopkins, Harris & Ahtaridou, 2009; Gibbs & Miller, 2014). Furthermore, teacher and student relationships have been associated to both staff and students' attendance and wellbeing (Harding et al., 2019).

Staff's perception of the school support for MH and WB

Some research has sought to identify what staff's perceptions of provision their school has to support MH and WB. Askell-Williams (2017) conducted interviews with 17 teachers and school leaders about "school-based initiatives to develop students' wellbeing and positive MH" (p.2). Four themes emerged from their research on these practices: the limitations of relying upon a local champion to initiate and maintain the programme; the need for leadership support; continuous staff professional education; and ongoing programme evaluation. Although their research included a small sample and took place in Australia which has different social and emotional learning initiatives, it gives some indication of what MH and WB provision teachers think is important.

There has been less research exploring the views of pastoral staff in schools, who are often those working with and promoting the inclusion of the most vulnerable pupils (Burton & Goodman, 2011; Littlecott, Moore & Murphy, 2018). Yet a combination of lack of recognition, increasing workload and inadequate financial reward may impact on the motivation and effectiveness of the support. Research suggests that pastoral staff feel undervalued (Higgins & Gulliford, 2014). Littlecott et al. (2018) explored the role of support staff in promoting health and wellbeing in school. Their results indicated the importance of having a team

of support staff with time and capacity to deal with issues immediately and build trust and rapport with students. More research should explore staff's views on how schools support students' MH and WB, and their role in the development of on-site units.

2.7. Gaps in the Literature and Contribution to Knowledge

Cefai and Cooper (2017) recently published a collection of peer reviewed articles on the perspectives of key stakeholders in MH promotion in schools. They concluded that this is an area often marginalised by researchers, and argue their research needs to be "built on and extended in the future by other writers and researchers" (p.241). They argue it is essential for all those involved to express their views, so that work in MH promotion is meaningful and relevant for those who will be benefiting from it. This will lead to a better understanding of the facilitators and barriers to promoting wellbeing and MH in schools and bridge the gap between scientific research and school practice "to ensure the effectiveness and sustainability of MH promotion in school" (Cefai & Cooper, 2017, p.4).

This current research project is innovative as there is a lack of research in gaining the views of members of senior leaders around MH and WB. A large amount of research in this field has been conducted abroad, and therefore more research is needed in the UK. This thesis aims to understand how senior leaders, in mainstream secondary schools, provide for all pupils' MH and WB, seek to prevent MH difficulties for those at-risk and support those with MH needs. Furthermore, through in-depth case studies, I aim to focus on the specialist wave of support and gain an understanding of how schools have set up on-site units to support students' MH and WB. I will explore different stakeholders' views on whole-school approaches, and more specifically on-site specialist provision in mainstream secondary schools, as there appears to be little research which has explored these units.

I intend for this research to recognise the range of practices schools have in place to support students' MH and WB which can be practically shared across schools and inform how educational psychologists can support schools.

Chapter 3: Methodology

3.1. Introduction

This chapter sets out the research methodology. It outlines the research aims and questions that the research is built on, as well as the philosophical foundations, and a rationale for the use of a qualitative research design. The remainder of the chapter will describe the method of data collection and analysis. Finally, the ethical considerations will be outlined.

3.2. Research Aims

This research aims to explore how mainstream secondary schools are managing to build a whole-school approach, to support young people's MH and WB.

Phase 1 of the research explores how leadership teams, in mainstream secondary schools provide for all pupils' MH and WB, seek to prevent MH difficulties for those at-risk and support those with MH needs. This phase aims to understand the barriers and facilitators that schools are facing with this process.

Phase 2 aims to explore how mainstream schools have developed specialist on-site units as a way of supporting young people's MH and WB.

The intended outcome of this research is to understand how mainstream secondary schools are responding to the rise in mental health needs and the national focus on establishing high-quality MH and wellbeing support within schools (DoH & DfE, 2017). This can inform professionals, including EPs, as to what schools are doing to support students' MH and WB. It will contribute to the knowledge of what support schools may require, as well as enabling them to learn from each other's experiences. In order to achieve the overall aim of the research, interviews were conducted with members of the leadership teams in six schools, as well as two case studies of specialised on-site units.

3.3. Research Questions

Given these aims set out above, the following research questions were developed. The research questions emerged from the literature review (Appendix C and Appendix D).

Research questions (RQ) of Phase 1:

RQ1.1: What is the senior leadership's understanding of MH and WB?
RQ1.2: What is the leadership's approach to providing for all pupils' MH and WB, preventing MH difficulties for those at-risk and supporting those with MH needs?
RQ1.3: What practices and provisions exist within mainstream secondary schools in a local authority to support students' MH and WB?
RQ1.4: What are the facilitators and barriers for these mainstream secondary schools to provide for all pupils' MH and WB, prevent MH difficulties for those at-risk and support those with MH needs?

Research questions of Phase 2:

RQ2.1: What are stakeholders' understandings of the aim of on-site units, and how do they fit in to the whole-school vision for supporting MH and WB?
RQ2.2: What practices and provision are available in the on-site unit to support students' MH and WB?
RQ2.3: What are stakeholders' views on the impact of students' placement in the on-site unit?

3.4. Rationale for the Method

In order to understand the choices made in this research, it is important to consider the philosophical assumptions of the researcher, as these influence the type of questions asked and the research design (Robson, 2011). By philosophical assumptions is meant the type of knowledge sought by the aims of the research and the adopted methodological approach.

Traditionally research is conceptualised in terms of the ontological assumptions, referring to the nature of reality and truth, and the epistemological assumptions,

concerned with the theory of knowledge (Willig, 2007). Instead, the current research adopts the alternative philosophical stance of pragmatism, which rejects the traditional epistemological divide between objective and subjective knowledge. The value of pragmatism as a philosophy for social research goes beyond the emphasis on practicality allowing us to examine the nature of human experience and redefine how we think about the impact of our beliefs in practice (Briggs, 2019; Morgan, 2014).

Based on Dewey's (1920) views on the inseparability of experience and interpretation, Morgan (2014) argues that "beliefs must be interpreted to generate action, and actions must be interpreted to generate beliefs" (p.1046). Furthermore, Dewey's (1910) approach to inquiry does not distinguish between research and everyday life. He believed that research is another form of response to problematic situations, which are more carefully considered. Closely linked to the concept of social justice, pragmatism acknowledges the actions of the researcher as set in their belief systems; which are subject to change by the actions they take. Pragmatism is interested and focused on action and in generating solutions to problems (Briggs, 2019).

This research will use semi-structured interviews as well as a case study design to understand and explore people's experiences and perspectives of their school setting. As a researcher, I believe that senior leadership's approaches, and staff and students' views around MH and WB provision in school have been constructed through their experiences of developing, delivering or participating in provisions within schools and are shaped within a specific time and context. I am interested in understanding participants' views and how they have made sense of their reality through their stories. I acknowledge the complex nature of the context and the influence of wider systems around the school, policy, leadership, school ethos and their impact on individuals participating in this research. I am interested in finding out how school leaders have interpreted the complex social and political context and developed provisions within their context. This research is exploratory and aims to contribute some understanding of the subtleties, tensions and successes that particular schools are currently facing. I aim to provide some possible actions for practice in order to bring about effective change.

The concepts of ‘credibility’, ‘transferability’, ‘dependability’, ‘confirmability’ and ‘reflexivity’ should be acknowledged to give transparency about how the researcher’s beliefs, values, assumptions and biases impact on their research process (Lincoln & Guba, 1985). This includes any prior knowledge or preconceptions that may influence the way the researcher approaches the study. Awareness and transparency of the researcher’s position and process can add trustworthiness and authenticity to the research. I acknowledge that my own experiences and assumptions have influenced my interpretation of the data, and therefore those reading may have different interpretations. However, considerations were taken to establish clear processes when collecting and analysing data so as to limit any biases. Throughout the research process, I attended regular supervision at the university which enabled me to discuss and reflect on the topic. Furthermore, I kept a research diary for personal reflections and noted any relevant discussions with colleagues that prompted alternative perspectives on the topic. The limitations of the research method will be discussed below. Examples of my analysis and coding are presented in the appendices so that others can follow and understand the choices made through this project.

3.5. Phase 1 Research Design

The study was conducted in two phases, with Phase 2 deriving from Phase 1.

3.5.1. School sampling

The local authority (LA) in which the research is conducted is situated in the West Midlands. A Public Health England Health Profile published in 2016, reported that it is one of the 20% most deprived LAs in England, with approximately 31% of children living in low-income families (national average is 18.6%). The LA has a particularly high proportion of children who live in families in relative poverty; 30.2% of under 16s compared with 19.2% nationally. The LA is in the 40% most ethnic cities, with 68.02% of the population classified as White (national average is 85.97%), 5.12% as Mixed background (national figure was 2.18%); 17.47% Asian or British Asian (national figure is 6.81%); 6.94% Black or Black British (national figure is 3.33%) and 2.45% Chinese or any other ethnic background (national figure is 1.71%).

The LA has 20 secondary schools, including a range of maintained, faith, free schools and academy settings. All mainstream secondary schools, within this LA were approached to take part in Phase 1 of the research. Each school's contact details were collected through the link educational psychologist (EP) for the school or through contacting the school directly via email. Initially the special educational needs coordinators (SENCo) for each school were approached. When the SENCo was not part of the senior leadership team (SLT), the research information was forwarded to a senior leader who had responsibilities around MH and WB. Appendix B illustrates the recruitment letter sent to schools. Due to the low response rate, all schools who wished to participate in the study were selected for Phase 1. In total, six mainstream schools participated in the research. The characteristics of the participating schools are presented in Table 2.

Table 2: *School and Participants Characteristics for Phase 1.*

Schools	Participants role	Type of school	Ofsted rating	Number of students on role
School 1	Assistant Principal and SENCo	Maintained	Requires improvement	729
School 2	Assistant Head (with in-school EP)	Academy Converter (Since 2013)	Good	750
School 3	SENCo	Academy Sponsor-Led (Since 2015)	Requires improvement	884
School 4	Assistant Principal	Catholic multi-Academy	Good	871
School 5	Senior leadership lead for inclusion	Academy Sponsor-Led (2017)	No Ofsted report	980
School 6	SENCo	Free school	Inspectorate report indicates Good/ Excellent in all areas of inspection	460
Total (N)	N = 6			

3.5.2. Participant sampling

One participant was selected in each school according to specific criteria (N=6). All participants were members of SLT who had active responsibilities around MH and WB and were seen as having the most informed perspectives on this field. Table 2 illustrates the characteristics of the schools and participants who participated in the semi-structured interviews of Phase 1. At the time of conducting this research, School 5 did not have an Ofsted rating as it reopened in September 2017 after joining a new academy trust.

3.5.3. Designing the interview

This research employed qualitative methods of data collection and analysis. According to Robson (2011), interviews are considered to be one of the most common methods of data collection in qualitative research. They were chosen as a way of gaining deeper and richer understanding of individuals' perspectives (Robson, 2011). Semi structured interviews allow for the possibility to modify or ask follow-up questions which gives a more in-depth exploration of the topic and can enable the researcher to check on the consistency of the interpretations (Robson, 2011).

Phase 1 consisted of qualitative semi-structured interviews with one member of SLT in each of the six recruited mainstream secondary schools. The content of the interviews was derived from the literature. Two publications with guidance on creating a whole-school approach around MH and WB were used, namely a Public Health England report (Lavis & Robson, 2015) and a National Children's Bureau report (Weare, 2015). Both documents were selected to inform the interview schedule (Appendix E).

Hierarchical focusing approach

A hierarchical focusing approach, developed by Tomlinson (1989) was used to design the interview schedule. The aim of this approach is to elicit as spontaneous a coverage of the interview agenda as possible (Tomlinson, 1989). The interview is guided by higher order questions, with the interviewer prompting the interviewee with lower order questions only if necessary. This allows for the interviewees 'construals' and perspectives to emerge more spontaneously whilst

allowing the interviewer to follow their own research agenda (Tomlinson, 1989). Table 2 outlines the different steps in using hierarchical focusing as a method of interviewing.

Table 3: *Hierarchical Focussing Interview Method (Tomlinson, 1989)*

Step 1 - Carry out and explicitly portray an analysis of the content and hierarchical structure of the domain in question as you, the researcher, construe it.
Step 2 - Decide on your research focus: identify those aspects and elements of your topic domain whose construal you wish to elicit from interviewees.
Step 3 - Visually portray a hierarchical agenda of questions to tap these aspects and elements in a way that allows gradual progression from open to closed framing, combining this as appropriate with contextual focussing. Include with this question hierarchy a skeleton of the same structure for use as a guide and record.
Step 4 - Carry out the interview as open-endedly as possible, using the above strategies within a non-directive style of interaction so as to minimise researcher framing and influence. Tape-record the proceedings.
Step 5 - Make a verbatim transcript and analyse the protocols, with use of the audiotape record where appropriate.

3.5.4. Piloting

The interviews in Phase 1 were preceded by a pilot interview to trial the interview schedule. The pilot interview took place with a retired deputy head teacher, who was previously a member of the SLT in a mainstream secondary school in a different LA. According to Teijling and Hundley (2001), conducting a pilot study helps to identify any difficulties or problems with the interview schedule. This enables the researcher to see whether the proposed method is inappropriate and to modify accordingly to ensure better outcomes for the project **(**Teijling & Hundley, 2001). The pilot interview was recorded, and qualitative feedback was sought from the participant. Following the pilot interview, the content of the interview schedule was not changed, but the order in which the higher order questions were presented was reorganised to follow a clearer and more logical flow.

3.5.5. Data collection

The interviews took place in person in each individual school. All interviews lasted between 60 and 90 minutes and were audio recorded using a digital audio recorder. Participants were provided with an information letter and consent form prior to the interview (Appendix B). Participants were reminded of the purpose of the research project as well as the confidentiality and voluntary nature of their participation (Section 3.7). The themes covered in the interview were shared with the participants by e-mail in advance to allow them time to collect the necessary information.

3.5.6. Data analysis

The interviews of Phase 1 were audio recorded and then transcribed by the researcher. Appendix F shows an example of an interview transcription. The content was then analysed qualitatively using thematic analysis (Braun & Clarke, 2006). Table 4 outlines Braun and Clarke's (2006) six step approach to thematic analysis and how this was used to analyse the data in this research.

According to Braun and Clarke (2006), this method enables the researcher to identify recurring themes. Thematic analysis enabled me to both understand the provision available and identify underlying themes that arose from participants' views. Thematic analysis is a flexible approach that can be used for a variety of theoretical frameworks and to analyse a wide variety of data types (Terry, Hayfield, Clarke & Braun, 2017). According to Braun and Clarke (2006) there are a number of decisions that need to be explicitly explored before the data are analysed, and the researcher should engage in an 'ongoing reflexive dialogue' with regards to these decisions.

Firstly, the approach to thematic analysis should be based on the philosophical assumptions of the research (Terry et al., 2017). This is important as it uncovers assumptions about the nature of the data and determines what is discussed and informs the meaning attributed to the data (Section 3.4). Secondly, data can be approached either inductively or deductively. An inductive coding of themes involves working 'bottom up' from the data and developing codes based on what

emerges from the data. A deductive approach is more ‘top down’, whereby the researcher applies existing theoretical concepts and theories when analysing the data. The current study used a deductive approach to thematic analysis (Braun & Clarke, 2006), as it acknowledges themes within existing research. Indeed, the interview schedule was based on general themes that had emerged from publications which outlined principles and target areas for schools to focus on in order to build a whole-school approach to MH and WB. However, I was also open to new unpredicted themes that emerged from the data. Thirdly, another analytical choice is made with regards to the level at which themes are to be identified, either semantically or latently. Semantic coding identifies and summarises the content of the data. The codes are built around what participants explicitly say on the surface. Thematic analysis at a latent level goes beyond semantic content of the data and looks at underlying ideas, meanings and the broader assumptions underpinning what is explicitly articulated in the data. The current research identifies the themes latently, generating codes from underlying assumptions and ideas.

Thematic analysis has been critiqued for its supposed lack of rigour, the pitfalls that occur through the production of superficial or weak analysis of themes, and the potential research bias (Braun & Clarke, 2006). In order to combat these pitfalls, the stages of analysis will follow guidance by Braun and Clarke (2006), which involve a 6-phase analytic process. They acknowledge that this is not a linear process but that the research will move back and forth between the different phases. Using thematic analysis in this rigorous manner allows for an insightful analysis that answers the research questions (Braun & Clarke, 2006). Further, they report that the subjectivity of the researcher is integral to the process of data collection and analysis in qualitative research, and this should be clearly recognised by the research.

Coding helps to make sense of the data, develop insight and provide rigorous and thorough foundation for the analysis. The generation of codes was completed through the use of a computer-assisted programme NVivo. Appendix G provides an example of the coding process and Appendix H illustrates the final codes, subthemes and themes which emerged from the data analysis from Phase 1.

Table 4: *Braun and Clarke's (2006) Six Stages of Thematic Analysis*

Phases	Steps
1. Familiarising yourself with your data	• I transcribed the audio recordings of the individual interviews and made initial notes on thoughts and reflections. • Audio recordings were listened to several times to check the transcriptions and immerse in the data • Transcripts were read several times.
2. Generating initial codes	• Using NVIVO software, for each transcription, data extracts were coded according to the ideas they generated. • NVIVO folders for each initial code were created, and extracts were copied into the relevant initial code folders (Appendix G).
3. Searching for themes	• Each initial code was printed on strips of paper and were sorted into groups which formed sub-themes and themes. • Initial codes, sub-themes and themes were put into tables (Appendix H) • Data extracts were revisited to check if they fitted well within the subthemes and themes.
4. Reviewing themes	• The themes and sub-themes were revisited and reorganized on several occasions to ensure they were distinct and coherent. • The themes were reviewed in relation to the research questions. • The transcripts were re-read to ensure the themes and sub-themes reflected the original transcripts.
5. Defining and naming themes	• For each theme, I produced a definition and developed names for the themes which encapsulated the idea of the theme.
6. Producing the report	• The thesis results section was written based on the themes produced in Phase 5.

3.6. Phase 2 Research Design – Case Studies

3.6.1. School sampling

The second phase of the research consisted of case studies in two schools participating in Phase 1. The participating schools were purposively sampled to include schools with specialist on-site units. The schools were selected according to specific criteria: the schools were non-selective and co-educational; they provided for students from 11 to 16 years of age; and had onsite specialist units (Tier 3) available for students. In schools that met these criteria (N=3), the heads of the units were invited to participate in a case study. They were sent an information letter which outlined the purpose of the research (Appendix I). Two schools (N=2) responded to the invitation and were selected to form part of a collective case study design (Stake, 1995).

3.6.2. Case study design

Yin (2009) suggests that case studies are a favourable method to investigate a contemporary phenomenon as it enables an in-depth investigation of participants' views. Stake (1995) distinguishes three types of case studies: *intrinsic case studies* which aim to provide an in-depth analysis of a single case, chosen because the case is interesting in its own right; *instrumental case studies* aim to provide insight about a phenomenon. *Collective case studies* aim to study multiple instrumental cases, to draw generalizations about a phenomenon. In case studies, the 'case' is the situation, individual, group or organisation (Robson, 2011). In this research, the 'cases' are the on-site units within each school. This research uses a collective case study, through its analysis of two on-site units, which are used as an exemplar of how schools are supporting students' MH and WB.

According to Stake (2006), the most prominent and preferred methods for conducting case studies are interviews and observations. These were chosen on the basis that they were the most likely method to provide the rich, detailed information required to answer the research questions. Each case consisted of semi-structured interviews with staff and pupils and observations of the provision collected through field notes. A single-case design may have allowed for a more in depth and richer account. Yet is was felt that a multiple case design illustrated

the similarities and differences between schools which have set up specialist on-site units around a similar phenomenon.

Case studies are often criticised for their lack of generalisability and subjectivity (Willig, 2013). However, it has been argued that generalisation is of limited importance when conducting qualitative research (Yin, 2009). Whilst the cases presented in this research may not be representative of mainstream on-site specialist units across the country, they uncover practices and process that can inform current practice. Indeed, the findings might present good practice, challenges and tensions which can be insightful, and generate new ideas and considerations in other schools.

3.6.3. Case descriptions

Table 5 presents data from the two schools which participated in the second phase of the research.

Table 5: *School Data for Case Studies (Phase 2)*

	Case Study 1 School data	Case Study 2 School data
Type of school	Academy	Academy
Pupils on roll	665	871
% of pupils with an EHCP plan	1.4% (National average 4.4%)	0.7%
% of pupils receiving SEN support	18.9% (National average 10.4%)	14%
% of pupils eligible for free school meals	35.2% (National average 28.6%)	15.5%
% Pupils whose first language is not English	6% (National average 16.5%)	29.6%
Ofsted inspection rating	Good	Good
Average number of pupils in the unit	11	11

Gov.uk data (2018)

3.6.4. Participant sampling

It was the head of the units who invited members of staff to participate in interviews. Although there are recognised limits to purposive sampling, such as the possible bias in sampling (Patton, 2002), this sampling method enabled me to access members of staff who had an active role in the on-site unit. The role of the member of staff interviewed in each case study was specific to each unit. The interviews were semi-structured and were conducted with members of staff who had an active role in running the unit. Staff were given an information letter about the research and could voluntarily participate (Appendix I).

Students participating in the research were selected by the member of staff running the unit according to the criteria. The criteria were that the pupil spent part of their timetable in the unit each week and that they had previously accessed the mainstream school, and that they did not have significant MH issues, so as to avoid any possible harm (Section 3.7). No limit was set on how long the students had attended the unit.

Information letters were sent out to all eligible pupils' parents and carers as part of the consent process. A parental letter explaining the aims of the research and the pupil interviews was sent out approximately four weeks before the interviews took place (Appendix J). Parents could request for their child to not participate in individual interviews by returning the opt-out form to the school by post, in person or via the student. No parents withdrew their child's participation in the study.

The selection of students for the semi-structured interviews was done on a voluntary basis. All eligible pupils were given verbal information about the research and were given the opportunity to voluntarily participate in the research. All students who volunteered were interviewed and were given an information letter and were required to sign a consent form (Appendix K). In both case studies, some students did not volunteer to take part in the research.

3.6.5. Participants demographics

Case study 1 – The PRU

Interviews were held with five members of staff. The Assistant Head, the Head of the Unit, two teaching assistants and one head of year. Four members of staff were female, and one was male. Participants had been in role from 2 years to 19 years. Four students were interviewed, three were male and one was female. One student was in Year 8, one in Year 9 and two in Year 11. Table 6 presents the key for the acronyms used in the results section (Section 5.2).

Table 6: *Participants in Case Study 1 – The PRU (Phase 2)*

Participants role	Acronym in study
SLT (Assistant Head) (N=1)	SLT1
Head of the unit (N=1)	HoU1
Teaching Assistants (N=2)	TA1A, TA1B
Head of year (N=1)	HoY1
Students (N=4)	S1A, S1B, S1C, S1D

Case study 2 – The Centre

Interviews were held with four members of staff. The Assistant Principal, the Head of the Unit (also the school's SENCo) and two Assistant Heads of Year. All four members of staff were female. Four students were interviewed, two were male and two were female. One student was in Year 8, two were in Year 10 and one in Year 11. Table 7 presents the key for the acronyms used in the results section (Section 5.3).

Table 7: *Participants in Case Study 2 – The Centre (Phase 2)*

Participants role	Acronym in study
SLT (Assistant Principal) (N=1)	SLT2
Head of the unit (SENCo) (N=1)	HoU2
Assistants Head of Year (N=2)	HoY2A, HoY2B
Students (N=4)	S2A, S2B, S2C, S2D

3.6.6. Devising the interview schedules

The interviews conducted with both students and staff used a hierarchical focusing approach (Section 3.5). Separate interview schedules were devised for staff and students. The content of the student interviews was based on the literature, including research on alternative provisions and a sense of school belonging. This research did not explore students' individual stories (their individual motivation and self-efficacy), focusing instead on their relationships with staff and peers, and the organisational aspects of their school setting and the on-site unit they were attending. The content of the staff interviews drew on principles of a whole-school approach (Lavis & Robson, 2015; Weare, 2015;), as well as research on alternative provision (DfE, 2018a; Ofsted, 2016). See Appendix L and M for the interview schedules.

3.6.7. Data collection

Interviews with staff

The interviews with staff took place at a time and in a place that was convenient for the member of staff to attend. The interviews lasted between 30 to 90 minutes and were audio recorded using a digital audio recorder. Ethical consent was gained before each interview (Section 3.7).

The content of the interviews was based on the specific specialist onsite unit within each school. The interviews were exploratory and did not assume that they

were representative of the views of all staff. Instead the interviews aimed to elicit particular views of members of staff on how their school promotes MH and WB.

Interviews with pupils

The interviews took place with four pupils in each unit. The interviews took place in a room provided by school during the school day and lasted no longer than one hour. They were recorded using a digital audio recorder. Ethical consent was gained for students before the interviews (Section 3.6). The content of the interview centered on students' views with regards to the support they received through school for their wellbeing and MH as well as the specialized unit which they were attending in their school. Due to time constraints, both sets of participants were not given the opportunity to review their interviews.

For both sets of interviews, focus groups were considered. For staff interviews, it was felt that participants may have different perceptions and might not feel comfortable sharing their views in front of colleagues. It was also anticipated that they would have different levels of knowledge about the units according to their role. For example, a member of staff holding a managerial position within the unit may have a wider insight on the role of the unit within the school, and a support assistant may have more insight on the day-to-day running of the unit. As for students, due to the nature of the young people attending the unit, it was decided not to use focus groups as they can give rise to difficult group dynamics (Willig, 2007).

Observations

The case studies included observations in the units which were unstructured and were conducted in the form of hand written notes in situ (Papatheodorou, Luff & Gill, 2013). Observations were made about the physical environment, the interactions between students and between staff, activities taking place during structured lessons and unstructured times and any observed activities. The observations were used to provide environmental and contextual information to introduce the case studies (Appendix N). The time spent collecting data for the case studies was limited and consisted of spending two days in the unit. This

limited the possibility of being completely immersed in the setting. Furthermore, I was a participant-observer therefore it is acknowledged that my presence may have influenced the activity taking place within the unit. It is equally acknowledged that aspects observed were not representative of all that was occurring in the setting.

3.6.8. Data analysis

Staff and student interviews were transcribed and analysed in a similar way to the interviews from Phase 1, using thematic analysis in order to report patterns and themes within the data (Section 3.5.5). According to Braun and Clarke (2006), thematic analysis is a flexible approach and can be used in different research designs, including case studies. Table 8 outlines the use of Braun and Clarke's thematic analysis for Phase 2 of the research. Each case study was analysed individually and similarities and differences between the cases formed the basis of the overall discussion. For each case study, staff and pupil interviews were initially analysed separately. A further step of analysis consisted of merging common themes, whilst retaining themes which were specific to each data set. Appendix O and Appendix P demonstrates the thematic map for both case studies.

3.7. Ethics

Full ethical approval was gained through the University of Exeter Graduate School of Education ethical committee prior to starting the research in line with the guidelines from the BPS and the Health and Care Professions Council (HCPC) ethical codes of conduct (BPS, 2014; HCPC, 2012) (Appendix Q). Further ethical considerations can be found in the ethics application form in Appendix R.

Table 8. Braun and Clarke's (2006) Six Stages of Thematic Analysis Phase 2

Phases	Steps
1. Familiarising yourself with your data	• I transcribed the audio recordings of the individual interviews and made initial notes on thoughts and reflections. • Audio recordings were listened to several times to check the transcriptions and immerse in the data • Transcripts were read several times.
2. Generating initial codes	• Using NVIVO software, for each transcription, data extracts were coded according to the ideas they generated. • Codes for each set of participants were kept separately (students and staff). • NVIVO folders for each Initial codes were created, and extracts were copied into the relevant initial code folders (Appendix EG.
3. Searching for themes	• Each Case Study was analysed separately • Within the case studies, each set of participants' Initial codes were printed on strips of paper (different coloured paper for each set of participants). These were then sorted into groups which formed sub-themes and themes. • Certain themes across both sets of participants were merged due to them being similar. • Initial codes, sub-themes and themes were put into tables (Appendix O and P). • Data extracts were revisited to check if they fitted well within the subthemes and themes.
4. Reviewing themes	• The themes and sub-themes were revisited and reorganized on several occasions to ensure they were distinct and coherent. • The themes were reviewed in relation to the research questions. • The transcripts were re-read to ensure the themes and sub-themes reflected the original transcripts.
5. Defining and naming themes	• For each theme, I produced a definition and developed names for the themes which encapsulated the idea of the theme.
6. Producing the report	• The thesis results section was written based on the themes produced in Phase 5.

At the beginning of the interviews both students and staff were informed that their participation was voluntary, that they had a right to withdraw at any time, and that all information would be treated confidentially. Active consent was gained from all participants. The information letters informed participants that their school and their identity would be confidential. The limits to the anonymity of the participants in Phase 2 were discussed with each participant. Due to the small number of participants, staff and students were made aware that it is possible that they may be identified by the head of the units who had a role in selecting participants. To ensure that the identity of the participants remained anonymous, I have kept the demographics separate to the acronyms to avoid individual comments being associated with individual pupils.

For the student interviews in Phase 2, great care was taken about ethical concerns, as the students attending the unit were considered vulnerable and were likely to have experienced difficulties inside or outside of school. The interviews were focused on processes and provision available in their school and did not include any questions about their MH. Students were carefully selected by a member of staff who knew them well and assessed whether they would be able to participate. The designated link member of staff identified any student who should not be given the option to participate in the research due to serious MH difficulties and for whom the interview might be upsetting. Parental letters were sent home by post to students who attended the unit, to inform them of the purpose of the research and the assessment of possible harm information (Appendix J). Parents could withdraw their child from the study.

Careful considerations were taken during the interviews with students, such as having a clear interview schedule which ensured that the interviews did not lead to personal questions about students' MH. As a trainee educational psychologist, I have experience in working with vulnerable young people and anticipated that I would be able to manage sensitive situations were they to arise. At the start of the interview, students were told about the limits of confidentiality were any safeguarding concern were to arise. The researcher ensured a designated person within schools was available for students to talk to if they had any concerns following the interview.

The data collected were held safely and securely. The audio files from the interviews were transferred to a password-protected computer. Files did not contain identifiable information and were anonymised. Codes were allocated to each school and each person within the school. All schools were given the opportunity to receive the overall findings from the research once completed.

Chapter 4: Phase 1 Findings

4.1. Introduction

This chapter presents the findings of the first phase of the research. The aim was to understand how leadership teams, in mainstream secondary schools, provide for all pupils' MH and WB, prevent mental health difficulties for those at-risk and support those with mental health needs. A bottom-up approach to analysing the transcriptions was used. This led to sub-themes which were grouped into five global themes which reflected the views of the six members of the senior leadership team (SLT) interviewed. A detailed table of the themes, subthemes and emergent codes is included in Appendix H. The findings are presented according to the original four research questions (Section 3.3).

4.2. Leaders' Understanding of Students' MH and WB (RQ1.1)

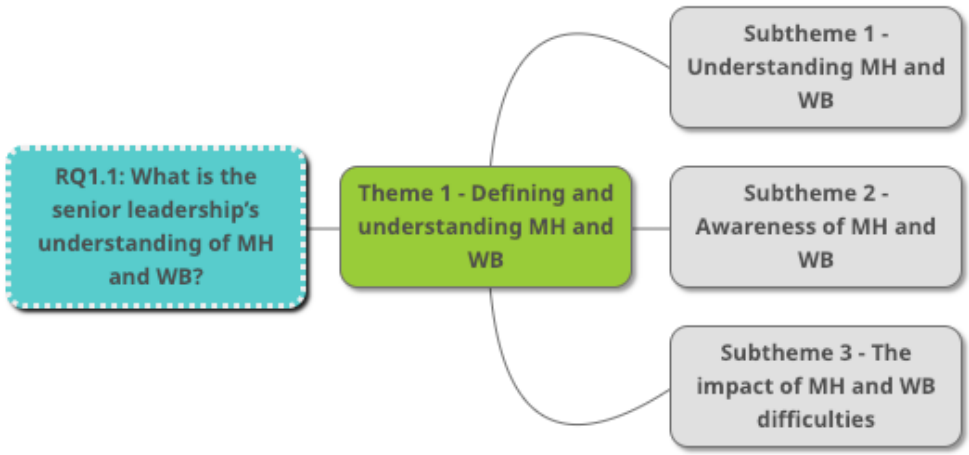


Figure 3*: Themes and Subthemes for RQ1.1*

Theme 1 - Defining and understanding of MH and WB

This theme sets the context for the research by identifying participants' understanding of MH and WB, including what awareness they have of young people's difficulties and the impact this may have.

- **Subtheme 1 – Understanding MH and WB**

Participants were asked what they understood by the terms 'MH and WB' to elicit their own constructions and interpretation. Participants reported having a 'holistic' view (P5), including components such as 'being physically and mentally well' (P2, P4), being happy and content (P6, P3), being able to access learning (P1, P2, P3, P5) and having good interactions and relationships (P1, P3, P6). Several participants used terms such as resiliency (P2, P4, P5, P6), and coping (P1, P2, P3, P4, P6). One school described that having good MH and WB is to belong and want to come to school (P6).

> "If they are happy, if they can cope with life, if they feel at ease, if they feel that they belong to school, that they feel like home when they come into school, they have friends and they are able to communicate their worries. If any of that isn't there, then you have a problem." (P6)

The most referred terms used to describe students' MH needs were, social emotional mental health (SEMH) (P1, P2, P3, P6), anxiety (P1, P2, P3, P4, P6), communication and interaction needs (P2, P3, P4, P6) and behavioural issues (all participants). Participants also used the following terms: attention deficit hyperactivity disorder (P4), autism spectrum disorder (P2, P5), self-harm and suicidal ideation (P4, P5), isolation (P2, P3) and depression (P1, P4).

- **Subtheme 2 – Awareness of MH and WB**

The majority of participants noted an increase in awareness of young people's MH issues. Participants described having a range of initiatives aimed to raise awareness for staff, including, MH awareness courses, having special educational needs bulletins and continuing professional development (CPD), as well as having posters and leaflets in the staff room. In terms of staff training and

staff CPD, four schools offered training and CPD around MH and WB related topics (for example, bereavement, wellbeing, SEN needs). This was raised as an area for improvement (Section 4.5). One school developed whole-school wellbeing days and staff wellbeing days (P4), and several schools celebrated raising awareness days (i.e. suicide prevention day). One participant recognised the impact of the SENCo being a senior leader on developing awareness across staff (P3).

> "I am always given a spot to talk about the needs of some of the students, and the most vulnerable students. So I think awareness is being raised." (P3)

Despite these initiatives, five schools reported challenges associated with a lack of knowledge (P1, P3, P4, P5, P6). They found that staff's knowledge could be superficial, that some staff were scared of knowing too much because of feeling too much responsibility (P5). Some felt the understanding 'is still a little bit blurred' (P4), and that there is a difficulty in identifying between 'genuine mental health, and students who are feeling pressure" (P1). All schools felt there needed to be more training for staff.

> "If I'm being truthful, I think it's (awareness of MH across school staff) very limited…and I think it's an area that we need to focus on." (P3)

Several participants reported a lack of knowledge of how to approach the development of provision to support students' MH and WB (P1, P3, P4, P5), such as knowing what to do when a child presents as being distressed and knowing what services to approach.

> "I think schools feel like they've been left in the dark almost. I don't think we really know. (…) There is information, but not necessarily the support, and you have to go and find that support. (…) It's my own CPD really, about where do I go? What agencies do I access? What support can I implement with the staff that I've got? Do I need to get specialist staff in?" (P1)

> "The awareness is being raised, but we're not doing enough to address it on the other end." (P3)

Across all interviews, participants felt there was an increase in MH needs in school and showed an understanding of the variety of pressures that are affecting young people. School related pressures such as exam anxiety and the narrow and challenging curriculum, were identified by all interviewees as having a significant impact on young people.

> "If you have got qualifications that are effectively two years of crammed knowledge content and then testing at the end, I don't think it supports students really." (P1)

Transition from primary school was seen as a challenging period for students (P2, P4, P5, P6). Therefore all schools had set up transition programmes to support students in adapting to secondary school environment. These mainly consisted of teachers visiting primary schools and transition days for students to visit the secondary school.

There was a common view of the impact of societal issues faced by students. "There are lots of issues that they bring into school and issues that they have to deal with" (P2). The issues varied according to the geographical location of the school and the community they serve. Common issues named were knife crime, drugs, deprivation and gangs.

> "We can't hide the fact that in this area we have a lot of gang issues, and knife crime issues, and a lot of drug issues with the young people." (P2)

Other issues impacting on young people which emerged from the interviews included: bereavement, bullying, sexuality, sexual exploitation, self-esteem and terrorism. Two interviewees (P2, P6) made links between the impact of social interactions and communication difficulties "which obviously impact on mental health" (P2). These participants referred to a lack of interaction in the home, and difficulties with verbalising and communicating their emotions. Surprisingly, only two participants raised social media as a challenge for young people (P4, P6), also linking it to the idea that it is disrupting communication and relationships amongst families (P6). The environments, extra-curricular activities and relationships were seen as having a positive effect on young people's MH and WB (further explored in 4.4).

- **Subtheme 3 - The impact of MH and WB difficulties**

The views given on the impact of MH and WB difficulties were two-fold; including the impact these had on students' ability to access their education, as well as the impact on school as a whole. Staff viewed MH and WB difficulties as impacting on students' ability to communicate, attend to their learning and attend school. They also identified the impact it could have on students' behaviour including self-harming, substance misuse, and challenging behaviour. There was an understanding across all participants that, in most cases, there is an emotional underpinning to students demonstrating challenging behaviour, stating "behaviours are masking those symptoms" (P5) and showing an understanding that these "are not just naughty kids" (P6). Yet participants felt that this understanding of challenging behaviour as an expression of need was not generalised across all staff (P3, P5, P6). This is an important consideration, as it directly impacts how school identifies pupils who are in need of support, further explored in 4.5. All participants spoke about supporting students' MH and WB so they can fully engage in education, due to the impact of these difficulties on their learning.

> "You're constantly trying to balance the curriculum, the delivery of that with…you know, the well-being and the mental health of the young person. Because without that being correct and balanced, they're not going to access the curriculum fully." (P4)

The impact of students' MH needs on school outcomes was implicit within several interviews, particularly when discussing the pressures of school accountability measures (Section 4.5).

> "Mental health, anxiety and depression probably had the biggest impact on our outcomes last year. (…) Those eight students still counted and added a significant impact on not making our results even better than they were." (P1)

4.3. Leaders' Vision and Approach to Supporting Students' MH and WB (RQ1.2)

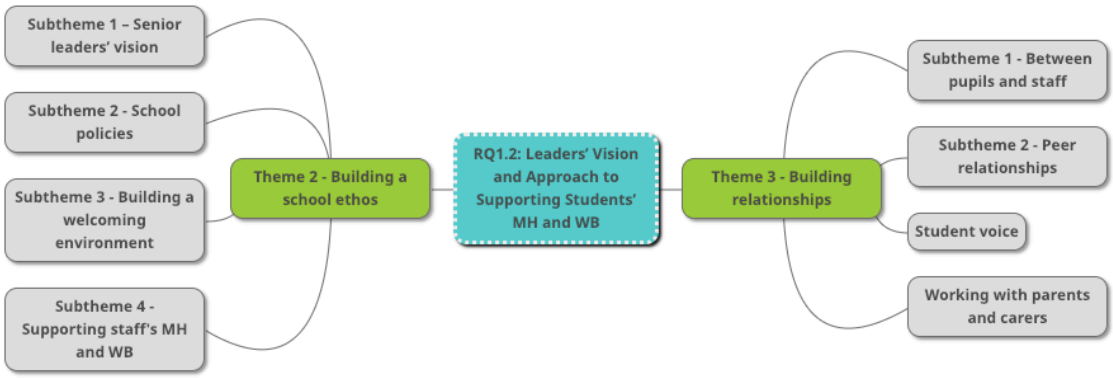


Figure 4: *Themes and Subthemes for RQ1.2*

<u>Theme 2 - Building a school ethos</u>

This theme explores the aims and visions that leadership teams have in relation to supporting students' MH and WB across school.

- **Subtheme 1 – Senior leaders' vision**

The majority of participants described supporting students' MH and WB as high on the school agenda and that SLT had a clear vision of support. Three schools spoke about school's "holistic" vision (P4, P5, P6), which aims to develop students' academic achievements as well as other life skills to "develop the whole-person" (P4). Supporting both staff and students' MH and WB was part of several schools' visions.

> "The school ethos is 'holistic education', and this is why we have all the after-school activities that we do. So our idea is that we develop, not just the academic, but also other skills." (P6)

Four schools that described having a clear vision of support, felt it was "not a tokenistic kind of view" (P5), but was embedded across school.

> "I think when it's a vision or an ethos, it's intrinsic to everything we do. Not necessarily one-off things, interventions or strategies, but it's just about all teachers having that vision." (P1)

One school stated that there is a vision, but it is not fully implemented, due to a lack of knowledge and skills about how to best implement it (P1). The only participant who did not report a clear vision for SLT around supporting students' MH and WB, was in a school which required improvement according to Ofsted (P3). Although the SENCo interviewed recognised this as a topic of priority, she reported the head teacher was preoccupied by raising academic standards due to Ofsted pressures.

> "It's definitely on the agenda, when we are able to do it, which will be too late. 'Cause it's almost like, it's not a priority, so we're not going to do it." (P3)

All participants reported having intrinsic and shared school values, which are explicitly spoken about and visible around school. The common value across schools was respect. Others included care, resilience, opportunity, high expectations, inspiration, pride, success, positivity, forgiveness, empathy, trust and community. Two schools were religious schools (P1, P4), and felt that this naturally led to a 'family and togetherness feel' (P4). The four other schools equally spoke of a 'family kind of ethos' (P5). One school had developed the values with students (P5). All schools identified as being inclusive and had adopted an individualised approach to supporting students according to their needs. The local authority in which the study was conducted has a high level of diversity, and all schools mentioned celebrating diversity as a positive strength to the school.

The majority of participants spoke about building students' resiliency skills and social skills such as empathy (P1, P2, P3, P4, P6). Several schools equally mentioned the importance of safeguarding young people, and the wider social role of school (P2, P3, P4, P5). All schools completed early help assessments (EHA) to support families in need.

> "Staff play lots of different roles here. We've been acting as a social care type capacity, practically and emotionally. (…) Because we have a lot of families that are literally living hand-to-mouth." (P2)

However, four schools spoke about the limits of their ability to include the increasing level of needs in a mainstream setting, due to the negative impact this would have on the young person and other pupils (P1, P2, P3, P4).

> "So if you use Bill as an example, we're just setting him up to fail, because he can't access this can he? He can't access the mainstream school (…). With the best will in the world, whatever I try to put in place, I can't provide one-to-one, and I can't have him running around school." (P3)

> "We have a young lady coming in in Year 7 who two or three years ago, would never have been put into mainstream, it would never have happened." (P2)

All senior leaders who were interviewed spoke about having MH and WB as part of their job description, and one school had appointed a mental health lead within school (P5).

- **Subtheme 2 - School policies**

All schools named a range of policies which they viewed as supportive of students' MH and WB, the most common were safeguarding, anti-bullying, behaviour policies, equal opportunity and human resources policies. One school described having a separate MH and WB policy (P5) developed by the academy trust they belong to.

All schools had a conduct system based on positive and negative point system, which enabled clear expectations and a consistent approach. Three schools had undergone 'pivotal behaviour management' (P5), which focused on developing relationships through restorative practice approaches (P1, P2, P5). One school used an emotion coaching approach (Gottman & DeClaire, 1998) (P2).

> "We are very consistent with conduct. It is how we have managed to make so many developments over the last couple of years (…). It had to be the first thing really that we addressed. (…) It's just understanding where the behaviour is coming from isn't it? So we do sessions on formulating behaviour. But that's really hard for staff when they are faced with lots of other pressures. To actually unpick, it takes time." (P2)

- **Subtheme 3 – Building a welcoming environment**

All participants identified the importance of creating a welcoming and positive environment where students feel safe.

> "It does impact more on their mental health if they are in an environment that they are not comfortable in." (P4)

Participants referred to the physical environment, including access to outdoor spaces, green spaces, quiet spaces for students to retreat to, spaces 'owned' by students through wall displays and staff presence. The link between physical exercise (PE) and access to sports facilities and good MH and WB was made clear by three participants (P1, P4, P6). One participant emphasised the importance their school places on extracurricular activities run by staff, which all students participate in daily. They identified this as "good for the overall wellbeing, and overall development" (P6).

- **Subtheme 4 - Supporting staff's MH and WB**

All participants highlighted staff's MH and WB as an essential component of their vision to support students' MH and WB. Two schools spoke about the importance of working on these two visions alongside each other, making direct links between staff's wellbeing and students' wellbeing (P1, P4). Several initiatives had been developed by staff to support their colleagues, such as staff clubs, staff working together to help each other and social events. Many initiatives from the leadership teams included celebrating individual success, morale boosting, recognition of skills, staff wellbeing days, staff yoga or relaxation sessions and valuing staff initiatives. All schools reported human resources as being available for staff support and access to the school counsellor in one school (P5). Three participants acknowledged that teachers' wellbeing needed a higher focus (P1, P3, P4).

Theme 3 - Building relationships

A theme that arose from the findings is the importance of building relationships across school and with parents and carers.

- **Subtheme 1 - Between pupils and staff**

All participants recognised the key importance of building positive relationships across school, getting to know the students, “and the time you need to put in with individuals” (P2). Many participants felt that staff knew the students well and were supportive of students’ needs (P1, P2, P3, P4). Elements identified as contributing to positive relationships were staff presence, staff greeting students at the door of their classroom, staff being available for students to talk (open-door policy), as well as personal characteristics of staff. Some participants felt that relationships were difficult to describe, that “it all depends on the member of staff and their approach to being here” (P3). All schools identified the importance of the pastoral roles available across school and having particular members of staff dedicated to pupils.

> “Every year group has a head of year whose only job is to improve their lives really.” (P2)

The majority of schools had a similar pastoral structure. Three schools had pastoral heads of year which were non-teaching and oversaw the pastoral day to day issues with students (P1, P2, P4). There were referred to as ‘the first line of defence” (P2). The school nurse was mentioned by three participants as having a key pastoral role in school (P2, P4, P5). All schools spoke about having staff available for students to talk to. The safeguarding lead was seen by the majority of participants as being highly supportive of students’ MH and WB (P2, P3, P4, P5). One school had a mental health lead (P5) and two had student and staff MH ambassadors (P2, P5). Several schools had a police panel that run bespoke programmes in school (P2, P3, P4).

Three schools spoke about the impact of restorative practices (RP) on improving relationships between students and staff (P1, P2, P5) through staff getting to know the students better.

> "Teachers and students know each other better, so their relationships are better. So that supports staff and students with mental health." (P1)

- **Subtheme 2 - Peer relationships**

A school spoke about vertical tutoring as a way of encouraging positive relationships between pupils (P6). Most schools had 'houses' which students belonged to, several schools had buddy systems, and the majority of schools had social skills type targeted groups (Section 4.4). Two participants reported that they have clear policies to tackle bullying which were effective (P3, P4). Yet another school spoke about peer relationships, as "almost quite a natural thing really that happens (…) there are students that can't get on with other children" (P3). One school gave the example of using a nurture group as a way of developing students' sense of belonging (P6).

> "It's important to support the development of these friendship groups, turning an outsider into somebody belonging." (P6)

Students' sense of belonging was attributed to positive relationships (P4, P5, P6), giving students responsibilities around school (P2), having a religious ethos (P4), and having a welcoming environment (P2, P4). Two schools equally found that involving students in the creation of the school values created a sense of connectedness (P4, P5). Clubs and extra-curricular activities which allow students to mix and socialise with peer and staff was equally seen as a contribution (P6). Yet two participants raised the view that despite many efforts, there remained students who did not develop that sense of belonging (P3, P6).

- **Subtheme 3 - Student voice**

All schools had systems in place to gather students' views, such as student councils, student leadership team, surveys, and being part of the LA's pupil voice. Several participants had examples of the impact of student voice on changes in school (P1, P2, P4, P5). For example, one school spoke about how the use of a whole-school countdown clock to the start of exams was removed, due to students voicing the negative impact this was having on their MH and WB (P1).

> "Everything we have done has come from what pupils wanted, and pupils are generally much, much happier." (P2)

The impact of students' voice was not clear for all participants, and two schools suggested that student voice was not done enough (P3, P6).

- **Subtheme 4 - Working with parents and carers**

All schools had systems in place and recognised the importance of engaging and liaising with parents. Face-to-face meetings were seen as the most beneficial and most schools held SEN coffee mornings and parental evenings. One school was in the process of building a community hub in school to offer drop-ins for families and to deliver training for families (P2). All schools had parental newsletters and many schools used social media to engage with parents, promote events and signpost families. Parent voice was mainly collected by schools during parents evening, but many schools reported there was a low intake, and there was limited evidence as to any changes that had come from parental views. All schools mentioned parental engagement as an area of challenge (4.5).

4.4. Practices and Provision Available to Support Students' MH and WB (RQ1.3)

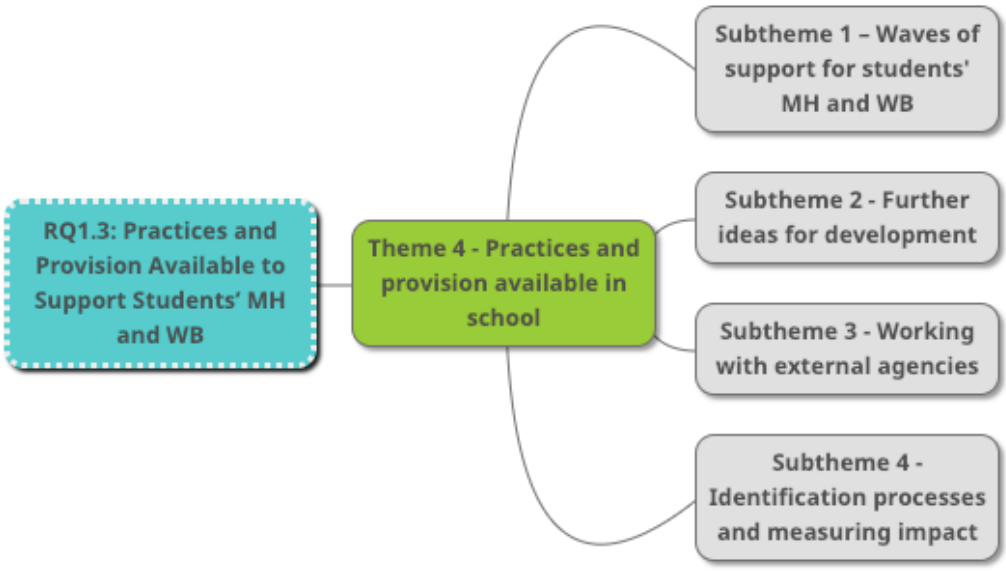


Figure 5: *Themes and Subthemes for RQ1.3*

Theme 4 - Practices and Provision available in school

- **Subtheme 1 - Waves of support for students' MH and WB**

The provision outlined by participants was hugely variable. It should be noted that this research did not aim to evaluate the effectiveness of the provisions on offer within schools.

Wave 1 – Universal

This universal level includes the awareness raised across school (RQ1) as well as the school ethos, values, pastoral systems and relationships discussed in RQ2. In terms of provision available, all schools mentioned assemblies, PSHE lessons and form time as the initial wave of support for students, and key in raising awareness around MH. The content of assemblies and how they were developed varied according to each school, and one member of staff felt MH and WB were not covered in PSHE (P4). Some spoke about having assemblies that are focused directly on MH and WB, whilst others involved tackling topics that are of concern for students, such as knife crime or bullying. Most spoke about having a spiral curriculum which is revisited every year and developed by a member of staff in charge of the PSHE curriculum. This included topics such as citizenship, healthy relationships and sexual education.

Two participants felt that some aspects of the curriculum have a focus on MH and WB (P2, P5). One school found that religious education and social studies curriculum, focuses on social skills and WB (P4), another that it was embedded within English, science and PE (P5). One school had developed a section called 'social and emotional learning' (SEL) on teachers' lesson plan template (P1). Yet the Assistant Head felt this needed to be revisited and become a higher priority for staff. Overall schools felt that SEL was not embedded in the curriculum, and on the contrary, the curriculum was seen as negatively impacting on students' MH and WB (Section 4.5).

Two participants emphasised the importance placed on extra-curricular activities (P5, P6). One school in particular had a wide range of activities which all students participated in on a daily basis (P6). Individual staff had developed a club based on their interest, and students chose which one(s) they join. Other schools had developed innovative practices, such as 'wake up Wednesdays', where year 7 get registered whilst they go for a walk around the running track (P1), one school offered forest school for all of KS3 (P2), and one school had introduced mindfulness in assembly (P5). As a whole-school initiative, one school creating individualised strategy lists for each pupil in Year 11 to support them in their exams (P2).

All schools identified the importance of having a clear transition programme for all students. This consisted mainly in additional transition days focused on developing peer relationships, providing students with more familiarity with the school environment and offering check-ins during Year 7. The majority of schools offered additional transition days for vulnerable pupils. Several participants identified that their transition package could be improved as some students still found it difficult to adapt.

Building students' resiliency was part of the key vision for several schools. Three schools used whole-school initiatives for building resiliency (i.e. Zumos) (P2, P4, P6). This is an online platform the aim of which is to "build resilience, wellbeing and self-confident individuals who are self-motivated and empowered" (Zumos, 2019). All children across these schools were set up with individual logins to access support. Several schools signpost students to online support systems which are free and confidential, (for example, Kooth.com), which is an online counselling and emotional wellbeing platform for young people. One school had developed a confide button on the schools webpage where students could seek support (P2).

Wave 2 - Targeted

All schools had some form of targeted group intervention taking place. These included, anger management interventions (P3, P4), social skills groups (P2, P4 P5), exam anxiety workshops (P1) and self-esteem groups (P5). The number of

groups on offer varied considerably. Further initiatives included, nurture groups (P5, P6), forest school (P2) and break and lunch club (P2, P3, P4). Two schools had some keep-safe intervention groups for vulnerable students based on current social issues such as knife crime and gangs (P4, P5). Two schools mentioned having experiential activities, such as relaxation sessions for students, and the use of a sensory room (P2, P5).

All schools had mentors available for identified students. The mentoring role varied, in some schools this was undertaken by external agencies, in others this was offered by heads of year, teaching assistants, HLTAs and key workers. Two schools had an in-school counsellor (P5, P6). Other schools suggested that the financial pressures facing schools was impacting on schools' ability to employ a school counsellor (4.5).

Wave 3 - Specialist

The third wave of support offered for students identified as needing a higher level of specialised support. This included accessing individualised specialist support through external agencies or access to alternative provision (AP). All schools used local AP settings. In several cases, the use of AP was linked to school pressures such as financial pressure and accountability measures (4.5). Two participants used AP less due to the cost of sending pupils and the lack of progress students achieved whilst in AP (P1, P4).

Three schools had on-site alternative provisions which they described as being part of their whole-school approach to supporting students' MH and WB (P2, P4, P5). One school referred to their unit as an 'onsite pupil referral unit' (PRU) (P2), the second named it as a 'support centre' (P4), the third had an 'on-site provision' also referred to as a PRU (P5). The common features of these units were that they cater for students who are presenting with challenging behaviour, who are on modified timetables, and are receiving individualised interventions according to their needs, as a way of preventing exclusions. In these schools, the units were either a separate set of rooms or buildings to the main school. Two of the units had a kitchen and a sensory corner for students (P4, P5). In the units, students

follow their mainstream curriculum with support from learning support assistants or teacher assistants.

- **Subtheme 2 - Working with external agencies**

All schools worked closely with a range of agencies, including speech and language therapists, occupational therapists and educational psychologists. EPs were mentioned by all senior leaders as a valued source of support for identified pupils, and in supporting the school in developing provision and for their collaborative work with a range of other external agencies. CAMHS was most often cited by participants as a service available to support students. Yet it was equally viewed as the service which was the hardest to access and liaise with (4.5).

Schools equally worked with a range of local organisations and charities who deliver individualised support for vulnerable students on a multitude of areas including substance misuse, young people at risk of being drawn into or harmed by gangs, outreach services and youth offending team. Generally schools were positive about their involvement and impact. However, many participants reported the impact of cuts to services, and the disappearance of valuable support (4.5).

- **Subtheme 3 - Further ideas for development**

Several participants felt that due to a range of challenges (4.5), they were not able to provide enough for students (P1, P2, P3, P4). All schools offered ideas for ways in which they would like to improve, to adopt provision they have seen work in other schools (P2, P3, P4). Two schools spoke about developing nurture groups (P4, P6), two schools wanted to set up a farm onsite (P4, P5) and two others spoke about wanting to develop an on-site unit alongside a forest school (P3, P6).

- **Subtheme 4. Identification processes and measuring impact**

The majority of schools had referral forms for teachers to raise concerns about particular students (P1, P2, P4, P5, P6). Two schools accepted student self-referrals (P2, P5), and two schools had set up weekly pastoral meetings to discuss referrals and students of concern (P2, P5).

All schools used data such as attendance figures and the school's behavioural system as a way of identifying students in need of support, and in order to measure the impact of interventions on students. Schools also relied on information from primary schools during transition, to identify vulnerable students. A few participants recognised these measures as being restrictive (P3, P5).

One school had set up an auditing tool, to capture the provision and practices offered by school to support students' MH and WB (P5). The audit tool involved evidencing all aspects of the school's vision which aimed to promote MH and WB across the school. Other measures were established in some schools to ensure they were identifying students in need of support. For example, one school spoke about students being able to refer their friends (P1). This was for a specific exam anxiety workshop which including mindfulness and yoga. In line with the Code of Practice (DfE, 2014), several members of staff spoke about completing plan/do/review cycles as a way of monitoring and evaluating the impact of interventions on students (P1, P4, P6). Three schools used standardised tools including the Boxall profile and Stirling Wellbeing Scale for any student referred to the SENCo (P3, P5, P6). All schools found that the identification of students, and measuring the impact of their provision, as a challenging area in need of improvement (4.5).

4.5. The Barriers and Facilitators Faced by Schools (RQ1.4)

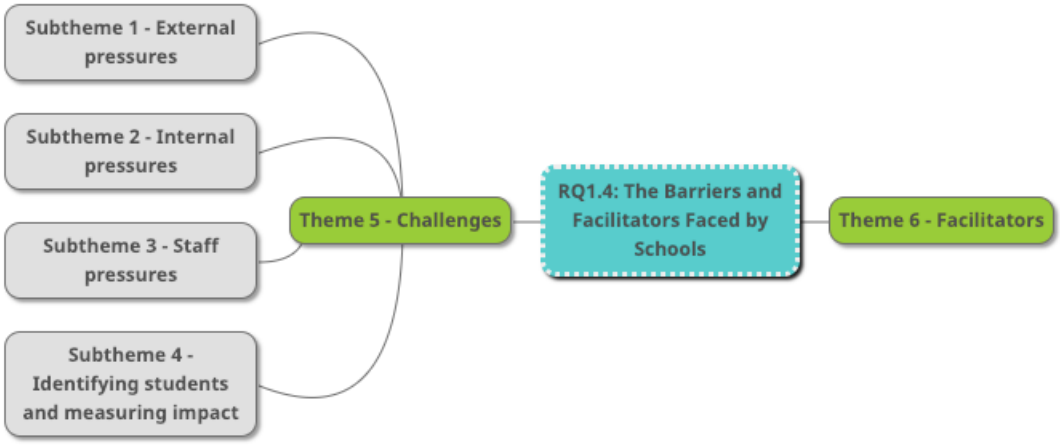


Figure 6: *Themes and subthemes for RQ1.4*

<u>Theme 5 - Challenges</u>

- **Subtheme 1 - External pressures**

All participants mentioned external pressures on school such as funding, the curriculum, accountability measures and the rise in more complex needs. Funding was described as a major issue for all schools in being able to provide for students, partially as this was preventing them from being able to hire the staff they needed.

> "I suppose for some schools it's a luxury, and I know that sounds awful, but it is more of a luxury than something that we have to remit at the moment." (P4)

> "I think these are the challenges, and I think social and emotional health, to tackle it, we need time and you need people, and people are expensive." (P6)

Four schools mentioned accountability measures as a challenge (P1, P3, P4, P5). One participant mentioned the impact of Progress 8 figures on small schools and the focus on students' attainment and learning was an added pressure on schools as "that's what we're judged by sadly" (P1). Furthermore, several participants spoke of the negative influence of Ofsted not taking in account how schools are supporting MH and WB (P1, P3, P4). Some participants felt this led

it to become less of a priority for schools. There were mixed views on whether Ofsted explored students' MH and WB.

> "I think Ofsted is changing to consider those things more, but I think it needs to happen a bit quicker really." (P1)

One particular school spoke about how their Ofsted rating has a negative impact on being able to develop provision around MH and WB, and on staff recruitment (P3).

> "I think because of our situation with Ofsted, I think it's been limited, as it's just been focusing on progress rather than the whole sort of holistic approach. (...) It's almost like it's not enough of a priority, so we're not going to do it" (P3)

Four schools spoke about the changes and pressures of the curriculum on young people's MH and WB, with a common view that the curriculum is getting harder and is focused on knowledge rather than skills (P1, P2, P4, P6). Three schools spoke about the expectations on schools to be working with students that have higher and more complex sets of needs and needing to offer elements of social care support (P2, P4, P5).

> "Five years ago they would have all been going off to the local special school. So that's difficult when you have less resources, less staff, higher pressure on academics from the government and a higher pressure on standards." (P2)

Whilst the majority of schools recognised the links between wellbeing and learning, they found that the pressures make this hard to implement.

> "We want to develop the whole person, but ultimately, we are driven by outcomes." (P4)

Three schools spoke of reducing the number of students accessing alternative provision due to accountability measures (P1, P3), and the effect on schools' budgets (P4, P3).

> "There are three things there: is the school providing better support? Has the school got the finances to send them to alternative provision? But then there is the accountability question as well. Sort of like…if they are not being successful anyway, why are we sending them? But they are probably getting better support there because they have the staff that have the expertise." (P1)

The challenges of working with external agencies were reported by all participants. Cuts to external agencies, meant schools felt they are faced with higher sets of needs with fewer resources. All participants mentioned challenges in communication with external agencies, for example not being aware of students accessing services.

> "We get letters an awful lot from external services, constantly bouncing things back saying, school needs to be providing counselling, or school needs to source an EP report." (P2)

The liaison with CAMHS was cited by three participants as an area of difficulty, citing that there is disjointed communication, and schools are not aware of students receiving support (P1, P5, P2).

- **Subtheme 2 - Internal pressures**

All schools mentioned a range of internal challenges which had a direct impact on their ability to support students' MH and WB. Staff 'capacity' was the most cited challenge, noted by all participants. This encapsulated time pressures of the school day, resources, staff shortages and high turn-over of staff.

Although the majority of schools spoke about positive elements of the environment on students' MH and WB, two schools spoke about the challenges associated with the school environment (P1, P6). They spoke about overcrowded spaces and the building not being fit for purpose. One of the schools had issues with the building which had been constructed as part of the Building schools for the Future initiative (DfES, 2003). Two schools mentioned how having an open plan building can lead to a noisy environment which has been raised as a difficulty for staff (P1, P6), and that there is limited individualised space.

> "In terms of the physical environment of this building, no it does not support students' or staff's mental health. I think that had a massive impact." (P1)

This school and another mentioned that there needed to be substantial construction work done on the school building (P1, P6). Both schools felt this was taking valuable time for the SLT, away from being able to focus on "things that matter" (P1).

Participants did not find that attitudes towards MH were potential barriers, but that there could be variability in staff's approaches to supporting students' MH and WB. Only one school spoke about stigma, and students' lack of wanting to seek support in school or opening up in front of their peers during group interventions (P1). Other barriers mentioned by participants, were the logistics of being able to provide support for students, such as finding time and space in school during the school day (P6, P4, P1).

- **Subtheme 3 - Staff pressures**

All schools showed understanding and concern about the pressures faced by staff, and the impact on their own MH and WB. These included, workload, dealing with frequent changes around school, accountability measures, a lack of knowledge on how to support students' MH and WB in the classroom, as well as the impact of split timetables and staff teaching outside of their subject specialism. Participants acknowledged that when under pressure and stress, staff are less likely to be able to support students' MH and WB, particularly students displaying challenging behaviour.

> "It's difficult when you have 30 children, when you're teaching, and then also having an understanding and awareness and making allowances for behavioural difficulties. It's never going to be an easy one is it?" (P6)

The participants acknowledged that the curriculum pressures, the increase in needs, and the pressure of accountability measures, equally affect staff.

> "It's very very hard for staff. When you have children coming in that are working at a Year 1 or Year 2 level, and they are meant to be accessing a Year 7 curriculum." (P2)

> "I think it's a hard place to work for staff, and probably the students feel it as well. The staff are on edge because of Ofsted, it's this that and the other. I think it's quite a hard-pressured environment (…) Staff may be less patient and quicker to send them out." (P3)

Staff knowledge, as discussed in Section 4.2 was highlighted as a challenge by the majority of schools who felt that the understanding of MH and WB could be superficial and inconsistent across the school (P1, P3, P4, P5, P6). Two schools felt that the training is limited, and when one member of staff attends, the difficulty is then how to disseminate the knowledge across school (P1, P3). All six participants felt more training was needed across their schools, including during teacher training (P2). One participant spoke of teachers being scared of knowing too much (P5).

> "I think some teachers are afraid of having too much knowledge, because they feel too much responsibility." (P5)

- **Subtheme 4 - Identifying students and measuring impact**

All participants reported the difficulty in identifying students in need of support. One participant spoke about this in relation to staff's understanding of MH and WB and being able to differentiate between a long-term MH need or short-term pressure of exams (P1).Two participants spoke about how they had no formal process for identifying students in need, and therefore many may be not receiving the help (P1, P3). Two participants raised that it was likely that there were many isolated children that have not been identified and that staff in the classroom may not be identifying students early enough (P3, P6). The ideas suggested by participants were the use of a screening tool to identify students, and the use of a phone line service which schools could ring to receive instant support and signposting when faced with a difficult situation (P5, P6).

All schools monitored the impact on students through school systems such as attendance and attainment data. Few schools used specific tools used to measure MH and WB. Participants shared that measuring MH and WB can be difficult and felt this needed to be developed.

> "It's then hard to quantify. How do you measure progress? Maths progress, reading progress, it's very easy to measure. You do a reading test, you do an intervention you do another reading test and you show progress. But with mental health, it's far more subtle." (P6)

> "I think it will be the same in a lot of schools. How do you measure that? We're not measuring it because Ofsted don't ask that. It's about students' academic outcomes." (P1)

Theme 5 - Facilitators

Although there appears to be a wide number of publications, research and guidance available to support schools in promoting a whole-school approach, the participants in this research could name a limited number of factors which are supporting them in implementing their vision around supporting students' MH and WB. School initiatives to raise awareness and the support of external agencies were cited as facilitators. Educational psychologists were named by all participants as a highly supportive service. Schools valued having external agencies recognise and validate what the school is trying to achieve and identifying good practice. Participants valued having a range of specialist in-school staff such as having a school counsellor and MH and WB champions.

Staff creativity and flexibility were seen as enabling factors. Furthermore, the majority of participants found that having days which aim to build awareness for student and staff, such as mental health awareness week, developed awareness and facilitated discussions in the hope of reducing stigma and barriers to help-seeking. What appeared evident was that despite the participants all being school leaders, many referred to the head teachers' views and vision. This appeared to be both a facilitator and a barrier for schools.

> "Having people like principals understanding the importance of this. I could want it, but if you don't have someone listening then it can't happen." (P5)

Chapter 5: Phase 2 Findings

5.1. Introduction

Phase 2 aimed to explore how mainstream schools have developed specialist on-site units as a way of supporting young people's MH and wellbeing. A case-study methodology was selected in order to illustrate practices from two on-site units in the same local authority. The following section will analyse each case study separately. Firstly, a case study of the unit named 'the PRU', followed by the unit named 'the Centre'. Summaries of the units can be found in Appendix N.

The findings for each case study are presented according to the three research questions (Section 3.3). Information about the schools and participants can be found in Section 3.6.3 and 3.6.4.

5.2. Case study 1: The PRU

5.2.1. Developing an on-site unit

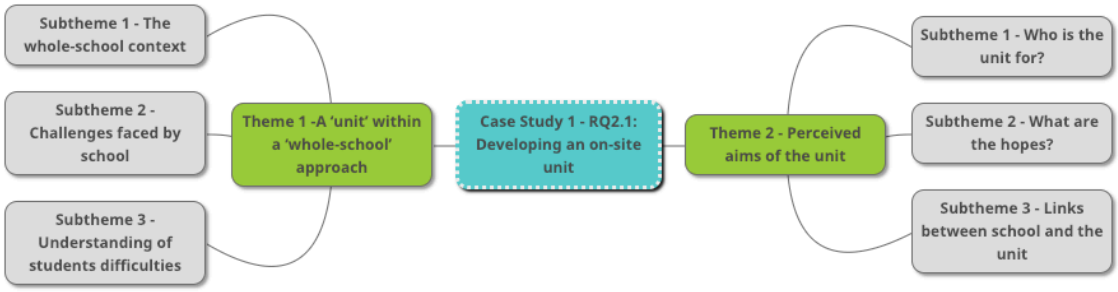


Figure 7: *Themes and Subthemes for RQ2.1 (Case Study 1)*

Theme 1 - A 'unit' within a 'whole-school' approach

- **Subtheme 1 - The whole-school context**

The development plan for supporting students was focused on building students' resiliency, "raising aspirations, confidence building and celebrating success" (SLT1), "developing that universal first wave of response" (SLT1) and developing more targeted and specialist provision. Providing for students' MH and WB was a priority due to the catchment area of the school, the level of social deprivation and challenges faced by students. Staff felt that they were inclusive of all children and "have been acting as that social care type capacity, practically and emotionally (SLT1). SLT appreciated that despite facing huge pressures in terms of funding, they have retained a high level of support staff.

> "This school is incredibly inclusive, and the emotional support we provide here, although it kills us staff, is absolutely second to none really." (SLT1)

According to two members of staff there was a shift in the behaviour across school. "Five years ago the school had a bad reputation in the local area" (HoU1). Staff mentioned the 'progress' (SLT1) was down to the behavioural management, as historically "it was a little more reactive" (SLT1). The recent focus being on "robust and consistent approaches" (SLT1), restorative practices and building relationships.

> "Lots of the behaviour management training that we have had, focuses very much on the need to build those relationships, and the time you need to put in with pupils." (SLT1)

Several members of staff spoke about developing a sense of belonging for all students through communal school values, a school mantra "this is the way we do things here" (SLT1), giving students responsibilities and having individualised programmes for students (HoY1, SLT1).

Students' views on their school were mixed, with some feeling they received good support (S1A, S1C), but others feeling that school "is too firm" (S1B) and did not

support them. Overall, students did not recognise or mention the provision received before attending the unit which was described by staff. However, all students named their head of year, or a specific teacher as being a main source of support in the main school.

All students expressed some negative experiences of school. Two students felt there were constant “silly tiny rules” (S1B, S1D) instead of providing support. One student gave the examples of the SLANT rule (Sit up, Lean forward, Ask and answers questions, Nod your head and Track the speaker) and the school’s one-way walking system. All students felt there was unfair treatment such as having a ‘naughty’ label which was hard to get rid of. Another mentioned racial discrimination (S1B) and feeling unsafe in school due to students carrying knives (S1B, S1D). One student felt there was a lack of a sense of belonging for students (S1B). Two students felt that some of the learning was hard, irrelevant and would not help them for the future (S1A, S1D).

> “The school needs to do some good improvements, get the kids feeling like they want to be in school (…) that we should be part of the (school) family.” (S1B)

When considering students’ MH and WB, there was an awareness of the importance of supporting staff’s MH and WB. Particularly as staff mentioned that the demographics of the school make it a difficult place to work. Staff felt supported in school.

> “It’s not easy working in an area like this (…). I would say quite overwhelmingly draining, because of the community, and the effect that this has on the young people and parenting.” (EP)

- **Subtheme 2 - Challenges faced by school**

The challenges faced by the school, such as funding pressures, are an important context to the development of the unit. Staff had many ideas for development, “but it takes time, doesn't it, with limited staff and limited funds” (AH).

> "Because external provisions are expensive, and school budgets and cuts to SEN funding (…) it's getting harder and harder to give students options of what they deserve." (HoU)

"Money, capacity, resources" (SLT1) were the most common challenges named by staff, as well as an increase in academic standards, staffing, cuts to external services and accountability measures. Staff reported a lack of alternative provision across the city and the financial implications of sending pupils to alternative provision (HoU1, SLT1).

> "If I'm honest, part of it is funding, because you have to pay for them to go elsewhere." (HoY1)

Furthermore, staff felt they had the expertise within school and accountability still lies with them.

- **Subtheme 3 - Understanding of students' difficulties**

Staff felt there was a significant increase in students' MH difficulties across school, and "more complex needs" (SLT1). Through ongoing training, "everybody is well aware of mental health issues" (TA1), and there was a focus on supporting staff to try and understand the function of students' challenging behaviours. There was a recognition that this is difficult for staff when they have limited time, are under pressure and working with large classes. Several members of staff spoke about some practices, such as emotion coaching (Gottman & DeClaire, 1998) and restorative justice that needed to be revisited across all staff (HoY1, SLT1).

Staff acknowledged that "if a student has a breakdown with their behaviour, very often there is underlying issues" (HoY1). Staff showed an awareness of certain students' home difficulties.

> "When you hear their backstories you wonder how they are managing and they're actually more much more resilient than you think." (SLT1)

Two members of staff noted the importance of keeping students in school, so they are safe and supported. "We just need to be thankful that they're coming

through the door" (HoY1). Yet three members of staff also described students' behaviour as being a choice.

> "They know that's why they are there, and if they mess up, they know what the next stages are, and it's down to them to put it right." (HoY1)

However, some students felt there was a lack of understanding of their difficulties (S1B, S1C, S1D). "They need to interact with us more, try to understand us" (S1D). Some of the worries mentioned by students were: knife crime, racial divides and gangs and having too much responsibility.

Theme 2 - Perceived aims of the unit

- **Subtheme 1 - Who is the unit for?**

All staff showed a common understanding of the purpose of the unit. Staff spoke about the unit being "a supportive addition to the main school" (HoY1), and part of the "graduated response". It was described as "very much a last resort" (HoU1), for students who cannot cope in mainstream, before considering exclusion.

> "It's basically for students that can't for one reason, or another access a mainstream timetable." (HoU1)

The head of the unit described that "it could be because of their mental health or it could be because their behaviour, it could be mixed with both" (HoU1). Students were identified when they had "really ramped their way up the conduct system" (HoU1). Students' placements are planned in collaboration with staff, leadership, parents and the student.

Pupils named several reasons for attending the unit such as, family problems, difficulties with learning (S1A, S1B), ADHD, anger issues, "being naughty" (S1A, S1D), "being troubled" (S1B).

Since September 2018, the unit went through another set of redevelopments with the appointment of a new unit manager who is a qualified teacher. Amongst staff and students there was a discourse of 'before' and 'now', with some changes

including; having more support from the main school, having a process in place which continues to involve teachers, having a qualified teacher managing the unit and increased structures.

- **Subtheme 2 - What are the hopes?**

Staff had a wide range of aims and aspirations for students attending the unit. These included building students' resiliency and confidence (HoU1, HoY1A), supporting them to build their coping skills, to be "a well-rounded person" (HoY1) and to change their behaviour (TA1).

> "Ultimately what we want, is for the students (…) to learn and change their attitude, to be able to get back into the mainstream school." (TA1)

> "Making students realise that, you can get what you want out of life and we will help you to get it." (HoU1)

Staff saw the unit as a new start and time out from school for students, whilst supporting them "in a smaller, more nurturing environment" (HoU1). Staff described the unit as being a place to support students with their learning and individual needs, "making sure that their life chances are increased as much as possible" (HoU1), giving them life opportunities and helping them get the qualifications they need for the future (HoU1). They felt that the benefit of the unit being on-site meant that students do not have AP on their school records, and they are more likely to reintegrate into school as they are still part of the community (HoY1, HoU1, TA2). All members of staff reported that the unit was there to support students in their reintegration back into mainstream.

One of the main aims reported by all staff and students was to reduce permanent exclusions. The unit was mostly described as a 'short-term' measure and there was a focus through all interviews on reintegrating students back into mainstream. However some students were described as being "in here indefinitely as an alternative to exclusion" (HoU1). The HoU also felt the unit was beneficial for teaching staff to have children presenting with challenging behaviour removed from their class. "It helps staff, as they don't have someone wasting class learning time" (HoU1).

Students shared a similar understanding of the aims of the unit. They described the unit as a place to “help you if you're struggling with mainstream school” and to change your behaviour, “so you don't get kicked out of school” (S1A). Some students questioned the aims, reporting that “they want you to change, be better behaved, but they're putting you with more naughty kids. How does that make any sense?” (S1B). Another said he was not “100% sure about the aims” (S1D).

- **Subtheme 3 - Links between school and the unit**

One subtheme which arose from students and teachers’ interviews was the links between the unit and the school. Terminology such as ‘out there’, ‘in here’, ‘the main school’, ‘in mainstream’ suggested a divide between school and the unit. However, staff were clear about students “not coming down here and getting lost in the system” (HoU1), that they “are still part of the community” (HoY1). Several members of staff felt that all staff in school play their part in supporting students (TA2), and that there is a good liaison between staff in school and in the unit “to make them feel they still belong to school” (HoY1). For example, class teachers would come down to check on their students’ understanding of the work. Other than reintegration and liaison with class teachers, there were limited examples given of how students participated in the school community.

5.2.2. Provision and practices supporting students in the PRU

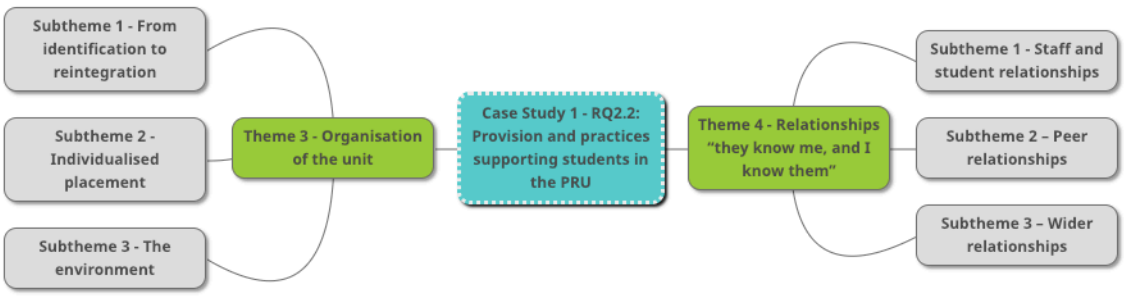


Figure 8: *Themes and Subthemes for RQ2.2 (Case Study 1)*

Theme 3 - Organisation of the unit

- **Subtheme 1 - From identification to reintegration**

As part of the redevelopment of the unit, the head of the unit developed robust processes and structures regarding the daily management of the unit, including timetabling and the conduct system, and the reintegration process. Three members of staff worked in the unit, the head of the unit and two TAs. One TA "is more sort of student support, education based", the other "is more sort of Behaviour Support based" (HoU1). The unit was redesigned to match as closely as possible the school day, including timetabled lessons through-out the day. Having clear expectations, structure and consistency were mentioned by all staff as a positive change. The conduct system in the unit had recently been redeveloped to match the main school's with a few 'more leniencies' (TA1).

> "Not having negatives but having positives, because negatives get you down. Making them realise that it is about their choice, and about what they want to do." (HoY1)

Students mentioned the rules were similar to mainstream, but with more flexibility which was seen as missing in school. Some students described the conduct system as confusing, that "they randomly change the rules" (S1D). A few students mentioned wanting more options to calm down such as listening to music. Generally students thought that the behaviour in the unit was good, "there's no point messing about in here" (S1A), because students felt they would be excluded.

Reintegration was the most cited process, which aimed to involve students and parents. It was described as a 'slow reintegration' (TA1) keeping students out of lessons where 'the hot spots are' (HoU1) and starting with students' choice of subjects, followed by a gradual increase in social times. Staff reported that there was a high level of support during reintegration. For example, TAs will accompany them to their first lessons, and all staff would be aware of a pupil reintegrating. Students have access to regular check-ups and time out cards "so that if they're

struggling they can come back, rather than fail" (TA2). This reintegration process was seen as a key advantage of having the unit on-site.

- **Subtheme 2 - Individualised placement**

A student's placement plan is developed with several members of staff and is individualised to the student's needs. The head of the unit mentioned that the duration and placement plan was unique to each student.

> "Some are in here for two weeks, and some are in here for six weeks, some are in here indefinitely, as an alternative to exclusion (…) it depends on the student." (HoU1)

Focusing on academic achievement was seen as key to "allow them to get the qualifications that they need and want" (HoY1). An initial change brought about by the new HoU1, was the development of 'knowledge books", developed by the subject teachers. These consisted of booklets for each subject which included lesson plans and worksheets for each curriculum topic. It was identified that prior to these being introduced, students were often left to complete "random bits of work that are lost or that don't have purpose or meaningful" (HoU1). It was felt that students needed to be following the same work as they would if they were in lessons, with additional support. All students felt they received more individualised support in the unit, but that staff could not help them as much as their subject teachers, and they did not have access to life skills lessons or practical lessons.

Staff described a range of individualised social and emotional support available according to students' needs, such as anger management, bereavement groups, mentoring and support from external agencies.

> "Basically anything they need, we will be accommodating. If we can't do it, then we refer to somebody else who can intervene." (TA2)

According to staff, students' social interaction skills are developed through learning and modelling in a small group environment. All students mentioned receiving this type of support: "normally you do anger issues, one about

confidence, and there's one about drugs" (S1B). Some examples of how students described the interventions were: "talking about how you could react differently, what does respect mean" (S1D) and "we do anger management stuff, find out what happens when we get angry" (S1A).

Previously students had access to a range of extracurricular activities, such as gardening and board games. All students felt they missed this and would like more activities and trips. Students had access to a 'therapy' school dog who joins them for reading, which several students enjoyed.

- **Subtheme 3 - The environment**

Staff redeveloped the space to make it a "welcoming, positive learning environment" (TA1). They described it as a calming, comfortable environment, to make it feel secure. Students were positive about the space and the atmosphere in the unit which they described as "chilled", "calm", "relaxed" and "safer". Only one student felt that "it's stressful, they keep stressing us to do work" (S1C). However, two students equally described it as a "prison" because "they hardly open the windows" (S1C), "they lock all the doors, so even if you wanted to go out you couldn't" (S1D). All students felt that the room was small and did not enjoy being in one room all day, including for lunch and break.

> "Sometimes you can get claustrophobic, because you're not allowed go outside (…) some fresh air would be nice." (S1B)

<u>Theme 4 - Relationships "they know me, and I know them"</u>

- **Subtheme 1 - Staff and student relationships**

All students reported they had developed a good relationship with at least one member of staff in school. Heads of year were the most cited source of support. Students felt that they listened to them, gave them space and guided them to do the right thing. This was echoed by the HoY interviewed who emphasised the importance of getting to know your students. Staff and students saw the unit as

facilitating a sense of belonging for students, through their relationships, the environment, and having clear and consistent boundaries.

> "I know them, and they know me. Just generally they talk to me, make me feel like I belong to the school (…). I don't feel like I belong to the school, but I belong to the unit." (S1B)

Students had a lack of trust or negative relationships with staff in the mainstream school (S1A, S1B, S1D). They mentioned that in school staff shouted at them, were unreliable and did not show interest in them. Generally students saw the staff in the unit as being more relaxed, "they don't worry about the petty stuff" (S1B). Humour and getting to know the students personally were seen as key. They described staff as "funny and caring" and respectful. Staff were seen as reasonable, understanding, trustworthy. Students enjoyed that staff sat down to talk to them and provided them with food and drinks.

> "They understand the child from the inside, and not the child from the outside. They understand the struggles of the child or why they have been demonstrating bad behaviour." (S1B)

Staff felt they were in a good position to develop these relationships because they were friendly, had time to spend with students and are available to listen to the students in a non-judgemental way. They felt they could build students' trust by 'having their back', and 'not judging them on what's happened before" (HoU1).

> "I think it's really important that the students know that they are listened to. Because a lot of the time they get so frustrated that things are going wrong and nobody is listening to what they think or what they feel." (HoU1)

The use of restorative practices in developing relationships and giving students a voice, was mentioned by HoY and the Assistant Head. Yet this was not mentioned by staff in the unit or by students.

- **Subtheme 2 – Peer relationships**

Overall students were positive about their relationships with peers in the unit. Some liked the opportunity of mixing with students from different year groups. Two pupils felt part of a group because they are "all in the same boat really. We've all got the same issues" (S1D). However, the majority of students said they had stronger ties with their own friendship groups outside of the unit.

Although staff carefully considered the timetabling of students, taking into account student dynamics, they found that generally students got on well. One member of staff spoke about the disruption it can cause when a new pupil arrives in the unit (TA2). According to staff, student dynamics were seen as being fostered through support with social skills and socialising during unstructured times. Whilst two students felt they could mix together and socialise at lunch and break, one felt that due to the lack of space they "don't have no time to ourselves, to chat to each other" (S1C).

- **Subtheme 3 – Wider relationships**

Staff in the unit spoke about the importance of them working together as a team, to support each other and for consistency. They also reported getting good support from different teams across school, as well as external agencies. The school's Educational Psychologist was mentioned by several members of staff as providing supportive advice. Developing relationships with parents was seen as a priority by the HoY but was also seen as a challenge.

5.2.3. The impact of students' placements

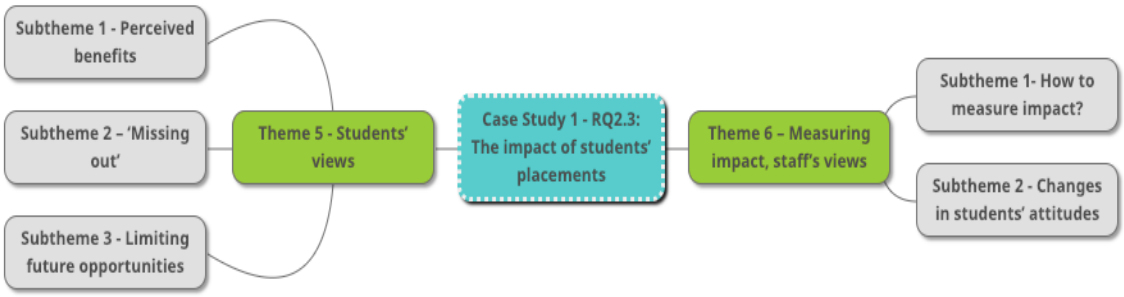


Figure 9: *Themes and Subthemes for RQ2.3 (Case Study 1)*

Theme 5 - Students' views

- **Subtheme 1 - Perceived benefits**

All students mentioned benefits from having attended the unit. For example, they all felt they improved in their behaviour, such as "not getting angry as quick and not kicking off" (S1B), being "better behaved" (S1C), and improving "the way I speak to people" (S1D). Students felt this was because they were treated like adults, staff attended to their basic needs, because they were not around their 'naughty' friends or because they did not have to be in school all day. They also felt that this was their last chance. Three students felt they had improved in their learning whilst in the unit, due to having longer to complete their work, having useful wall displays, 1:1 support and having less distractions.

- **Subtheme 2 – 'Missing out'**

All students felt as though they were missing out on peer relationships by being in the unit.

> "I used to be close with a few other girls, but because I wasn't there in the lessons, I didn't know what was happening. So you go back into lessons, and they don't really want to speak to you. That's a bit tough because you miss out on a lot." (S1A)

Yet several students blamed their peers for being in the unit in the first place and spoke about the difficulty in reintegrating back into school, due to being back around their same peer group, or because of their reputation (S1A, S1B, S1D).

> "It's hard to change. They put you down here to change, but then you're still around the same old people, you're still around with the naughty kids, how are you going to change?" (S1B)

Three students (S1B, S1C, S1D) mentioned missing out on wider learning opportunities by attending the unit because they didn't have their subject teachers, they miss out on some lessons and "it isn't proper learning" (S1B) to be reading through a book.

- **Subtheme 3 - Limiting future opportunities**

Two pupils felt that having had a placement in the unit was going to be a barrier for them in the future (S1B, S1D), limiting their opportunities because of missed learning opportunities, and having a PRU placement on their school records. Another pupil felt the opposite, as they felt they had received help with their learning which was going to help them get their qualifications (S1A). Two students spoke about being labelled after having attended the unit, which stuck with them when they reintegrated back into the main school (S1A, S1B).

> "It's harder, because you just got that label init. That's always going to stick with you. (…) it never goes up there, never." (S1B)

<u>Theme 6 – Measuring impact, staff's views</u>

- **Subtheme 1- How to measure impact?**

The schools as a whole use attainment, attendance and behavioural data as a way of measuring changes in students' MH and WB. Within the unit, measuring the impact of students' placements was described as "awkward" (TA2) and a "challenge" (HoU1).

> "As an overview we are doing something, but how much impact it is having, I couldn't tell you." (TA2)

Staff used observational data on students' attitudes as a way of measuring impact. "If they are calm and happy and they are getting on with their work...Then you know." (TA1)

> "Their placement being successful would be them not getting sanctions, doing the work, showing that they are developing resilience and can cope with being in the main school." (HoU1)

Some of the social and emotional resources used by staff have their own assessment tools. Yet for staff, the real way of measuring success is through the reintegration process. This process is closely monitored. For example there is

frequent communication with teachers to collect information to monitor students' attitude in lessons.

> "When a student is responding well in here, that's when we start to think about reintegration. And build up their timetable again. If they continue to improve, then they end up back in mainstream." (TA2)

- **Subtheme 2 - Changes in students' attitudes**

Staff felt that students had a positive view of the unit, even though they acknowledged that most students did not want to be there. All staff saw the unit as being beneficial for students. The HoU noted a reduction in behaviour incidents and felt that students appeared to have more pride in themselves after their placement. This was put down to students having individual support, counselling, anger management interventions, as well as the relationships in the unit and giving students opportunities to "get a lot of off with their chest that they want to say" (HoU1). All staff felt that the school and unit's behaviour policy gave students consistency and structure which were seen as essential.

5.3. Case study 2: The Centre

A description of the Centre can be found in Appendix N.

5.3.1. Developing the Centre (RQ2.1)

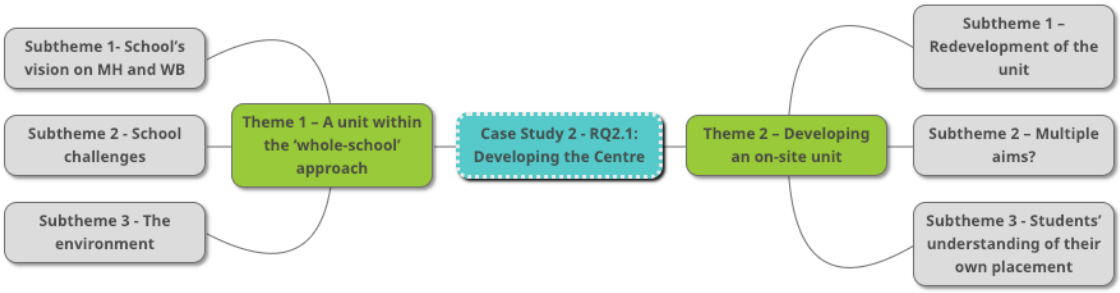


Figure 10: *Themes and Subthemes for RQ2.1 (Case Study 2)*

<u>Theme 1 – A unit within the 'whole-school' approach</u>

- **Subtheme 1- School's vision around MH and WB**

All staff described supporting student's WB as a high area of priority within school, as it was felt there was an increase in young people with mental health needs. The school was aiming to "flip the coin, so we're doing more preventative work rather than firefighting" (SLT2). All staff felt school offered a high level of universal and targeted provision to support students' MH and WB. All staff mentioned the religious ethos of the school, which aims to provide a holistic approach to education, to develop "well-rounded students" (HoU2) and to promote inclusion. Staff spoke about being a caring school which has a 'family feel' and a sense of 'togetherness'.

There were mixed views on the awareness of MH and WB. Whereas most staff mentioned the school "has a hold on MH" (HoY2A), due to celebrating initiatives

such as ‘mental health week’, another felt that the understanding was not embedded, and that there remained a certain level of ‘taboo’ surrounding MH and WB (HoY2B). There was an understanding that supporting students’ wellbeing is a prerequisite to good learning.

> “No matter how bright a child is, if they are struggling, they’re not going to give their full potential.” (HoY2B)

Students on the other hand were less clear with the support they received before attending the unit, mentioning only PSHE (S2B) and assemblies (S2D). Students’ views on school as a whole were mixed. Two students described the school as generally a “good place to be” (S2A), and two others feeling the school was not supportive enough (S2A, S2C).

> “I think it’s a good school to be fair, it’s well looked after (…), it’s not a ghetto school, there’s not much trouble here” (S2D)

One student spoke positively about being accompanied for a walk around the school ground to help calm down (S2C), yet overall students felt that there was a lack of options for students to calm down when they were feeling upset, angry or anxious. Some students felt there was a lack of care in school about students’ problems (S2B, S2C, S2D).

According to staff, the unit was described as “wave 3, specialist support” (HoU2). It was developed as a response to the increasing number of students with needs and a way of supporting vulnerable students in a preventative manner. It was equally described as being part of a plan/do/review process in line with the graduated response set out by the COP (2014). A new staff concern referral process placed an emphasis on teaching staff to make reasonable adjustments before referring a young person to the centre.

The school and unit used a behaviour for learning system based on merits and sanctions, which was seen as providing structure and clarity to students. All students were aware of the behaviour policy, yet one student felt that there was a bigger focus on negative behaviour than positive (S2B). All students spoke about isolation and the negative impact this can have on students’ MH and WB.

- **Subtheme 2 - School challenges**

Multiple challenges faced by the school emerged from staff interviews, such as accountability measures, staff shortages, cuts to external services and shortage of alternative provision across the city. There was also the view that "schools feel like they've been left in the dark" (SLT2), particularly in managing the increase in MH needs in young people and knowing how best to support them. The main difficulty reported by all staff were the financial strains on the school.

> "I know money is an issue, but when it comes to wellbeing and these young people being successful in life, it shouldn't be." (SLT2)

<u>Theme 2 – Developing an on-site unit</u>

- **Subtheme 1 – Redevelopment of the unit**

The centre was redeveloped in September 2018 as a result of a change in leadership. The redevelopment was overseen by the assistant principal (SLT) and the SENCo (HoU2) who used the SEND Code of Practice (2014), research, support from their EP, as well as learning from other schools to inform their practice. The changes outlined by staff and students were: making students' placements more formalised, restructuring the unit, and redesigning the space and the provision on offer. These changes were seen as being positive as they formalised students' placements to ensure they were benefitting from attending.

> "Before it was not 100% sure how students got in here, there wasn't a clear way…they were just in here and then out again." (HoU2)

- **Subtheme 2 – "A multi-purpose setting"**

Several reasons were mentioned by staff as to why students may be attending the unit. The HoU2 referred to it as a "multi-purpose setting". For example it was for students on modified timetables, on managed moves and being 'excluded' from school. It was also described as a space for vulnerable students at lunch

and break times, a space for targeted interventions, and for new students on induction programme, and those with medical needs.

A mission statement was written to outline the aim and vision for the unit. It was described as "an assessment and intervention resource whose purpose is to promote inclusion, student engagement and belonging". Its aim was "understanding and supporting students to achieve positive outcomes" (HoU2). Students attending the unit for part of each day were students considered vulnerable or at risk of permanent exclusion.

> "They are at-risk groups really, at risk of exclusion, of mental health concerns." (SLT2)

> "It's very much about inclusion, we are trying to avoid students being permanently excluded, so it's making sure that they have got plenty of support." (HoU2)

The centre was also seen as there to "support those students who are presenting as really anxious" (HoY2A). It was described as a calm area to "regulate children who are quite stressed or unsettled" (HoY2B).

- **Subtheme 3 - Students' understanding of their own placement**

Students' views on the aims of the unit varied according to the reasons of their placements. Students made reference to some issues they face in school such as having high anxiety, getting angry, having no place to calm down and finding it hard to access learning in the classroom. Three students spoke about it being a space for them to 'cool off' and relax (S2A, S2B, S2C) when they get angry or anxious, so they do not get into trouble. A student described it as a space "if you've got problems and you just want to be by yourself" (S2C), a space to receive help with learning or anger management (S2A, S2B), and part of their reintegration into school (S2A, S2B, S2C). Two students saw being in the unit as a 'last chance' before being excluded (S2B, S2D). One pupil's placement in the centre was permanent due to a failed managed move (S2D).

"If I'm upset in my lesson, it gives students likes me a place to go, so we don't have to go to isolation, or feel like we're in trouble." (S2C)

5.3.2. The practices and provision supporting students' MH and WB in the Centre (RQ2.2)

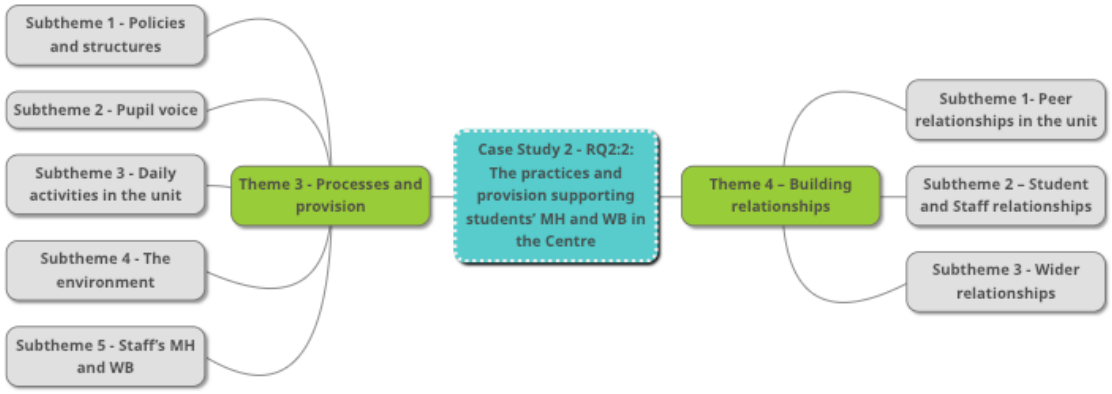


Figure 11: *Themes and Subthemes for RQ2.2 (Case Study 2)*

<u>Theme 3 – Processes and provision</u>

- **Subtheme 1 – Policies and structures**

Several processes were redeveloped in order to officialise the running of the unit, such as more rigorous systems, procedures and policies, such as the new referral form (5.3.1). A new entry form helped to formalise students' placements. It aimed to gain students' views, set aims for their placement, track their use of the unit and to measure outcomes.

The daily running of the unit, such as students' timetables, staffing of the unit and organisation of the provision set up in the unit were co-created with the assistant head, the SENCo and the HoYs. According to some staff there remained some uncertainties as to how the unit was going to be supporting some of the students referred. Some staff felt there remained some organisational issues in terms of timetabling activities taking place in the unit. Students were equally not as clear on the processes in place. It is possible that this is due to the fact that these changes were recent.

Staff developed a reintegration policy, making this a key aim for students. A slow reintegration was seen as beneficial, in order to judge how the student was coping, and providing further support if needed. Yet staff realised this had repercussions for the centre, when too many students were on lengthy drawn out reintegration. All students were clear on their reintegration plan and spoke about using the centre as a drop-in space they could continue using.

- **Subtheme 2 - Pupil and parent voice**

According to staff, gaining students' views was integral to the redevelopment and running of the unit. Staff gathered students' views regularly, and any student entering the unit had a one-page profile created with their views, and an exit report to evaluate their placement. Students were asked to reflect on a series of questions about themselves, their placement and their progress. All students identified that their parents and themselves were consulted in the decision to attend the unit, but none mentioned the newly developed reports.

- **Subtheme 3 – Daily activities in the unit**

Staff outlined a range of individual and group intervention programmes, some which were not yet fully developed. All students had support from their HoY, who was described by some as their mentor (S2A, S2D). Staff focused on the newly developed social skills and awareness programme for vulnerable children. Identified students receive a 6-week intervention programme in small groups. The aim of this intervention was to educate young people and facilitate discussions around current issues that may be impacting on their MH and WB. Topics involved knife crime, gangs and social media. One student had participated in this programme, one student had refused to participate. He described that it "helps with different things, like how to be safe" (S2A). Two students spoke positively about receiving support from external agencies, such as a drug-use charity (S2A, S2D). Staff spoke highly of the support they get from their EP, who helped to develop the unit.

Both staff and students reported that the majority of their time is spent completing subject work. Three students felt they receive more support with their learning

than in the classroom and that it was clearer, and there were less distractions (S2A, S2B, S2D), whereas two students said they completed the same few subjects on repeat whilst in the centre, which was “boring” (S2D, S2B). Students reported they either email or collect their work from their teacher. Several students spoke about the lack of structure around their learning in the unit (S2B, S2C, S2D). There appeared to be limited structures in place to ensure students were completing work. Yet staff recognised the importance of focusing on learning, as well as allowing for time in the day to participate in other activities.

> “It’s just making sure they’re not falling behind, because that might mean that for whatever they have been referred into here for, could then be worse because they have fallen behind.” (HoU2)

- **Subtheme 4 - The environment**

Staff identified the importance of creating a welcoming environment for students. The space was redesigned to include a reading area, a sensory corner, a kitchen area and wall displays. All students felt it was a calm, welcoming and safe environment with a good atmosphere and nice facilities. However, both staff and students spoke about the limitations of having a single room which is used for several purposes such as mock exams, students who are upset, students on managed moves and the running of interventions. Staff equally raised the issues of confidentiality, when a student is upset in the room, and that running interventions in the room when other pupils can overhear can limit what students feel comfortable sharing.

> “When you're talking about some very sensitive things you don't want students to feel like they're limited in what they can share because there are other people in the room.” (HoU2)

One of the main concerns for the majority of students was the lack of outdoor space (S2B, S2C, S2D), particularly students who were attending the unit all day and not getting any fresh air.

- **Subtheme 5 - Staff's MH and WB**

Supporting staff's wellbeing was seen as an area of focus by SLT. It was recognised that "workload is the biggest issue for staff" (SLT2), therefore school provided support packages for staff and ran staff wellbeing days. Senior members of staff recognised the importance of valuing staff and involving them in the development of the unit. Staff felt they were valued, supportive of each other and were able to ask for help if needed. However, due to the centre being redeveloped at short notice and led to changes in certain roles, this had led to some tensions amongst teaching assistants. Staff reported that they are gaining their views and working with them to resolve any difficulties.

Theme 4 – Building relationships

- **Subtheme 1- Peer relationships in the unit**

Building positive relationships were central to staff and student interviews. The majority of pupils spoke about having friends in the unit, whom they identified with, because they were all in the centre together, and they enjoyed mixing with new pupils (S2A, S2B, S2C). One student said he did not identify with any pupils in the unit because they had different interests (S2D). Some students felt that they belonged to the centre because other students were welcoming and nice (S2A, S2B). Three students spoke about missing out on 'socialising' with their school friends (S2B, S2C, S2D).

> "I'm not allowed to socialise with anyone (…) you've got no one to speak to." (S2D)

Staff saw students as having a positive sense of belonging to the unit, as many students used the unit as a safe space.

> "Our vulnerable students (…) are very eager to want to come in here. It's their space in here, where they feel comfortable, they relaxed." (HoY2B)

Staff made little reference to how the unit was developing peer relationships but reported that overall students' relationships were positive. They found that having

a mix of students from different year groups meant they could support one another.

- **Subtheme 2 – Student and Staff relationships**

Relationships with staff were referred to by all students, reporting that “some of them are good, some of them are not” (S2A). All students identified a member of staff who had helped them in school.

> “Some of the teachers are really kind and are really good at calming you down. And if you need to speak to them you can. Some teachers deserve to be praised because they are genuinely good teachers.” (S2B)

A common thread throughout students’ interviews was around communication and the language used by staff in the main school. Two students spoke about staff shouting at them, being patronising and using ‘inappropriate’ or ‘negative’ language towards them, “for example calling students *silly*” (S2C).

> “They are always using negative words or saying the wrong thing. Not knowing how to word things, and not talking to students correctly.” (S2B)

One spoke about the unfair impact of having classifications in school such as ‘bottom and top set’. “I don't get that “Gifted and Talented”… so what is everyone else then?” (S2B).

Students spoke about the lack of understanding or care from staff (S2B, S2C, S2D). Three students reported feeling a sense of injustice, for example receiving blame when other didn’t, or when they were not involved.

> “If you do anything in your past, even if it's not even you, if you're standing near the situation, I automatically get the blame for it. Most of the teachers think I'm a hooligan, a kid that just causes problems. After the things that happened to me I was a bit off the rails (…) They were already looking for a reason to get rid of me.” (S2D)

Several students spoke about feeling that they were not being listened to, were not asked how they were, feeling misunderstood or that telling their concerns to their teachers does not lead to anything (S2B, S2C, S2D).

Students identified that staff in the unit were caring, kind, they looked after students, asked students how they are feeling, and were available to speak to. Staff described building relationships as fundamental to supporting students' MH and WB and praised themselves as being "a very caring school" (HoY2A), encouraging and nurturing. Some staff echoed these issues raised by students. Particularly the importance of all staff's language on students, the lack of time staff has to dedicate to students, as well as it being difficult for some students to get rid of their 'naughty' label. The Assistant Principal felt that there needed to be more recognition that supporting students' MH and WB is everybody's responsibility.

> "We need a little bit more training with staff because sometimes they think that wellbeing is just a pastoral staff responsibility (…). For MH and WB, it's how you speak to the young person every day." (SLT2)

The HoYs found that managing their role could be difficult. That through their pastoral role "a lot of the students associate us with being negative" (HoY2A), but with their new role in the unit, they had a more nurturing role.

- **Subtheme 3 - Wider relationships**

Staff equally highlighted the importance of them working together as a team to provide consistency and to help each other. "Consistency is key to supporting MH and WB" (HoY2B). This was reflected by the HoU who felt that students would be more likely to develop a sense of belonging to the unit if there was one member of staff who was always there. Regular meetings amongst staff were organised, so they could share their views and make improvements to the centre. It was reported that some support staff had expressed concern over new aspects of their role.

Developing positive relationships with parents and carers was seen as key to the good functioning of the Unit. The HoU felt that the feedback from parents has been positive, and they have tried to "involve parents as much as possible" (HoU2), including in the development of the Centre. Staff in the unit liaise

regularly with parents, and parents' views are included on the entry and exit reports to the Centre.

5.3.3. The impact of students' placements in the Centre.

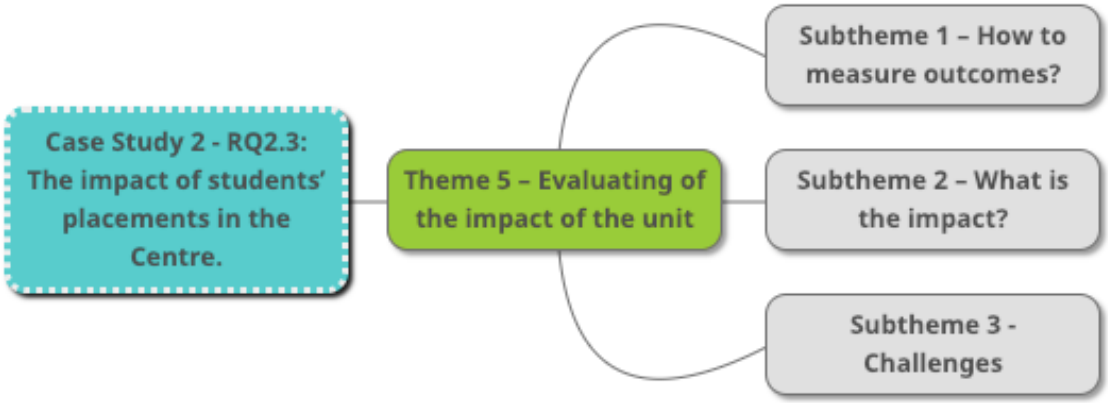


Figure 12: *Themes and Subthemes for RQ2.3 (Case Study 2)*

Theme 5 – Evaluating of the impact of the unit

- **Subtheme 1 – How to measure outcomes?**

"Measuring the outcomes of the unit was seen as a challenge and is an area that I do want to improve on" (HoU2). Attendance and behaviour were cited as the main measures used to evaluate students' MH and WB, alongside using the tools provided by some social and emotional programmes. The centre was looking at using standardised assessments which can be used at regular intervals to measure progress and were seeking support from their EP. Staff equally used the newly developed exit report to monitor progress. This included students', parents' and staff's views on the students' progress. Getting feedback from students and staff was deemed an important way of evaluating progress.

- **Subtheme 2 – What is the impact?**

Both staff and students spoke about the impact of the unit on students' learning and attitudes. All students spoke about accessing more learning in the unit as they had less distractions, more support, and it is "a lot calmer in here than it is in class" (S2A). However, two students spoke about missing out on learning by being in the unit because they did not have their subject teacher to help and they were missing out on class discussions and gaining others' perspectives (S2C, S2D). The HoU also echoed this view, that they did not want to keep students away from their subject specialist teachers for too long.

Three students spoke about feeling calmer and getting less angry since attending the unit due to the calm atmosphere, staff support and items in the environment like the stress toy box or sensory area (S2A, S2B, S2C). "It's probably stopped me from getting into a lot of trouble" (S2C).

However, two students spoke about the negative impact of being in the unit all day (S2D). One student spoke about the feelings of frustration being inside in one room all day, and the negative impact on his wellbeing. Two students saw the unit as being like isolation if you had to be in there all day (S2D, S2C).

> "When you're in here all day it gets a bit awkward, especially on yourself. Being in here all day you get a bit frustrated, you get a bit wound up. Then you argue with the teacher and stuff like that." (S2D)

Staff felt that since developing the unit, there had been an increase in positive behaviour in school and a reduction in cases brought to their attention. Staff found that the new intervention programme was having a positive impact on students' behaviours and on their views on certain issues.

- **Subtheme 3 - Challenges**

As well as the contextual challenges faced by school as a whole (5.5), all staff recognised there was room for improvement in the unit. The difficulties were around "staffing, the time and the nature of the kids that we have in there" (HoY2A). Particularly due to staffing shortages, a HoY reported they sometimes

merged the unit with isolation. One HoY felt that the unit was set up as an opportunity to “really show what pastoral is” (HoY2B), but they had not yet achieved this.

> “It's a tricky one. As much as I love it, I can also see the cracks.” (HoY2B)

The HoU mentioned that “ideally there would be a member of staff in here at all times” which would help with staff consistency. Despite staff being described as ‘highly skilled’, both HoYs felt they were too stretched to invest enough time with the young people.

> “They are firefighting on day to day basis, as opposed to actually sitting with the children and trying to put some preventative measures in.” (SLT2)

One participant felt that there was a limit to how much staff without training should be supporting students who present with MH difficulties (HoY2B).

As identified by several staff and students, the wide range of aims of the unit (5.5), seen as a strength, was also seen as a challenge, due to the variety of students who can be in the centre at any one time. As mentioned by the HoU, the challenge is “juggling of needs”. One HoY worried about the negative influence some peers could have over others.

> “So you get quite disruptive or aggressive, silly behaviour, mixed with emotional and physical illness.” (HoY2B)

Staff understood that some students are looking for a calm atmosphere, but that “sometimes depending on who's on there, it can become quite unpleasant” (HoY2B), and that when students disliked the centre, they could be quite vocal about it in front of other students.

Staff spoke about the careful balance of the unit. They want students to “belong, and flourish and do well”, but do not want students to become dependent on it and want to stay (HoU2).

Three members of staff spoke about the barriers that students put up to receiving support, and that having one space meant it was hard to respect their secrecy. The barrier to help-seeking was mentioned by one student who refused to engage in interventions proposed by school because “it's nothing to do with school; it's not really their business” (S2C).

> “If I’ve been put in a group, then obviously I know that there is a reason why they are in there, and then there’s a reason for me to be in there. So that means they know a bit of my business.” (S2C)

Two staff spoke about the “limits of what school can do” (HoU2, SLT2). Staff acknowledged the limits of the unit and making staff aware that “they may have some ongoing difficulties” (HoU2).

> “We have to accept that sometimes what we can do in a mainstream school, may not be enough for a specific student. Or it could be that we have exhausted all the things that we have, so maybe they need a fresh start, or maybe they need a different approach.” (HoU2)

Chapter 6: Discussion

This chapter will discuss the findings of each phase of the research in relation to relevant literature. Secondly, the key findings across both phases will be presented and will explore ways in which the research can contribute to the research base. The subsequent section gives the implications for EPs. Finally, the strengths and limitations of the research, as well as ideas for further research will be considered.

6.1. Discussion Phase 1

6.1.1. Leaders' understanding of students' MH and WB (RQ1.1)

Participating senior leaders demonstrated a holistic understanding of MH and WB and recognised supporting all pupils' MH and WB to be their responsibility regardless of whether they have MH problems, which reflects Westerhof and Keyes' (2010) model of MH. Five senior leaders highlighted challenges concerning lack of knowledge and clarity about where to access practical guidance, thus confirming a gap between policy and practice. Although all leaders felt that awareness is being raised through school assemblies and occasional awareness days, half of the participants felt that knowledge of how to support students' MH is not embedded within staff practices. This is consistent with previous research which has highlighted teachers' limited knowledge and skills in MH promotion (Ekornes, 2015; Graham et al., 2011). Whilst there is a high level of guidance and research available for schools, the findings suggest that schools need further integrated and practical advice (DfE, 2019; Hanley, Winter & Burrell, 2019).

Overall, senior leaders described an increase in MH needs and demonstrated an awareness of internal and external factors influencing young people's MH. Common school related pressures were; transitioning to secondary school, the challenging curriculum and exam anxiety, which reflects previous research (Hutchings, 2015; Lester, Waters & Cross, 2013). The transition to secondary

school has been identified as a difficult time, particularly for more vulnerable students (Lester et al., 2013).

Externally, societal deprivation, gangs and knife crime were seen as current issues affecting young people. According to Reiss (2013), socio-economic deprivation exacerbates MH and WB difficulties. Two major concerns raised in this research, gangs and knife crime, have both been on the rise in the UK and are topics of increasing societal concern (British Broadcasting Corporation (BBC), 2019; Longfield, 2019). Surprisingly, only two participants raised social media as a challenge for young people, linking it to the idea that it disrupts communications and relationships within families. There is a growing concern around the links between social media and young people's MH (Frith, 2016). It is possible that schools see the impact of deprivation more than the effects of social media.

There was an understanding that MH and WB difficulties could impact on students' ability to learn. This shows an awareness of the Maslow's hierarchy of need in which students' basic needs should be satisfied before students can fulfil their potential (Maslow & Lewis, 1987). All participants also expressed an understanding that students presenting with challenging behaviour could be due to having poor MH and WB, and it being an expression of need. However, half of the participants expressed the view that this understanding may not be embedded across all school staff, demonstrating some lack of knowledge about behavioural functioning and its translation into practice (Nash, Schlösserb, Scarra, 2016; Rose et al., 2019).

6.1.2. Leader's vision and approach to supporting students' MH and WB (RQ1.2)

- **A school ethos**

Like Maelan et al. (2018), all senior leaders valued the role of school in supporting students' MH and WB, due to its influence on students' educational outcomes and wider life opportunities. Five schools reported having a committed ethos and vision aiming to support students holistically. One school noted the lack of vision

around MH and WB, due to the priority on learning set out by the wider leadership team. Therefore supporting that learning and MH are sometimes seen as separate and competing goals (Weare, 2015). This also emphasises the requirement for commitment from all management, including headteachers and academy trusts, to build a shared vision and coordinated approach (Cefai & Askell-Williams, 2017; Weare, 2015).

Another question posed by exploring schools' visions, is the role of the school, and where schools' responsibilities to students begins and ends (Spratt et al., 2006; Warin, 2017). Hanley et al. (2019) report an increase in schools taking on new responsibilities due to the impact of austerity. In this research the majority of leaders reported acting in a social care capacity, taking on additional responsibilities and providing for students' basic needs. Yet participants also held the view that it was becoming difficult to support the increase in students' needs and expressed the view that some students are not 'fit for mainstream'. This highlights the conflicting views that exist with regards to inclusion (Norwich, 2007; Stanforth & Rose, 2018).

In general, all participants felt a number of school policies were supportive of young people's MH and WB, particularly the safeguarding and conduct policies that seek to foster a consistent, calm and safe environment. Only one school in this study had developed a stand-alone MH policy. Currently, it is not mandated that schools should have a separate MH policy (Brown, 2018). However, it has been argued that without a significant overhaul of school policies and procedures, initiatives can be fragmented and hidden in existing systems (Spratt et al., 2006). According to Greig, MacKay & Ginter (2019) a MH policy should sit alongside and have equal prominence to the teaching strategy.

The importance of creating a safe environment to support students' MH and WB was recognised by all participants, supporting the findings of previous research (Maelan et al's, 2018; Spratt et al., 2006). Outdoor spaces, green spaces, a relaxing environment and spaces owned by students were all raised as contributing to an environment where students feel welcome. However, having a positive environment goes beyond the physical environment, to include a

nurturing environment, including positive relationships (Spratt et al., 2006). This was also explored by all participants.

- **Supporting staff's wellbeing**

The link between staff and student's MH and WB is widely accepted (Hanley et al., 2017; Roffey, 2012). All senior leaders recognised the multiple challenges impacting on staff, with the most reported concern being workload. Research on staff's wellbeing has suggested that capacity, accountability measures, and time pressures during the school day, can impact on their wellbeing, their performance, attendance and their ability to build relationships with students and address their needs (Hornby & Atkinson, 2003; Kidger et al., 2016; Mazzer & Rickwood, 2015). The majority of schools had developed initiatives for supporting staff and recognising their efforts, yet these were variable, could be short-term, and the outcomes were unclear. Further research needs to focus on developing interventions to support school staff (Kidger et al., 2016).

A new government proposal "Reducing Teacher Workload" (DfE, 2018b) addresses teachers' capacity but not the impact on their wellbeing. Four participants recognised that pressures on staff means they may have less tolerance and time to focus on understanding student behaviour, identifying students' needs and developing positive relationships. It is encouraging that all leaders mentioned staff's MH and WB as being an area of concern. For staff to continue to have the energy to support young people's MH, there needs to be further input addressing staff pressures and workload (Roffey, 2012).

Other views held by a participant was that teachers are scared of knowing too much because they feel too much responsibility. Indeed teachers are expected to be part of the early identification of pupils (Mazzer & Rickwood, 2015). Yet faced with limited training and high levels of pressure, teachers may feel ill-equipped to deal with students' MH and WB (Ekornes, 2015). Teachers may be scared of making the wrong judgment or making things worse if they say the wrong thing (Ekornes, 2015). If we are to support teachers in the identification of students, there needs to be further training in identifying and supporting students' MH and WB.

- **Building relationships**

The importance of building relationships has been previously reported (Anderson & Graham, 2016; Maelan et al., 2018), and is recognised as an essential component of a school ethos (Allen et al., 2018; Craggs & Kelly, 2018; Warin, 2017, Weare, 2015). Three senior leaders indicated that students' sense of belonging to school was fostered through positive relationships. Maintaining a high level of pastoral support was seen as essential by all senior leaders, and they emphasised the importance of staff getting to know their students personally. It is important for schools to allow time for staff to build and prioritise these relationships (Roffey, 2007).

Other relationships were discussed by participants such as amongst peers and with parents and carers. Peer relationships were discussed less than student-teacher relationships. Four schools described initiatives to foster peer relationships whilst also reporting that these relationships form naturally, which reflects the findings by Graham, Powell and Truscott (2016). Graham et al. (2016) found that students placed major importance on their relationships with friends. He argues that the evidence between wellbeing, relationships, school connectedness, and academic engagement suggests that schools should place more intentional support on building relationships. Parental engagement has been found to be one of the main supportive factors that leaders mentioned to aid students' MH (Cefai & Askell-Williams, 2017). All participants recognised this as essential and had developed initiatives to increase parental engagement. Yet it was identified as a challenge by all (6.1.4).

Three schools reported the use of restorative practices as supporting the development of relationships. Restorative approaches focus on developing positive relationships which are an effective means of improving behaviour in schools, as well as developing protective factors such as social and emotional skills, communication skills, kindness and empathy (Hulvershorn & Mulholland, 2018; Roffey, 2016). It has been argued that restorative practices need to be embedded across all staff and may require a full restructuring of the school's approach (O'Reilly, 2019).

Listening to pupils' concerns is seen as essential for developing provision for their wellbeing (Anderson & Graham, 2015). All schools reported collecting students' views in a variety of ways, but similarly to Pople et al. (2015), student participation was seen as an area needing improvement in two schools. Whereas the majority of participants felt that student voice had driven many changes, two participants felt that little change had actually arisen from efforts to listen to students. Research has suggested that student involvement can be "tokenistic, unrepresentative in membership, adult-led in process, and ineffective" (Davis & Hill, 2006, p.9). According to Weare (2015), student involvement and impact on decision making, can enable staff to develop appropriate provision and support for students' MH and WB.

Although developing a positive 'school ethos' is recognised as essential in supporting students' MH and WB, definitions are complex, and according to Roffey (2007), what matters is how the leadership teams' vision and values are turned into action. Further research is required to explore how to implement this ethos, and how these contribute to a sense of belonging (Craggs & Kelly, 2018; Hornby & Atkinson, 2003; McLaughlin & Clarke, 2010; Spratt et al., 2006; Warin, 2017).

6.1.3. Practices and provision available to support students' MH and WB (RQ1.3)

According to Weare (2015), adopting a whole-school approach requires "a solid base of positive universal work" (p.4). As well as the considerations made as part of the school ethos (6.1.2.), all schools mentioned a variety of practices supporting students at a universal level. The most commonly cited provision at this level, available in all schools was PHSE and assembly, reflecting the findings by Marshall et al. (2017).

Research has emphasised the importance of classroom practices and the curriculum in developing a whole-school approach (Askell-Williams & Cefai, 2014; Lavis & Robson, 2015; Maelan et al., 2018). Evidence has shown the importance of integrating spiritual, moral, social principles in the curriculum

(Peterson et al., 2014; Warin, 2017). Only two participants felt that there was some focus on MH and WB in the curriculum. This raises an important consideration about how schools and the curriculum are preparing students for the future. There is a need to explore the role of education in enhancing human flourishing by preparing students to be active participants in their society by learning what is of value (Spratt, 2016). Spratt (2016) argues that currently success is valued more than the intrinsic value of learning.

Four participants mentioned curriculum pressures as impacting negatively on young people. They reported the curriculum as increasingly challenging, with one participant emphasising the curriculum as being "crammed knowledge with testing at the end" (4.2), reflecting Hutchings' report (2015). HCEC (2018), proposes that accountability measures can limit access to a broad and balanced curriculum because of the high focus on 'core subjects' such as English and Maths, to the detriment of more practical and creative areas. Three schools placed high value on PE and extra-curricular activities, which was seen as supporting students holistically.

Similarly to Patalay et al. (2017) and Vostanis et al. (2013), at a targeted level, the most commonly cited intervention was related to developing social and emotional skills. The range of targeted interventions offered by schools was variable. The minimum some schools had to offer was a bespoke transition package, whereas another had multiple targeted groups covering a range of needs. The majority of schools had less targeted support on offer and identified this as an area for further development.

For specialist support, all schools worked with external agencies, such as local charities and health care professionals. Generally schools were positive about their involvement and impact, but this raised challenges (6.1.4). Similarly to Sharpe et al. (2016), EPs were named as an external agency, providing support and advice to schools, as well as signposting to other agencies and assessing students' needs. These findings demonstrate that schools value external professionals as a source of support, advice, professional development, and that schools want to work in partnership with external agencies as found by Spratt, Shucksmith, Philip & Watson (2006a). Additionally all schools used AP and on-

site provision for vulnerable students whom it was felt they could not cope in the mainstream school, and where they could receive more specialist support.

Overall all schools reported having provision across the three waves of support, but there was variability in terms of how much schools offer. All schools wanted to extend their offer, but felt many barriers were preventing them from developing further provision.

6.1.4. The barriers and facilitators faced by schools (RQ1.4)

This research found that schools continue to experience high levels of pressure impacting on their ability to fully develop and deliver their vision. Although four participants felt they were providing a high amount of support for students, similarly to Patalay et al. (2016) four schools identified areas for improvement and wanted to do more to support their students' MH.

The most cited external pressures included, lack of funding, accountability measures, the pressures of the curriculum and cuts to external agencies. These are similar challenges reported in the literature (Hutchings, 2015; Patalay et al., 2016; Thorley, 2016, Tucker, 2013). One school reported that supporting students' MH and WB was still a "luxury". Participants felt these pressures were affecting both staff and pupils. Several participants reported that they did not have the resources to fund pastoral staff and counsellors. Participants felt these pressures are getting in the way of supporting students holistically.

As evidenced by previous research, the challenges of working with external agencies were reported by all participants (BPS, 2018; Frith, 2016). They identified a lack of capacity within specialist services as a key barrier as previously reported by Sharpe et al. (2016). Schools equally reported challenges to communication and joint work between schools and CAMHS (Pettit, 2003). Patalay et al. (2016) found that funding and access to specialists were barriers for schools, with less than a third of schools reporting good links with local MH services. Improving the relationship between schools and CAMHS is crucial to improve the provision of support for young people (DoH, 2015). It is argued that interprofessional partnership in schools can generate positive outcomes (DfES,

2004), yet further research is needed to establish how this can be implemented effectively (Spratt et al., 2006a).

- **Liaising with parents and carers**

Liaising with parents is acknowledged as an essential part of an effective whole school approach. Cefai and Cooper (2017) referred to parents and carers as “the third force” (p.7) in the promotion of MH in school. Indeed, parental involvement has been shown to be crucial as it can reinforce the consistency of approach taken by school and help develop parenting skills and attitudes (Krane and Klevan, 2019). Although all schools had developed ways of increasing this relationship, four found this relationship challenging, as previously reported (Askell-Williams & Lawson, 2011; Slee et al., 2009). Shute (2016) argued that further research is needed to identify the best way of promoting parent-teacher collaboration and highlighted communication as fundamental.

- **Identifying and assessing need**

The literature suggests that schools are well placed to support pupils in accessing support as they can identify students early and thereby deliver early intervention (DoH, 2015; Lavis & Robson, 2015; Weeks et al., 2017). Although schools reported good use of school data as recommended by DfE (2018), which enables them to raise a warning when these measures change drastically, attendance and results are a limited way of evaluating students’ MH and WB. The difficulties of identifying students presenting with MH and WB needs have been previously reported (Marshall et al., 2017).

The majority of schools in this study had a referral system for staff to raise concerns about a student. Lane, Oakes and Menzies (2014) recognised that due to the impact of externalising behaviours on the functioning of the classroom and the impact on other students, those presenting with challenging behaviour are more likely to be identified. This means that students with less obvious MH difficulties may be overlooked and staff require training to identify more discreet characteristics.

Weare (2015) highlights the importance of understanding the roots of students' behaviours and to ensure staff are equipped to model and teach positive alternatives. Yet participants felt that staff in the classroom may have limited capacity to spend time understanding underlying causes of behaviour which are disrupting the learning of the majority of students, reflecting the findings by Mazzer and Rickwood (2015). Providing staff with information on the prevalence of MH, and how MH can impact on students, remains the most effective way of developing the identification of MH difficulties in young people (Levitt, Saka, Romanelli & Hoagwood, 2007). All senior leaders reported training and CPD as essential for staff, yet only four felt there had been a particular focus on MH and WB in staff training. These findings suggest that there needs to be further training for staff so they can more effectively identify and support students' MH and WB.

Recent publications advocate the use of universal screening of young people's MH and WB, so that all pupils would be assessed, and monitored in a cost effective manner (Humphrey & Wigelsworth, 2016). Weare (2015), argues that mass screening of pupils is not advisable. There are concerns about what these tools would be measuring, the danger of unnecessarily diagnosing MH difficulties which could result in the identification of more young people than a school could cater for and lead to the over-medicalisation of young people (Levitt et al., 2007).

Instead, research has suggested the use of wellbeing tools for pupils accessing intervention (Stirling & Emery, 2016). Three schools in this research reported using tools such as the Stirling Wellbeing Scale (Liddle & Carter, 2015). Further research should explore the use of evaluation tools for schools which are not focussed solely on individual child progress but on the whole-school approach, including the school ethos (Roffey, 2016). One school demonstrated this through the use of an audit tool to evaluate how the school was to support students' MH and WB.

Participants noted limited support available for schools to help them and guide them in how best to support students' MH and WB, and relied on staff taking initiatives, being creative and raising awareness across school. Participants interviewed appeared dedicated to supporting students' MH and WB and felt that support from the head teacher and from external agencies, including EPs, was

essential so their efforts are validated and recognised. Senior leaders and wider members of staff need more recognition and support, so they can continue with their efforts to support students' MH and WB, whilst juggling many pressures.

6.1.5. Summary of discussion Phase 1

To conclude, this phase demonstrated that all six schools had in place the core elements underpinning a whole-school approach (Lavis and Robson, 2015; Weare, 2015). Yet similarly to findings by Humphrey et al. (2013), schools reported a number of challenges and pressures which are impacting on their ability to implement all elements consistently and successfully. Yet despite all schools reporting similar challenges, there is huge variability in the level of provision across all six schools. The majority of schools find there continues to be a lack of knowledge in how best to support students' MH and WB. There needs to be further support and integrated guidance for schools and leaders, in order to implement systemic change at these broader levels of the ecological model (DfE, 2019; Rose et al., 2018).

6.2. Discussion Phase 2

6.2.1. Developing an on-site unit (RQ2.1)

- **The social and emotional well-being of students**

The development of on-site units was seen in both case studies as a response to the increase in MH needs across school. Both units catered for a wide range of students, including those with anxiety, schools refusal, to those presenting with behavioural difficulties or at risk of permanent exclusion. Students did not all have a recognised special educational need or a diagnosis but were finding it difficult to cope within their mainstream environment. Students in this research were not asked about their specific needs or their own WB and MH, but rather focused on their views of how supportive the schools and unit had been of their MH and WB. Staff working within the unit reported that many students attending the unit had chaotic educational journeys. Students mentioned having difficulties which led them to the unit but did not describe themselves as having social, emotional, behavioural difficulties.

This research explored what was important to students for their own MH and WB within the school and the unit. Cosma and Soni (2019) conducted a systematic review on literature which aimed to gain the views of pupils with BESD or SEMH difficulties. An influential factor was their BESD or SEMH label and the perceptions of others towards this label. They found that common themes which influenced these young people's experience of school, included relationship with staff and the sense of fairness and justice they felt, the sense of belonging they feel to their school and the support and pressures of the curriculum. In this study pupils had mixed reviews on how supportive the school as a whole had been. Similar themes around relationships and the perception of others, their sense of belonging was raised by young people in this study.

As in Jalali and Morgan's study (2018), there was a disparity in student and staff views. Across the eight pupils in both units, six felt that staff in the main school did not understand their problems. Half of the students in each unit had a negative view of school, whilst the other half shared more positive experiences. However,

five felt there was a lack of support and options to calm down, seven students reported a lack of care, and six felt a sense of injustice and that they felt wrongly blamed. Six students felt that they were not always listened to, and their side of the story was not considered. These reflect similar themes which have arisen from literature exploring the views of students attending alternative provision, including the importance of relationships and having their voice heard (Jalali & Morgan, 2018; Levinson & Thompson, 2016; Michael & Frederickson, 2013).

For all students, there was a lack of awareness of the support received before attending the unit. The main source of support mentioned by all students was having a relationship with a key adult in school who supported them. This is consistent with Pillay et al. (2013) who found that all the students they interviewed had at least one positive relationship with an adult in the mainstream environment. Students gave a variety of views on their understanding of the aims of the units. Within the Centre, students described the aims more positively, seeing the unit as a place to calm down. In the PRU the most reported aim was to prevent being excluded. Overall, students could not express the plan of their placement other than the reintegration process which was mentioned by all students. Atkinson et al. (2019) argues that there should be greater student participation and young people should be actively involved in the school's mental health strategy.

- **Aims of the units**

Recent governmental publications have linked on-site units to the use of alternative provision, and a practice developed by schools to reduce exclusions (DfE, 2019). There appears to be limited research on the practice of on-site units. This research offers new insights on the context and rationale for their development, with a focus on how they support students' MH and WB.

Staff in both units reported reduction of exclusions as a priority and viewed the units as an additional specialised level of support (wave 3) for students presenting with a high level of need. SLT across both case studies reported having a clear school vision and ethos that aims to promote positive MH and WB

for all students, and felt their schools had high levels of provision available to support students.

A range of external challenges were reported by staff, which are impacting on schools' ability to develop supportive provision for students' MH and WB. This included a rise in needs, reduced budgets and cuts to external services, as well as alternative provisions, across the LA. Staff in the PRU suggested that sending students with high needs to external alternative provision was expensive and that the accountability still lies with the school. Overall the preference was therefore to use their own resources. In both case studies, the development of these on-site units was a way for schools to manage these pressures.

The units were seen as nurturing environments that help develop students' social and emotional learning, their resiliency, aspirations and ultimately enable their reintegration. These positive aspirations have been seen as essential to AP in order to enhance students' motivation and wellbeing (Martin et al., 2012). Having dedicated staff, who are fighting for these young people when they may have otherwise felt marginalised gives hope (Malcolm, 2019).

The key difference between the units, was that the Centre had a wider remit and offered targeted group interventions for students not attending the unit on modified timetables. Furthermore, The Centre appeared to give more agency to students over their attendance in the unit, allowing certain students to use it as a drop-in facility as well as a space where certain students are directed to attend as part of their timetable. By contrast, The PRU was reserved for pupils placed there on modified timetables. Some researchers have advocated for the use of AP as early intervention rather than as a last resort (Martin et al., 2012).

There appears to be a tension in the objectives of these units. On the one hand they are seen as being supportive environments for students presenting with high levels of need, on the other they are seen as the last step of the conduct system before exclusion. Indeed, the PRU was described as a 'last resort' for students who had escalated through the conduct system, and in both units, several students were attending the units indefinitely as an alternative to exclusion. Considerations on the reintegration process are discussed in Section 6.2.2.

- **Linking the school and the units**

The question of whether the existence of on-site units subscribes to the policy of inclusion needs to be readdressed (Pillay et al., 2013). Indeed, “many scholars have cast a critical eye upon the potentially marginalizing effects of removing students from mainstream schools” (Kinsella, Putwain & Kaye, 2019, p.41). According to McSherry (2004), to be effective, on-site units need to be part of a whole-school approach to supporting students. Without this, there is a risk that although units are built in the spirit of inclusive practice, they can become susceptible to isolation from the school (Burns & Hulusi, 2005). In both case studies, staff felt there were positive links between the unit and the main school. Staff reported the importance of maintaining links with the main school, and keeping students part of the community, to facilitate reintegration. In the PRU this was through the support given by all school staff, and in the Centre it was through emphasising teachers’ role in the graduated response before and after pupils have been in the unit.

Having an on-site unit can either encourage or hinder staff’s responsibility in supporting students. There is a danger that having an on-site unit can make staff across school feel less responsible for students assuming that someone else will support them, similarly, to having specialist staff in school (Spratt et al., 2006a). However, an alternative view is that having the unit on-site keeps students a part of the school community and can facilitate positive change across school. This was the view of the heads of the units interviewed in this research, who felt that keeping students in school is the best course of action, which according to Spratt et al. (2006), has been driven by the inclusion agenda. Further research is needed to explore the impact of having an on-site unit on staff’s views of their roles and responsibilities with regards to supporting students with high levels of need.

- **Challenges for practitioners and the impact on staff's MH**

Further exploration is required around staff's conceptualisation of students' needs and challenging behaviour (DfE, 2019; McSherry, 2004). Staff in this study demonstrated an understanding of the issues faced by students and the impact this may have on their behaviour and ability to engage in their education. Yet it was felt that this understanding may not be embedded across all staff. It was acknowledged that there is pressure on teaching staff's ability to spend time understanding the underlying cause of a students' behaviour in the classroom.

Participants in this research showed an awareness of challenging behaviour as an expression of need, a consequence of learning needs, adversity or home difficulties (Nash, et al., 2016). Yet three participants also held the view that students had responsibility over their behaviour. This suggests an individualisation of the behaviour rather than considering systemic issues (Rose et al., 2018). Rose et al. (2018) found that staff can simultaneously hold both beliefs. Research has shown that there is a lack of skills and training for staff impacting on their ability to identify additional needs and understand the underlying causes of a young person's poor behaviour (Brown, 2019; HCEC, 2018; Holttum, 2015).

Despite the complexity of discourse around defining, identifying and finding ways of supporting students' MH and WB, staff in this research appeared committed to supporting young people in their schools. Particularly staff working within the units who showed dedication to working with children with high levels of needs. To maintain staff's enthusiasm, their own MH and WB should be carefully supported, and further training should be provided. One member of staff in the centre felt that there is a limit as to how much untrained staff should be supporting students who present with MH difficulties. Others felt they had the support available and regular CPD. Yet all members of SLT highlighted the need for further training for staff. The role demarcation and the professional responsibility of staff in relation to supporting students' MH and WB has been explored (Mazzer & Rickwood, 2015; Spratt et al., 2006a). Hanley et al. (2019) reported a mismatch between teacher's training, and the daily roles they undertake. Spratt et al. (2006) argue that they are not advocating for teachers to deliver specialist interventions, but that school staff can develop practices within the classroom that are beneficial

in supporting all students' MH and WB. They argue that pastoral care should be a joint responsibility and seen as fundamental to all staff's role (Spratt et al., 2006). Rae, Cowell and Field (2018) explored teachers' WB in the context of school for children with social, emotional and behavioural difficulties. They argue the importance of supervision for staff for them to feel supported, contained and be able to problem-solve.

6.2.2. Practices and provision in on-site units (RQ2.2)

- **Structures and provision**

Both units had recently redeveloped a number of processes to monitor students' attendance and structure the daily running of the unit. These are seen as key to the positive functioning of AP (Hart, 2013; Levinson & Thompson, 2016). Yet a major concern about AP is the lack of agreement about what this provision should look like, or how to measure students' progress within (DfE, 2016; DfE, 2019; Ofsted, 2016).

Both units had systems in place that involved collaborative planning in place to refer students to the units, and involved staff, parents and carers (Weare, 2015). Students were also invited to be a part of this process. Yet the majority of students reported being simply informed of the decision. The Centre had developed entry and exit forms (Section 6.2.3) aimed to develop students' placement plan collaboratively and to review their progress at regular intervals.

Similarly to previous research, creating a welcoming and nurturing environment was seen as highly important by staff in the unit (Hart, 2013; Jalali & Morgan, 2018; Michael & Frederickson, 2013). Both units offered different elements in order to achieve this. In the Centre, students had access to relaxing areas, a kitchen and a sensory corner. In the PRU, students were provided with food and drink. Overall, all students saw these as positive and welcoming. However seven students spoke about the lack of access to outdoor spaces, particularly those attending the units full-time. Two students reported that this negatively impacted on their MH and WB. The influence of the environment on pupils' MH and WB has been widely reported (Patel et al., 2007).

- **Activities in the unit**

Martin et al. (2012) suggest that as well as developing students' learning, AP should aim to broaden students' experiences and enhance the curriculum where possible. In both units, staff reported that students had access to a range of targeted and specialist support, either delivered by their key member of staff, or external agencies. In The PRU, all students spoke about accessing individualised interventions from external agencies or through staff within school. In the Centre, half of the students reported having accessed some level of individualised support. The focus within The Centre had been the development of the 'keep safe' targeted intervention programme running within the unit. One student who had accessed the intervention, and all staff involved in running the programme were positive about initial outcomes.

Staff and students' views diverged in terms of the activities on offer in the unit. The Head of the PRU reported that students had access to games and additional social time which supported the development of their social skills, which were aspects that students felt they were missing out on. In the Centre, the SENCo also felt that students had access to wider social opportunities, and the majority of pupils reported that they enjoy mixing with other students in the unit but did not mention shared activities between peers in the unit. All students found there was a lack of extra-curricular activities and there was no mention of life skills lessons or practical lessons which are seen as protective factors and support students to develop a sense of belonging (Allen et al., 2018; Hart, 2013; Michael & Frederickson, 2013).

In both units, all students reported spending the majority of their time completing their subject work. Staff in both units recognised the importance of supporting students academically to increase their opportunities, and to facilitate reintegration. There have been concerns about pupils performing less well academically in AP (Burns & Hulusi, 2005). All staff in the PRU mentioned the strong working ethos of the unit, and that the liaison with class teachers was better since The PRU had redeveloped structures that put a larger emphasis on students' learning. However, in the Centre, three students reported they were

less clear on the work they were completing. Students gave mixed views on their access to learning in the unit (Section 6.2.3).

- **Building relationships**

The impact of relationships on students' MH and WB was a central theme in staff and student interviews, reflecting previous research (Hart, 2013; Levinson & Thompson, 2016; Michael & Frederickson, 2013; Spratt et al., 2006; Stanforth & Rose, 2018). Similarly to Pillay et al. (2013), the majority of students viewed the units more positively than school. The most reported factor was the relationships they developed with staff in the unit. Students identified that staff in the unit were caring, kind, recognised them as individuals, asked them how they are feeling and getting on, and were available to speak to. The importance of these aspects of relationships reflect previous research which has gained students' views (Hart, 2013; Levinson & Thompson, 2016).

Building positive relationships was mentioned by all staff who had an active role in both units. In the PRU, all staff mentioned they had the time and skills to be able to build relationships with students, through the use of humour, having high aspirations and having clear expectations. The PRU had recently developed a new behavioural policy which was based on the general school's policy but with more leniency. Levinson and Thompson (2016) suggest that students need to access a space which is not fixated on bounded behaviours. In both units students valued that staff did not focus on the "petty stuff", that the rules were more relaxed.

The senior leaders in both units mentioned the use of restorative practice (RP) in school, yet this was only mentioned by the head of year working in the PRU. RP practices build on what students in this study have said they value, which is being listened to, having a voice and being recognised as individuals. However, in order for RP to be successful they need to be embedded across all staff and may need whole restructuring of the school's approach (O'Reilly, 2019).

Peer relationships were discussed more widely by students than staff. The majority of students were positive about peer relationships in the units and mixing with other year groups. Student dynamics in the PRU were seen by staff as being

fostered through support with social skills during unstructured times. Seven out of eight students reported being more affiliated with their own peers and felt they were missing out on peer relationships by being in the unit, which reflects the findings by Levinson and Thompson (2016) (Section 6.2.3). In both units, staff mentioned carefully timetabling students to avoid negative dynamics. As a result, they felt that students got on well, and gave them the opportunity to mix and socialise positively, when this can be difficult for some in the main school.

All staff recognised the importance of building positive relationships with parents and carers. Both heads of the units felt they had regular contact with parents which helped to develop these relationships. The Head of the PRU felt that this continued to be a challenge (Section 6.2.3). In both units, the heads of the unit valued the support they received from the wider SLT and external agencies. Both head of units reported receiving guidance from their EP in developing the unit. They liaised with a range of external agencies, depending on the needs of the pupil, but SLT reported that the disappearance of valuable external agencies was a challenge.

- **Reintegration**

There was a high focus through all interviews on reintegrating students back into mainstream, which has been seen as the key focus of AP (Atkinson, 2017; Hart, 2013; Jalali & Morgan, 2018). Both units reported that having the unit on-site is beneficial for the reintegration of students as they remain part of the school community. However, some students were in the units as an alternative to exclusion, which reflects the risk of reintegration "becoming increasingly viewed as 'where practical' by educational providers" (McCluskey, Riddell, & Weedon, 2015, p.56).

Researchers have identified that there is a risk that AP is used as a 'repair and return' service (Pennacchia & Thompson, 2016). Avramidis and Norwich (2002) use the concept of an 'assimilationist process' to indicate that students with needs were assimilated without significant changes to the mainstream environment. In both cases, the focus was on supporting the individual student so that they could reintegrate back into school. The SENCo in the Centre felt that a slow

reintegration was conducive to adjusting the level of support provided. Yet the reintegration process consisted mainly of providing additional support, rather than adapting the system so that it can meet the needs of the young person (Spratt et al., 2006). The HoU in the PRU spoke about identifying lessons which were considered “hot spots”, and initially avoiding them during reintegration. The lack of exploration as to why these lessons are particularly difficult for students suggests a lack of exploration of systemic changes needed to support students’ reintegration. Without systemic change, there could be similar concerns of the ‘revolving door effect’ of AP (Pillay et al., 2013). The key element is the monitoring of the reintegration process, to identify the barriers and support needed for students, as well as the environmental adjustments which may be needed. Further research should include class teachers’ perspectives on the reintegration process.

6.2.3. Stakeholders’ views on the impact of the unit (RQ2.3)

- **Students’ views on their placement**

There is limited research on the outcomes of pupils in AP (Malcolm, 2018), and research has tended to focus on negative educational outcomes (Pennacchia & Thomson, 2016). However, Malcolm (2018) found that students who had attended AP during their education reported positive aspects. In this research students had both positive and negative views of both units.

As explored above, seven students described positive relationships with staff in the unit and gave positive views on the environment (6.2.2). Although Jalali and Morgan (2017) found that PRUs were ineffective in supporting long term behavioural change in pupils, three students in the Centre and all pupils in the PRU felt they had changed their attitudes and were better able to manage their emotions. This is consistent with Malcolm (2018) who found that students described a “shift” in their presentation after attending a PRU.

Even though pupils felt they were missing out on some elements of their learning, such as sharing ideas, and practical activities, three students in the PRU, and two pupils in the Centre suggested that they had progressed in their learning.

However, all students mentioned some negative aspects associated with their attendance at both units. In addition to the restrictions of the environment and the lack of extra-curricular activities; two pupils in the PRU mentioned the negative impact simply being in a unit would have on their future opportunities. Yet staff noted that students' placement in the on-site PRU would not feature on their school record. This may be a lack of communication about the aims and purpose of the unit, with students seeing it as a negative consequence.

The most commonly cited negative element by students was the impact that being in the unit has on their peer relationships. Graham et al. (2016) reported the importance of peer relationships on students' MH and WB. Six students felt they were missing out on their peer relationships. Two students in each unit found that being enclosed in a room all day with limited social opportunities impacts negatively on their MH and WB. Three students felt that it was difficult to reintegrate back with their peers because of what they had missed, or because their peers expected them to have similar behaviours. As one student said, "it's hard to change". Both the positive and negative influence of peers during reintegration have been reported by Pillay et al. (2013). The importance of peers relationships in relation to students' placements in on-site units and during reintegration should be considered, as this is an essential component of a sense of belonging (Allen et al., 2018).

- **Staff's views on the impact of the unit**

In both units, staff report that measuring impact is difficult and remains 'awkward'. Generally all staff interviewed felt the unit was beneficial for pupils. The development of the entry and exit forms used in the Centre were seen as a positive way of evaluating students' placement. These involved students' own perception of their progress, as well as those of staff, parents and carers. This appears to be a positive step towards including students in the evaluation of their placement as recommended by Atkinson (2017). Indeed research has shown that involving pupils in the planning, implementation and evaluation of their own educational experiences improved engagement and outcomes for those in AP (Michael & Frederickson, 2013).

Staff reported several challenges to the running of the unit, and both heads of units spoke about the work that still needs to be done. Working with parents and carers, which is essential to the success of students' placements in AP (HCEC, 2018), was mentioned by senior leaders and the head of units as a challenge (consistent with Levinson & Thompson, 2016). The head of the units reported ongoing work to build these relationships, yet the Head of the PRU mentioned how often parents' own negative views of education, means this liaison can be difficult.

6.2.4. Summary of discussion Phase 2

This research has given some insight into a new practice developed by schools. The on-site units which featured in this research, aimed to reduce permanent exclusions and provide an additional level of support for students. Having the unit on-site was seen as beneficial in supporting students' reintegration and maintaining the links with the mainstream school. Students reported mixed views on the units, naming some negative aspects of the environment, a lack of practical learning and missing peer relationship yet also describing positive relationships with staff and progress in terms of their learning and emotional regulation.

6.3. Overall Discussion

This research has provided insight into how mainstream secondary schools are supporting students' MH and WB. Both phases of this research complement each other, with Phase 1 exploring how schools are building a whole-school approach to supporting students' MH and WB, and Phase 2 exemplifying in more detail one approach that schools have developed to support students at a specialist level. This section explores themes that arose from the discussion of both individual phases.

- **Supporting MH and WB in school - the role of education**

All senior leaders in this research placed importance and value on supporting students holistically and promoting positive MH and WB for all students. They acknowledged their role in terms of policy, such as identifying students presenting with needs, offering early intervention and collaborating with external agencies (DoH & DfE, 2017; DoH & NHS England, 2015). However schools reported that some of these statutory duties remain difficult to implement. For example senior leaders reported it can be difficulty to provide comprehensive training for staff to enable them to identify students' needs at an early stage, or for there to be effective collaboration between health systems and schools. Senior leaders reported a number of pressures including funding and accountability measures which they felt were acting as a barrier to being able to implement all the provision they wished for (Hanley et al., 2019).

In the interviews with SLT there appeared to be tensions between wider school policies and pupils' wellbeing (Spratt et al., 2008). For example, the curriculum content and exam pressures were described as negatively impacting on young people's MH and WB. Participants equally felt that official inspections continue to place more importance on academic attainment (Hanley et al., 2019). It has been argued that there needs to be an increased focus on MH and WB within the inspection framework (DfE, 2019). Further guidance and support from the government is required on how to deliver a broad and balanced curriculum, including the development of social and emotional skills.

Schools would benefit from developing a separate MH policy, which should be given as much weight as learning policy. There is no requirement for schools to have a MH policy (Brown, 2018), yet it has been argued that a MH policy would help to have a coordinated, whole-school approach (Greig et al., 2019; Spratt et al., 2006). This MH policy should be informed by guidance, which is clear, accessible and consistent, so that senior leaders can be guided in how best to respond to the increase in need, and so all schools can provide effective early intervention for all pupils.

Despite similar challenges there is huge variability in how SLT reported they are managing to implement these elements and support their students. Senior leaders are in a difficult position, between policies which are not always clear and supportive of students' MH and WB, and finding creative ways of supporting those with high levels of needs. It appears that schools are taking on wider roles to accommodate for students' MH and WB and certain schools are providing more than their statutory duties (Hanley et al., 2019).

- **Supporting students with high needs**

Schools in Phase 1 reported a rise in MH needs in school, and the limitations in being able to provide for students who are presenting with higher levels of need; Phase 2 explored one approach of how schools are managing this, through the development of on-site units. At the heart of the issue is how schools respond to pupils with higher levels of need (Stanforth & Rose, 2019). The pressures of accountability measures reported in Phase 1 are not conducive to a climate inclusive of vulnerable young people (Hanley et al., 2019; Pennacchia & Thomson, 2016; Warin, 2017). There are important social justice concerns about how schools can support those who are having a difficult time in school (Pennacchia & Thomson, 2016). It is encouraging that overall participants in this research saw themselves as having social responsibility, and this role taken on by school settings should be recognised (Hanley et al., 2019).

These arguments relate to wider debates both about education and the concept of inclusion. The development of on-site units was seen by SLT and staff as an additional wave of support, helpful in reducing exclusions and keeping young people in school. SLT viewed on-site units as supportive of students, as they add

an extra layer of support before excluding pupils. In the context of the LA having high levels of exclusions, these members of SLT who have developed the units saw themselves as having a positive response. Students and staff acknowledged the benefits of these environments, for example the small group size, the supportive environment, and the relationships they built with staff. The vision for these units was reintegration, and staff in both units felt that having an on-site unit would enable this to happen. Although staff noted there was room for improvement, they felt these were positive environments for young people. However, whereas SLT emphasised a key aim for students attending the units being reintegration, some students appeared to be attending the units indefinitely.

Malcolm (2019) argues that there is a tension between researchers who view AP as a positive educational setting, and those who view these as ineffective and unequal. Arguably, on-site units are subject to similar concerns. Without leadership teams creating the right conditions for inclusion, placing students in separate units, can be seen as contrary to the concept of inclusion (Roffey, 2010). There were some tensions in SLTs discourse. For example, some aspects seen as positive for all students' MH and WB in Phase 1, such as access to green spaces and the importance of the environment, did not appear to feature in the units in Phase 2.

It is evident from the pressures explored in this research that senior leaders are in a difficult position, between increasing levels of need, less access to external services, initiatives to support staff WB, limited funds and attainment pressures. For members of SLT, and staff working in the units, having an on-site unit appear to have provided a way of balancing these needs. Yet if there is not a consistent whole-school approach in place for young people alongside these units, then students are less likely to reintegrate their main school permanently, and lead to the revolving door effect. There is a risk that having on-site unit can prevent change in mainstream school as it is seen as somebody else's business. The question this research poses is whether on-site units provide appropriate specialist support for students who need it, or whether they serve other purposes for the school, such as removing challenging pupils from the mainstream classroom. There needs to be further research, guidance and support around supporting students high needs in the current climate.

- **Developing relationships**

Relationships were seen as a key supportive factor for student and staff's MH and WB in both phases of this research. Students in the second phase of the research demonstrated the importance of language used by staff, feeling listened to, being recognised, supported and cared for. It was the simple interactions that students value as this showed that staff cared about them as a person, previously recognised by Yu, Johnson, Deutsh and Varga (2018). Levinson and Thompson (2016) argue that mainstream secondary schools can learn from the ethos of AP environments. In the units, staff felt they had more time to build these relationships. Schools need initiative to support staff in getting to know their students and giving time in the classroom for this to happen. This would help students develop a sense of belonging and develop an ethos of care (Allen et al., 2018; Warin, 2017).

SLT in Phase 1 emphasised how they are trying to develop relationships between students and staff across school. Whilst some schools had initiatives in place, others reported that these happen naturally and depend on staff's approach. In order to develop protective factors for students, there needs to be a focus on schools building positive relationships between all members of the school community. For some staff under pressure, it may be more difficult to build positive relationships with children presenting with challenging behaviour. Therefore positive relationships cannot happen incidentally in all schools but should be part of the whole-school approach. Roffey (2016) argues that relational approaches should be integral to behavioural policies. Several members of SLT mentioned one example of this through the use of restorative practice, yet other members of staff did not report this which may indicate that this is not embedded across school.

- **Considerations for staff**

In both phases, several members of staff spoke about teachers' sense of responsibility. As mentioned by some senior leaders, there needs to be more recognition that MH is "everybody's responsibility". However, one member of staff

reported that teachers are worried about knowing too much, as they feel too much responsibility. Another felt that there is a danger in staff taking on therapeutic roles without training. One Head of year saw themselves as having two distinctive roles, one nurturing and pastoral role, and one which is disciplinary. Rose et al. (2018) reported the tension in school between punitive responses and restorative or pastoral approaches. Roffey (2012) argues that relationships should be central to school behaviour policies. More research is needed about role demarcation for teachers in terms of supporting students' MH and WB (Maelan et al., 2018).

Furthermore, the pressures of the teaching role on their own MH, the weight of the responsibility, means there is a risk some teachers do not see this as their responsibility (Ekornes, 2015). For this to happen, staff require more training on MH and WB particularly in developing the identification of students presenting with difficulties and develop early intervention. It would be beneficial for this to be included in initial teacher training (Stanforth & Rose, 2018). More importantly, staff need ongoing support, such as supervision or continuous professional development, to handle the emotional labour of supporting students with increasing levels of need (Hanley et al., 2019). SLT spoke about the difficulty in disseminating staff training. Indeed, teachers receive little professional development and guidance around the relational aspect of their role (Kemp & Reupert, 2012). Graham et al. (2016) argue that further recognition and frameworks should be put in place to support teachers in building positive reciprocal relationships with students.

- **School collaboration and wider ecological support**

MH is seen as an emerging public health crisis (Humphrey & Wigglesworth, 2016), and further integration of a public health model for MH delivery in education has been explored in order to improve the general population's wellbeing (Greenberg, Domitrovich, Weissberg & Durlak, 2017; Nastasi, 2003). The challenges reported by members of SLT in this research were principally external, therefore change at the school level alone will not be sufficient. Schools need wider systemic support at other levels such as the LA and the government, and there needs to be interagency and interdisciplinary collaboration between health, mental health, educational and social services (Spratt et al., 2006a).

The schools in this research valued working with external agencies and several members of SLT reported wanting to learn how other local schools support students' MH and WB. Spratt et al. (2006a) argue that there should be meaningful collaboration with other services so schools can develop a better understanding of students' MH and WB. Rose et al. (2018) propose that schools working in collaboration and partnership can help to pool resources and expertise and find solutions to problems.

6.4. Implications for Educational Psychologists

This research has highlighted a range of roles for educational psychologists. Recent governmental guidance on supporting young people in school, has given little recognition to the educational psychology profession (Greig et al., 2019). Yet recent publications have established that EPs are well placed to work with schools to help them develop their approach to supporting young people's MH and WB (Greig et al., 2019; Harvest, 2018; Law & Wood, 2018; Price, 2017; Roffey, Williams, Greig, & MacKay, 2016). Participants in the current research reported the value of EPs in supporting and guiding them to develop their school provision for students' MH and WB.

When considering the support EPs can offer to schools, it is important to consider the challenges reported by schools in this research. Financial constraints, lack of resources and staffing were seen as areas of challenge to implementing a whole-school approach. EPs are an expensive commodity (Weeks et al., 2017), therefore EPs should carefully consider their role. Greig et al. (2019) found that EPs felt they had the skills to undertake therapeutic individual work to support students' MH and WB but saw their main role as working with teachers and others who worked closely with the child or young person. I believe that EPs can have a wider impact by supporting schools at a systemic level.

Several senior leaders reported that there was a lack of knowledge embedded across school, and they were "still in the dark" when it came to know how to approach supporting students' MH and WB. EPs have a crucial role at a systemic level to support school leaders in implementing a whole-school approach to

supporting students' MH and WB and helping to develop a vision for their school and support them in working towards it (Greig et al., 2019; Harvest, 2018; Roffey, 2012; Roffey et al., 2016). In this process, EPs can bring evidence-based practice ideas to promote change, by emphasising an interactionist model to consider contextual changes (Roffey et al., 2016).

One of EPs' key roles is delivering training for staff development and professional learning (Farrell et al., 2006). Training can help schools to develop a greater understanding of young people's difficulties, an awareness of the risk factors associated with MH and their impact on young people. Training should focus on how to manage these difficulties in the classroom and appropriate strategies to help. Two senior leaders reported there was limited focus on SEN and MH and WB during initial teacher training. Stanforth and Rose (2018) proposed that EPs can have an active role in teacher training.

Supporting staff's MH and WB was reported by all schools as being essential when considering students' needs. Participants recognised the increased pressure on staff who are dealing with an increase in workload, the pressure of accountability measured, and the increased level of need. EPs can support staff to manage these pressures through consultation, supervision and coaching, which has been recommended for staff working with high levels of need (Hanley et al., 2019). By supporting staff's wellbeing and knowledge, EPs can help schools to develop their own resources to support students' MH and WB (Hatton, 2012).

One of the findings of this research was the difficulties school have in evaluating the impact of their provision on students' MH and WB. EPs have been active in developing tools to monitor and measure young people's MH and WB on an individual level and have been involved in developing toolkits for schools to evaluate their provision and approach, for example, The Stirling Children's Wellbeing Scale (Stirling & Emery, 2016). EPs can support schools by providing more resources to support them in identifying, assessing and monitoring the support available for young people. These should endeavour to promote the voice of the child as central to these processes.

Findings from this research identified the importance of reintegrating students who are attending alternative provision, including on-site units. EPs could use consultation to support staff in the units to successfully reintegrate pupils. This can support both the pupil, and wider staff to understand the reasons students attended the units and what is needed from all staff involved during reintegration.

Further systemic roles can be considered for EP, such as working in the community, and supporting schools in developing their relationships with parents (Harvest, 2018). Indeed, in the current research, all schools reported difficult liaisons with parents and carers.

Finally, in recent governmental policy, such as the recent green paper (DoH & DfE, 2017), there has been a lack of mention or recognition of the EP role in supporting young people's MH in schools (Greig et al., 2019). EPs need to ensure that they are promoting their key skills and knowledge so they can be recognised and can work to influence policy change (Greig et al., 2019).

6.5. Strengths and Limitations of the study

This research has given an in depth account of how senior leaders and other staff are supporting students' MH and WB in school. Theoretical frameworks and research were used to inform the study focus and the interviews schedules, and the use of hierarchical focusing method allowed for the interviewees to share their views more spontaneously. The depth of the interviews is a strength to the quality of the data received.

One of the key strengths of this study is that is has included young people's voices. Research has shown that young people's views are too often ignored in research, particularly those with the weakest voice such as vulnerable young people (Atkinson, 2017; Michael & Frederickson, 2013). According to Fattore et al. (2007), collecting young people's perspectives on their wellbeing is essential to develop meaningful policy development. In this research, vulnerable young people at risk of exclusion were listened to and given a voice, something young people in this research identified as being important to them and appeared to value.

One limitation of the study is the participant sampling in both phases of the research. In Phase 1, all secondary schools across the LA were contacted to participate. The low response rate of 6 schools out of 17, may firstly indicate that the participants who wished to participate were those who have an interest in this topic, or who have more knowledge and understanding. Indeed, many participants mentioned their interest in this topic and were hoping to learn from other local schools. Secondly this may indicate that the schools which have participated have a more developed vision and ethos around supporting students' MH and WB. Yet there was variability across schools in terms of their approaches and provision, and participants appeared honest about the challenges and barriers which exist in schools, indicating that this was not the case. Some participants' comments indicate that the content of their interviews in the study was carefully considered. For example, one participant was hoping to receive feedback from their interview to be able to demonstrate to management the work they were undertaking.

As for the second phase of the research, out of the six initial schools which participated in the first phase, three had on-site units, and two were willing to participate. Similar limitations to Phase 1 could be made, whereby the schools willing to participate were those who were happy to showcase their on-site units.

Within the case studies, the participant recruitment was undertaken by the head of the unit which may have resulted in selection bias. However, both staff and students expressed a broad range of opinions suggesting this selection was not solely based on choosing participants with positive views on the school support. It is possible that the pupils involved in the research were more engaged in school than those who refused to take part. Furthermore, this research would have benefited from hearing the views of parents and classroom-based staff.

The sample of participants across both phases of the research were relatively small, therefore their views may not be reflective of other students attending the units, or of staff working across school. However, Yin (2009) encourages smaller sample size for case studies. Indeed, this research was designed to be small scale and use case studies to gain more in-depth understanding of this phenomenon.

6.6. Future directions

According to Roffey (2016), whilst there is evidence to support implementing a whole-school approach, there is a lack of research available about how this can be achieved. This research has given some insight into how senior leaders are managing to build provision to support students' MH and WB. A whole-school approach has a multitude of areas which could be researched with more depth. One challenge reported in both phases of this research was the relationship between school and parents and carers. Cefai and Cooper (2017) highlight the importance of including parental perspectives as part of a systemic approach to developing the promotion of MH in schools. Shute (2016) found there is a lack of research eliciting parents' perspectives, about how their child's school promotes students' wellbeing and MH. Further research would benefit from hearing the views of parents. This triangulation of the data would help to develop effective ways for schools and families to work together to support young people's MH and WB.

Further research is needed into on-site units, to identify best practice and establish the outcomes for students. To fully understand the impact of on-site units in the context of a whole-school approach to MH and WB, it will be essential to collect all stakeholders' views, including teachers. A focus on the reintegration process would help to establish the influence of on-site units on the school as a whole.

Listening to students' voices can help schools identify what is important for students' MH and WB in school (Atkinson et al., 2019). Future research can consider how student voice can be incorporated into measuring the impact of school's approach to MH and WB. Particular attention should be given to students receiving targeted intervention and those attending on-site units.

6.7. Conclusion

With the growing 'public health crisis' around young people's mental health in the UK, the aim of this research was to explore how mainstream secondary schools are developing a whole-school approach to supporting students' MH and WB (Weare, 2015). This research has found that senior leaders in this research recognised their role in supporting both students' and staff's MH and WB, yet some elements of a whole-school approach remain difficult to fully implement. The identification of pupils facing difficulties was raised as a challenge, which suggests there needs to be more support and training for school staff. Schools are faced with multiple challenges, including an increase in MH needs, cuts to external services and funding, staffing and accountability pressures.

The research findings have also contributed some insight into one practice developed by schools to respond to these pressures, the development of on-site units. The findings of this research are consistent with previous research which explores stakeholders' views on alternative provision. Staff saw the units as a positive addition to the school. They were seen as a way of supporting vulnerable young people and preventing exclusions. Students' views were mixed. They felt they had progressed in their learning and emotional regulation, but felt they missed out on practical aspects of learning and their peer relationships.

This research has identified the need for wider systemic considerations, further external support and coherent guidance for schools to fully achieve a whole-school approach. Both phases emphasised the importance of relationships across schools, including between students and staff, peer relationships, and with parents and carers.

Whilst the study is small in scale and cannot draw generalisable conclusions, it offers a starting point for future research and supports findings from similar work within the field. This research has highlighted that EPs have a pivotal role in supporting children and young people's MH, particularly in offering systemic and organisational support to schools.

References

Ainscow, M. (2000). The Ron Gulliford lecture: the next step for special education: supporting the development of inclusive practices. *British journal of special education, 27*(2), 76-80. doi:10.1111/1467-8527.00164

Aldridge, J. M., Fraser, B. J., Fozdar, F., Ala'i, K., Earnest, J., & Afari, E. (2016). Students' perceptions of school climate as determinants of wellbeing, resilience and identity. *Improving Schools, 19(*1), 5-26. doi:10.1177/1365480215612616

Allen, K., Kern, M. L., Vella-Brodrick, D., Hattie, J., & Waters, L. (2018). What schools need to know about fostering school belonging: A meta-analysis. *Educational Psychology Review, 30*(1), 1-34. doi:10.1007/s10648-016-9389-8

Anderson, D. L., & Graham, A. P. (2016). Improving student wellbeing: having a say at school. *School Effectiveness and School Improvement, 27*(3), 348-366. doi:10.1080/09243453.2015.1084336

Askell-Williams, H. (2017). Perspectives from teachers and school leaders about long-term sustainability: A challenge for mental health promotion initiatives in educational settings. *Mental Health Promotion in Schools.* 141-155. Brill Sense. doi:10.1007/9789463510530_010

Askell-Williams, H., & Cefai, C. (2014). Australian and Maltese teachers' perspectives about their capabilities for mental health promotion in school settings. *Teaching and Teacher Education, 40*, 61-72. doi:10.1016/j.tate.2014.02.003

Askell-Williams, H., & Lawson, M. J. (2011). A framework that builds bridges between teachers' prior knowledge and mental health promotion in schools. In Shute, R. H., Slee, P. T., Murray-Harvey, R., & Dix, K. L. (Eds.) (2011). *Mental health and wellbeing: Educational perspectives*. Adelaide: Shannon Research Press. 155-164

Association of Educational Psychologists (AEP). (2017). *Written evidence - The Association of Educational Psychologists.* Retrieved 1 May 2017, from: http://data.parliament.uk/writtenevidence/committeeevidence.svc/eviden

cedoc ument/health-committee/children-and-young-peoples-mental-healththe-roleof-education/written/45812.pdf

Association of Educational Psychologists (AEP) (2018, April 30). *Green paper response – Children and young people's mental health*. Retrieved from: https://www.ohchr.org/Documents/Issues/EPoverty/UnitedKingdom/2018/NGOS/Psychologists_for_Social_Change2.pdf

Aston, H. J. (2014). An ecological model of mental health promotion for school communities: adolescent views about mental health promotion in secondary schools in the UK. *International Journal of Mental Health Promotion, 16*(5), 289-307. doi:10.1080/14623730.2014.963402

Atkinson, C., Thomas, G., Goodhall, N., Barker, L., Healey, I., Wilkinson, L., & Ogunmyiwa, J. (2019). Developing a student-led school mental health strategy. *Pastoral Care in Education,* 1-23. Doi:10.1080/02643944.2019.1570545

Atkinson, G. A. (2017). "*It helped me when…" AQ methodological study exploring pupil views regarding the factors that support a successful reintegration into mainstream education following permanent exclusion* (Doctoral thesis, Tavistock and Portman NHS Foundation Trust/University of Essex). Retrieved from: http://repository.essex.ac.uk/20315/1/Gemma%20Atkinson%20Thesis%202017.pdf

Avramidis, E., & Norwich, B. (2002). Teachers' attitudes towards integration/inclusion: a review of the literature. *European journal of special needs education*, 17(2), 129-147. doi:10.1080/08856250210129056

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

Barker, J., Alldred, P., Watts, M., & Dodman, H. (2010). Pupils or prisoners? Institutional geographies and internal exclusion in UK secondary school. *Area, 42*(3), 378-386.

Boyle, C. & Roffey, S. (2018). Belief, belonging and the role of schools in reducing the risk of home-grown extremism. In Allen, K. & Boyle, C.

(2018). *Pathways to belonging: Contemporary Perspectives of School Belonging*. The Netherlands: Brill.

British Broadcasting Cooperation (BBC) (2019, April 25). *Knife crime offences at record level in 2018, police crime data shows*. Retrieved from: https://www.bbc.co.uk/news/uk-48050426?intlink_from_url=https://www.bbc.co.uk/news/topics/c12kgl2e4g6t/knife-crime&link_location=live-reporting-story

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology, 3*(2), 77-101.

Brown, R. (2018). *Mental health and wellbeing provision in schools. Review of published policies and information*. DfE. Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/747709/Mental_health_and_wellbeing_provision_in_schools.pdf

Briggs, C. (2019). Pragmatic vs Pragmatist: Have we misunderstood what it means to adopt a pragmatist stance to Educational Psychology practice? *DECP debate, 170,* 11-16.

British Psychology Society (2014). *Code of Human Research Ethics*. Available at: http://www.bps.org.uk/the-society/code-of-conduct/

British Psychological Society (2017). *What good looks like in psychological services for schools and colleges? Primary prevention, early intervention and mental health provision.* Leicester: Author. Retrieved from: https://www.bps.org.uk/news-and-policy/review-best-practice-psychological-services-schools-launched-today

British Psychological Society (2018). *Child mental health green paper is a missed opportunity*. BPS News. Leicester. Retrieved from: https://www.bps.org.uk/news-and-policy/child-mental-health-green-paper-missed-opportunity?utm_source=BPS_Lyris_email&utm_medium=email&utm_campaign=

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

Burns, K. M., & Hulusi, H. M. (2005). Bridging the gap between a learning support centre and school: A solution-focused group approach.

Educational Psychology in Practice, 21(2), 123–130. doi:10.1080/02667360500128796

Burton, D., & Goodman, R. (2011). Perspectives of SENCos and support staff in England on their roles, relationships and capacity to support inclusive practice for students with behavioural emotional and social difficulties. *Pastoral Care in Education, 29*(2), 133-149. https://doi.org/10.1080/02643944.2011.573492

Carroll, C., & Hurry, J. (2018). Supporting pupils in school with social, emotional and mental health needs: a scoping review of the literature. *Emotional and Behavioural Difficulties, 23*(3), 310-325. Doi:10.1080/13632752.2018.1452590

Caslin, M. (2019). 'I have got too much stuff wrong with me'–an exploration of how young people experience the Social, Emotional and Behavioural Difficulties (SEBD) label within the confines of the UK education system. *Emotional and Behavioural Difficulties, 24*(2), 1-14. doi.org/10.1080/13632752.2019.1587899

Cefai, C., & Askell-Williams, H. (2017). School staff's perspectives on mental health promotion and wellbeing in Australian schools. In Cefai, C., & Cooper, P. (2017). *Mental Health Promotion in Schools: Cross-Cultural Narratives and Perspectives*. Springer. doi:10.1007/9789463510530_008

Cefai, C., & Cavioni, V. (2014). A Whole-School Approach to SEE: The School as a Caring Community. In *Social and Emotional Education in Primary School* (pp. 113-131). Springer, New York, NY.

Cefai, C., & Cooper, P. (2017). *Mental Health Promotion in Schools: Cross-Cultural Narratives and Perspectives*. Springer.

Cefai, C., Clouder, C., Antognazza, D., Boland, N., Cavioni, V., Heys, B., ... & Solborg, C. (2014). From Pisa to Santander: A statement on children's growth and wellbeing. *International Journal of Emotional Education, 6*(2), 86.

Children's Commissioner for England (2017). *Briefing: Children's Mental Healthcare in England*. Retrieved from: https://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/10/Childrens-Commissioner-for-England-Mental-Health-Briefing.pdf

Coleman, J. C. (2011). *The nature of adolescence*. Routledge.

Coombes, L., Appleton, J. V., Allen, D., & Yerrell, P. (2013). Emotional Health and Well-being in Schools: Involving Young People. Children & Society, 27(3), 220-232. doi:10.1111/j.1099-0860.2011.00401.x

Cosma, P., & Soni, A. (2019). A systematic literature review exploring the factors identified by children and young people with behavioural, emotional and social difficulties as influential on their experiences of education. *Emotional and Behavioural Difficulties*, 1-15. oi.org/10.1080/13632752.2019.1633738

Craggs, H., & Kelly, C. (2018). School belonging: Listening to the voices of secondary school students who have undergone managed moves. *School Psychology International, 39*(1), 56-73. doi:10.1177/0143034317741936

Crenna-Jennings, W., & Hutchinson, J. (2018). *Access to children and young people's mental health services: 2018*. Retrieved from: https://dera.ioe.ac.uk/32275/1/EPI_Access-to-CAMHS-2018.pdf

Cunningham, N. J. (2007). Level of bonding to school and perception of the school environment by bullies, victims, and bully victims. *The Journal of Early Adolescence, 27*(4), 457-478. doi:10.1177/0272431607302940

Davis, J. & Hill, M. (2006). Introduction. in Tisdall, E., Kay, M., Davis, J., Prout, A., and Hill, M (eds) *Children, Young People and Social Inclusion: Participation for What?*, 1–22. Bristol: Policy Press

Day, C., Gu, Q., & Sammons, P. (2016). The impact of leadership on student outcomes: How successful school leaders use transformational and instructional strategies to make a difference. *Educational Administration Quarterly, 52*(2), 221-258. doi:10.1177/0013161X15616863

Day, C., Hopkins, D., Harris, A., & Ahtaridou, E. (2009). *The impact of school leadership on pupil outcomes*. Final report. Retrieved from: https://dera.ioe.ac.uk/11329/1/DCSF-RR108.pdf

Department for Education (2014). *Special educational needs and disability code of practice: 0 to 25 years.* Available at: https://www.gov.uk/government/publications/send-code-of-practice-0-to-25.

Department for Education (2014a) *Mental Health and Behaviour in Schools: advice for school staff*. London: Department for Education. Retrieved

from:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755135/Mental_health_and_behaviour_in_schools__.pdf

Department for Education (2016). *Mental health and behaviour in schools: Departmental advice for school staff.* Retrieved from: https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2

Department for Education (2017). *Secondary school staff get mental health 'first aid' training*. Retrieved from: https://www.gov.uk/government/news/secondary-school-staff-get-mental-health-first-aid-training (Accessed 8 December 2017).

Department for Education (2018). *Mental health and behaviour in schools.* London: Department for Education. Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755135/Mental_health_and_behaviour_in_schools__.pdf

Department for Education (2018a). *Investigative research into alternative provision.* London: Department for Education. Retrieved from: https://dera.ioe.ac.uk/32358/1/Investigative_research_into_alternative_provision.pdf

Department for Education (2018b). *Reducing teacher workload*. Retrieved from: https://www.gov.uk/government/publications/reducing-teachers-workload/reducing-teachers-workload

Department for Education (2019). Timpson review of school exclusion. Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/799979/Timpson_review_of_school_exclusion.pdf

Department of Education and Skills (2003). *Building Schools for the Future: Consultation on a new approach to capital investment,* London: DfES. Retrieved from: https://webarchive.nationalarchives.gov.uk/20111122053934/https://www.education.gov.uk/publications/eOrderingDownload/DfES%200218%200200MIG467.pdf

Department for Education and Skills (2005). *Excellence and enjoyment: social and emotional aspects of learning*. London: Department for Education and Skills.

Department for Children Schools and Families (DCSF) (2008). *Targeted Mental Health in Schools Project : Using the evidence to inform your approach: a practical guide for headteachers and commissioners*. London: DCSF Publications. Retrieved from: https://dera.ioe.ac.uk/28416/1/00784-2008bkt-en.pdf

Department of Health [DH] and NHS England (2015). *Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing.* Retrieved from: https://www.gov.uk/government/uploads/system/uploads/ attachment data/file/414024/Childrens_Mental_Health.pdf

Department of Health & Department for Education (2017). *Transforming Children and Young People's Mental Health Provision: a Green Paper*. Retrieved from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf (Accessed 8 December 2017).

Department for Education and Skills (2004). *Every child matters: Change for children.* Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/272064/5860.pdf

Dewey, J. (1910). *The influence of Darwin on philosophy.*

Dewey, J. (1920). *Reconstruction in Philosophy,* NY: Henry Holt and Company.

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

Earley, P., & Greany, T. (Eds.). (2017). *School leadership and education system reform.* Bloomsbury Publishing.

Ekornes, S. (2015). Teacher perspectives on their role and the challenges of interprofessional collaboration in mental health promotion. *School Mental Health, 7*, 193–211

Ekornes, S. (2017). Teacher stress related to student mental health promotion: The match between perceived demands and competence to help students with mental health problems. *Scandinavian journal of educational research, 61*(3), 333-353. Retrieved from: doi:10.1080/00313831.2016.1147068

Farrell, P., Woods, K., Lewis, K., Rooney, S., Squires, G., & O'Connor, M. (2006). *A review of the functions and contribution of educational psychologists in England and Wales in light of the 'Every Child Matters: Change for Children'*. London: DfES.

Fattore, T., Mason, J., & Watson, E. (2007). Children's conceptualisation (s) of their well-being. *Social indicators research, 80*(1), 5-29.

Ford, T., Parker, C., Salim, J., Goodman, R., Logan, S., & Henley, W. (2018). The relationship between exclusion from school and mental health: a secondary analysis of the British Child and Adolescent Mental Health Surveys 2004 and 2007. *Psychological medicine*, 48(4), 629-641.

Frith, E. (2016). *Centre Forum Commission on Children and Young People's Mental Health: State of the Nation, Centre Forum*. Retrieved from: http://schoolsweek.co.uk/wpcontent/uploads/2016/04/State-of-the-Nation-report-web.pdf

Frith, E. (2017). *Social media and children's mental health: A review of the evidence. The Education Policy Institute (Vol. 1)*. London: The Education Policy Institute. Retrieved from: http://dera.ioe.ac.uk/id/eprint/29528

Gazeley, L., Marrable, T., Brown, C., & Boddy, J. (2015). Contextualising inequalities in rates of school exclusion in English schools: Beneath the 'Tip of the Ice-Berg'. *British Journal of Educational Studies, 63*(4), 487-504. doi:10.1080/00071005.2015.1070790

Gibbs, S. & Miller, A. (2014). Teachers' resilience and well- being: a role for educational psychology. *Teachers and Teaching, 20*(5), 609-621. doi:10.1080/13540602.2013.844408

Goodenow, C., & Grady, K. E. (1993). The relationship of school belonging and friends' values to academic motivation among urban adolescent students. *The Journal of Experimental Education, 62*(1), 60-71. doi:10.1080/00220973.1993.9943831

Gottman, J. & DeClaire, J. (1998). *Raising an Emotionally Intelligent Child*. New York, NY: Simon & Schuster. Print.

Graham, A., Phelps, R., Maddison, C., & Fitzgerald, R. (2011). Supporting children's mental health in schools: Teacher views. *Teachers and Teaching, 17*(4), 479-496. doi:10.1080/13540602.2011.580525

Graham, A., Powell, M. A., & Truscott, J. (2016). Facilitating student well-being: relationships do matter. *Educational Research, 58*(4), 366-383. doi:10.1080/00131881.2016.1228841

Greenberg, M. T., Domitrovich, C. E., Weissberg, R. P., & Durlak, J. A. (2017). Social and emotional learning as a public health approach to education. *The future of children*, 13-32.

Greig, A., MacKay, T., & Ginter, L. (2019). Supporting the mental health of children and young people: a survey of Scottish educational psychology services. *Educational Psychology in Practice*, 1-14. doi:10.1080/02667363.2019.1573720

Hall, S. (2010). Supporting mental health and wellbeing at a whole-school level: Listening to and acting upon children's views. *Emotional and Behavioural Difficulties, 15*(4), 323-339. Doi:10.1080/13632752.2010.523234

Hanley, T. (2017). Supporting the emotional labour associated with teaching: considering a pluralistic approach to group supervision. *Pastoral Care in Education*, 1–14. Doi:10.1080/02643944.2017.1358295

Hanley, T., Winter, L. A., & Burrell, K. (2017). *Supporting emotional wellbeing in schools in the context of austerity*. Manchester: University of Manchester. Retrieved from: https://www.research.manchester.ac.uk/portal/files/61749263/HSIF_Report_FINAL.pdf

Hanley, T., Winter, L.A., & Burrell, K. (2019). Supporting emotional well-being in schools in the context of austerity: An ecologically informed humanistic perspective. *British Journal of Educational Psychology.* doi:10.1111/bjep.12275

Harding, S., Morris, R., Gunnell, D., Ford, T., Hollingworth, W., Tilling, K., ... & Campbell, R. (2019). Is teachers' mental health and wellbeing associated with students' mental health and wellbeing? *Journal of*

Affective Disorders, 242, 180-187. https://doi.org/10.1016/j.jad.2018.08.080

Harris, A., & Jones, M. (2018). Leading against the odds. *School leadership & Management, 38*(1), 1-3. doi:10.1080/13632434.2018.1399957

Hart, N. (2013). What helps children in a pupil referral unit (PRU)? An exploration into the potential protective factors of a PRU as identified by children and staff. *Emotional and Behavioural Difficulties, 18*(2), 196-212. doi:10.1080/13632752.2012.706905

Harvest, H. (2018). *How can EPs best support secondary school staff to work effectively with children and young people who experience social, emotional and mental health difficulties?* (Doctoral dissertation, UCL (University College London)). Retrieved from: http://discovery.ucl.ac.uk/10054522/

Hatton, A. L. (2013). Disciplinary exclusion: the influence of school ethos. *Emotional and behavioural difficulties, 18*(2), 155-178.

Health and Care Professions Council (HCPC). (2012). *Standards of conduct, performance and ethics.* London: HCPC.

Higgins, H., & Gulliford, A. (2014). Understanding teaching assistant self-efficacy in role and in training: its susceptibility to influence. *Educational Psychology in Practice, 30*(2), 120-138. Doi:10.1080/02667363.2014.896250

Hornby, G., & Atkinson, M. (2003). A framework for promoting mental health in school. *Pastoral Care in Education, 21*(2), 3-9. doi:10.1111/1468-0122.00256

Holttum, S. (2015). School inclusion for children with mental health difficulties. *Mental Health and Social Inclusion, 19*(4), 161-168. doi:10.1108/MHSI-08-2015-0030

House of Commons, Education and Health Select Committees (2017). *Report: Children and young people's mental health – The role of education.* Retrieved from: https://publications.parliament.uk/pa/cm201617/cmselect/cmhealth/849/849.pdf

House of Commons Education and Health and Social Care Committees (2018). *The Government's Green Paper on mental health: Failing a generation*. London: House of Commons. Retrieved from:

https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/642/64202.htm

House of Commons, Education Committee (2018). *Forgotten children: Alternative provision and the scandal of ever-increasing exclusions*, HC342. London: House of Commons. Retrieved from: https://publications.parliament.uk/pa/cm201719/cmselect/cmeduc/342/342.pdf

Hulvershorn, K., & Mulholland, S. (2018). Restorative practices and the integration of social emotional learning as a path to positive school climates. *Journal of Research in Innovative Teaching & Learning, 11*(1), 110-123. doi:10.1108/JRIT-08-2017-0015

Humphrey, N., & Wigelsworth, M. (2016). Making the case for universal school-based mental health screening. *Emotional and Behavioural Difficulties, 21*(1), 22-42. doi:10.1080/13632752.2015.1120051

Humphrey, N., Lendrum, A., & Wigelsworth, M. (2013). Making the most out of school-based prevention: Lessons from the social and emotional aspects of learning (SEAL) programme. *Emotional and Behavioural Difficulties, 18*(3), 248-260. doi:10.1080/13632752.2013.819251

Hutchings, M. (2015). *Exam factories? The impact of accountability measures on children and young people.* London: NUT. Retrieved from: https://www.teachers.org.uk/files/exam-factories.pdf

Jalali, R., & Morgan, G. (2018). 'They won't let me back. 'Comparing student perceptions across primary and secondary Pupil Referral Units (PRUs). *Emotional and Behavioural Difficulties, 23*(1), 55-68. doi:10.1080/13632752.2017.1347364

Kemp, H. R., & Reupert, A. (2012). " There's No Big Book on How to Care": Primary Pre-Service Teachers' Experiences of Caring. *Australian Journal of Teacher Education, 37*(9), 7.

Keyes, C. L. (2007). Promoting and protecting mental health as flourishing: A complementary strategy for improving national mental health. *American psychologist, 62*(2), 95. doi:10.1037/0003-066X.62.2.95

Kidger, J., Gunnell, D., Biddle, L., Campbell, R., & Donovan, J. (2010). Part and parcel of teaching? Secondary school staff's views on supporting student emotional health and well-being. *British Educational Research Journal, 36*(6), 919-935. doi:10.1080/01411920903249308

Kidger, J., Brockman, R., Tilling, K., Campbell, R., Ford, T., Araya, R., ... & Gunnell, D. (2016). Teachers' wellbeing and depressive symptoms, and associated risk factors: A large cross sectional study in English secondary schools. *Journal of affective disorders*, 192, 76-82. doi:10.1016/j.jad.2015.11.054

Kinsella, C. A., Putwain, D. W., & Kaye, L. K. (2019). “You heard me swear but you never heard me!” Negotiating agency in the Pupil Referral Unit Classroom. *Mind, Culture, and Activity*, 1-20. Retrieved from: doi:10.1080/10749039.2019.1569693

Kooth (2019). *Information about us.* Retrieved from: https://www.kooth.com/

Krane, V., & Klevan, T. (2019). There are three of us: parents’ experiences of the importance of teacher-student relationships and parental involvement in upper secondary school. *International Journal of Adolescence and Youth, 24*(1), 74-84. doi:10.1080/02673843.2018.1464482

Lane, K. L., Oakes, W., & Menzies, H. M. (2014). Comprehensive, integrated, three-tiered models of prevention: Why does my school—and district—need an integrated approach to meet students’ academic, behavioral, and social needs? *Preventing School Failure, 58*(3), 121-128. doi:10.1080/1045988X.2014.893977

Lavis, P., & Robson, C. (2015). *Promoting Children and Young People's Emotional Health and Wellbeing: A Whole School and College Approach*. Public Health England. Retrieved from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file /414908/Final_EHWB_draft_20_03_15.pdf.

Law, C. E., & Woods, K. (2018). The representation of the management of behavioural difficulties in EP practice. *Educational Psychology in Practice, 34*(4), 352-369. doi:10.1080/02667363.2018.1466269

Lendrum, A., Humphrey, N., & Wigelsworth, M. (2013). Social and emotional aspects of learning (SEAL) for secondary schools: Implementation difficulties and their implications for school-based mental health promotion. *Child and Adolescent Mental Health, 18*(3), 158-164. Doi: 10.1111/camh.12006

Lester, L., Waters, S., & Cross, D. (2013). The relationship between school connectedness and mental health during the transition to secondary

school: A path analysis. *Journal of Psychologists and Counsellors in Schools, 23*(2), 157-171. doi:10.1017/jgc.2013.20

Levinson, M & Thompson, M. (2016). 'I don't need pink hair here': Should we be seeking to 'reintegrate' youngsters without challenging mainstream school cultures? *International Journal on School Disaffection, 12*(1), 23-43. doi:10.18546/IJSD.12.1.02

Levitt, J. M., Saka, N., Romanelli, L. H., & Hoagwood, K. (2007). Early identification of mental health problems in schools: The status of instrumentation. *Journal of School Psychology, 45*(2), 163-191. doi:10.1016/j.jsp.2006.11.005

Liddle, I., & Carter, G.F. (2015). Emotional and psychological well-being in children: The development and validation of the Stirling Children's Well-Being Scale. *Educational Psychology in practice, 31*(2), 174-185. doi:10.1080/02667363.2015.1008409

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic Inquiry.* Newbury Park, CA: Sage Publications.

Littlecott, H. J., Moore, G. F., & Murphy, S. M. (2018). Student health and well-being in secondary schools: the role of school support staff alongside teaching staff. *Pastoral care in education, 36*(4), 297-312. doi:10.1080/02643944.2018.1528624

Longfield, A. (2019). *Keeping kids safe: Improving safeguarding responses to gang violence and criminal exploitation: February 2019.* Retrieved from: https://www.childrenscommissioner.gov.uk/wp-content/uploads/2019/02/CCO-Gangs.pdf

Mælan, E. N., Tjomsland, H. E., Baklien, B., Samdal, O., & Thurston, M. (2018). Supporting pupils' mental health through everyday practices: a qualitative study of teachers and head teachers. *Pastoral Care in Education*, 1-13. doi:10.1080/02643944.2017.1422005

Malcolm, A. (2018). Exclusions and alternative provision: piecing together the picture. *Emotional and Behavioural Difficulties, 23*(1), 69-80. doi:10.1080/13632752.2017.1366099

Malcolm, A. (2019). Turning points in a qualitatively different social space: young adults' reflections of alternative provision. *Emotional and Behavioural Difficulties,* 1-16. doi:10.1080/13632752.2019.1582746

Marchant, S., & Ellis, G. (2015). An exploration of how secondary school staff take up a role in managing pupils who engage in deliberate self-harm. *Open Journal of Educational Psychology*, 18-26.

Marshall. L, Wishart. R, Dunatchik. A, Smith. N. (2017). *Supporting Mental Health in Schools and Colleges: Quantitative survey.* Department for Education. Retrieved from: https://www.gov.uk/government/publications/supporting-mental-health-in-schools-andcolleges (accessed November 2017)

Martin, K., White, R., & Jeffes, J. (2012). *The back on track alternative provision pilots*. Department for Education.

Maslow, A., & Lewis, K. J. (1987). *Maslow's hierarchy of needs.* Salenger Incorporated, 14, 987.

Mazzer, K.R., & Rickwood, D.J. (2015). Teachers' role breadth and perceived efficacy in supporting student mental health. *Advances in School Mental Health Promotion, 8*(1), 29-41. Doi:10.1080/1754730X.2014.978119

McCluskey, G., Riddell, S., & Weedon, E. (2015). Children's rights, school exclusion and alternative educational provision. *International Journal of Inclusive Education, 19*(6), 595-607. doi:10.1080/13603116.2014.961677

McLaughlin, C., & Clarke, B. (2010). Relational matters: A review of the impact of school experience on mental health in early adolescence. *Educational and Child Psychology, 27*(1), 91.

McSherry, J. (2004). *Learning Support Units: Principles, Practice and Evaluation*. Routledge.

McSherry, J. (2012). *Challenging behaviour in mainstream schools: Practical strategies for effective intervention and reintegration*. David Fulton Publishers.

Mendez, L. R., Ogg, J., Loker, T., & Fefer, S. (2013). Including parents in the continuum of school-based mental health services: a review of intervention program research from 1995 to 2010. *Journal of Applied School Psychology, 29*(1), 1-36. doi:10.1080/15377903.2012.725580

Mental Health Foundation (2016). *What is Mental Health?.* Accessed, March 2018. Retrieved from: https://www.mentalhealth.org.uk/your-mental-health/about-mental-health/what-mental-health

Michael, S., & Frederickson, N. (2013). Improving pupil referral unit outcomes: pupil perspectives. *Emotional and Behavioural Difficulties, 18*(4), 407-422.

Mind (2014). *How to improve your mental wellbeing*. Accessed, March 2018, Retrieved from: https://www.mind.org.uk/information-support/tips-for-everyday-living/wellbeing/#.XNh9vc9KjOQ

Morgan, D. L. (2014). Pragmatism as a paradigm for social research. *Qualitative Inquiry, 20*(8), 1045-1053. Doi:10.1177/1077800413513733

Nash, P., Schlösser, A., & Scarr, T. (2016). Teachers' perceptions of disruptive behaviour in schools: a psychological perspective. *Emotional and Behavioural Difficulties, 21*(2), 167-180. doi:10.1080/13632752.2015.1054670

Nastasi, B. K. (2004). Meeting the challenges of the future: Integrating public health and public education for mental health promotion. *Journal of Educational and Psychological Consultation, 15*(3-4), 295-312. doi:10.1080/10474412.2004.9669519

NICE (2018). *School-based interventions: physical and mental health and wellbeing promotion, draft for consultation.* Retrieved from: https://www.nice.org.uk/guidance/gid-qs10070/documents/draft-quality-standard

Norwich, B. (2007). *Dilemmas of difference, inclusion and disability: International* perspectives and future directions. Routledge.

O'Reilly, N. (2019). Tell me the story: Marginalisation, transformation, and school-based restorative practice. International Journal of Educational Research. doi:10.1016/j.ijer.2019.01.002

Ofsted (2004). *Healthy Minds: promoting emotional health and wellbeing in schools.* Retrieved from: http://www.ofsted.gov.uk/resources/healthy-minds-promotingemotiona

Ofsted (2015). "*Handbook for Short, Monitoring and Unannounced Behaviour school Inspections."*. Retrieved from: https://www.gov.uk/government/publications/handbook-for-short-monitoring-and-unannounced-behaviour-school-inspections.

Ofsted (2016). *Alternative provision. The findings from Ofsted's three-year survey of schools' use of off-site alternative provision.* Retrieved from:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/498659/Alternative_provision_report_on_findings_from_the_first_year.pdf

Paget, A., & Emond, A. (2016). The role of community paediatrics in supporting schools to avoid exclusions that have a basis in health. *Emotional and Behavioural Difficulties, 21*(1), 8-21. doi:10.1080/13632752.2016.1139281

Papatheodorou, T., Luff, P., & Gill, J. (2013). *Child observation for learning and research*. Routledge.

Patalay, P., Giese, L., Stanković, M., Curtin, C., Moltrecht, B., & Gondek, D. (2016). Mental health provision in schools: priority, facilitators and barriers in 10 European countries. *Child and Adolescent Mental Health, 21*(3), 139-147. doi:10.1111/camh.12160

Patalay, P., Gondek, D., Moltrecht, B., Giese, L., Curtin, C., Stanković, M., & Savka, N. (2017). Mental health provision in schools: Approaches and interventions in 10 European countries. *Global Mental Health*, 4. Retrieved from: doi:10.1017/gmh.2017.6.

Patel, V., Flisher, A. J., Hetrick, S., & McGorry, P. (2007). Mental health of young people: a global public-health challenge. *The Lancet, 369*(9569), 1302-1313. doi:10.1016/S0140-6736(07)60368-7

Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., ... & Herrman, H. (2018). The Lancet Commission on global mental health and sustainable development. The Lancet, 392(10157), 1553-1598. DOI: 10.1016/S0140-6736(18)31612-X

Patton, M. Q. (2002) *Qualitative Research and Evaluation Methods*, 3rd edn. Thousand Oaks, CA: SAGE.

Payton, J., Weissberg, R. P., Durlak, J. A., Dymnicki, A. B., Taylor, R. D., Schellinger, K. B., & Pachan, M. (2008). The Positive Impact of Social and Emotional Learning for Kindergarten to Eighth-Grade Students: Findings from Three Scientific Reviews. Technical Report. *Collaborative for Academic, Social, and Emotional Learning* (NJ1). Retrieved from: https://files.eric.ed.gov/fulltext/ED505370.pdf

Pennacchia, J., & Thomson, P. (2016). Complementing the mainstream: an exploration of partnership work between complementary alternative

provisions and mainstream schools. *Pastoral Care in Education, 34*(2), 67-78.

Peterson, A., Lexmond, J., Hallgarten, J., & Kerr, D. (2014). *Schools with soul: A new approach to spiritual, moral, social and cultural education.* RSA. Retrieved from: http://www.thersa.org/__data/assets/pdf_file/0003/1540758/Schools-with-soul-REPORT.pdf

Pettitt, B. (2003). *Effective joint working between child and adolescent mental health services (CAMHS) and schools*. London: Department for Education and Skills.

Pillay, J., Dunbar-Krige, H., & Mostert, J. (2013). Learners with behavioural, emotional and social difficulties' experiences of reintegration into mainstream education. *Emotional and Behavioural Difficulties, 18*(3), 310-326. Doi:10.1080/13632752.2013.769709

Pople, L., Rees, G., Bradshaw, J., & Main, G. (2015). *The Good Childhood Report, 2015.* London: The Children's Society. Retrieved from: https://www.childrenssociety.org.uk/sites/default/files/The%20Good%20Childhood%20Report%202014%20-%20FINAL_0.pdf

Price, R. (2017). The Role of the Educational Psychologist in Children and Young People's Mental Health: An Explorative Study in Wales. (Doctoral dissertation, Cardiff University). Retrieved from: https://orca.cf.ac.uk/104818/1/2017pricededpsy.pdf

Public Health England (2014) *The link between pupil health and wellbeing and attainment,* London: Public Health England. Retrieved from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/370686/HT_briefing_layoutvFINALvii.pdf

Rae, T., Cowell, N., & Field, L. (2017). Supporting teachers' well-being in the context of schools for children with social, emotional and behavioural difficulties. *Emotional and Behavioural Difficulties, 22*(3), 200-218.

Reiss F. (2013). Socioeconomic inequalities and mental health problems in children and adolescents: a systematic review. *Social Science & Medicine,* 90, pp. 24-31. Doi:10.1016/j.socscimed.2013.04.026

Robson, C. (2011). *Real world research: A resource for users of social research methods in applied settings*. 3rd edition.

Roffey, S. (2007). Transformation and emotional literacy: The role of school leaders in developing a caring community. *Leading and Managing, 13*(1), 16–30.

Roffey, S. (2008). Emotional literacy and the ecology of school wellbeing. *Educational and Child Psychology, 25*(2), 29-39.

Roffey, S. (2010). *Changing behaviour in schools: Promoting positive relationships and wellbeing.* Sage.

Roffey, S. (2012). Pupil wellbeing—teacher wellbeing: Two sides of the same coin? *Educational and Child Psychology, 29*(4), 8.

Roffey, S. (2015). Becoming an agent of change for school and student well-being. *Educational & Child Psychology, 32*(1), 21-30.

Roffey, S. (2016). Building a case for whole-child, whole-school wellbeing in challenging contexts. *Educational & Child Psychology, 33*(2), 30-42.

Roffey, S. (2017). 'Ordinary magic' needs ordinary magicians: The power and practice of positive relationships for building youth resilience and wellbeing. *Kognition und Paedagogik*, 103.

Roffey, S., Williams, A., Greig, A., & MacKay, T. A. W. N. (2016). Mental health and wellbeing in schools: Concerns, challenges and opportunities. *Educational and Child Psychology, 33*(4), 5-7.

Rose, J., Stanforth, A., Gilmore, G., & Bevan-Brown, J. (2018). “You have to do something beyond containing”: developing inclusive systems in a partnership of primary schools. *Emotional and Behavioural Difficulties, 23*(3), 270-283. doi:10.1080/13632752.2018.1461470

Sadler, K., Vizard, T., Ford, T., Marchesell, F., Pearce, N., Mandalia, D., ... & Goodman, R. (2018). *Mental Health of Children and Young People in England, 2017.* Retrieved from: https://files.digital.nhs.uk/A6/EA7D58/MHCYP%202017%20Summary.pdf

Sharpe, H., Ford, T., Lereya, S. T., Owen, C., Viner, R. M., & Wolpert, M. (2016). Survey of schools’ work with child and adolescent mental health across England: a system in need of support. *Child and Adolescent Mental Health, 21*(3), 148–153. doi:10.1111/camh.12166

Shute, R. H. (2016). “Promotion with parents is challenging”: the role of teacher communication skills and parent–teacher partnerships in school-based

mental health initiatives. In *Mental Health and Wellbeing through* Schools (pp. 88-98). Routledge.

Slee, P. T., Lawson, M. J., Russell, A., Askell-Williams, H., Dix, K. L., Owens, L. D., ... & Spears, B. (2009). *KidsMatter primary evaluation final report.* Retrieved from: http://hdl.handle.net/2328/26832

Spratt, J., Shucksmith, J., Philip, K., & Watson, C. (2006). 'Part of who we are as a school should include responsibility for well-being': Links between the school environment, mental health and behaviour. *Pastoral Care in Education, 24*(3), 14-21. doi:10.1111/j.1468-0122.2006.00374.x

Spratt, J., Shucksmith, J., Philip, K., & Watson, C. (2006a). Interprofessional support of mental well-being in schools: A Bourdieuan perspective. *Journal of Interprofessional Care, 20*(4), 391-402. doi:10.1080/13561820600845643

Spratt, J. (2016). Childhood wellbeing: what role for education?. *British Educational Research Journal, 42*(2), 223-239. doi:10.1002/berj.3211

Stake, R. E. (1995). *The art of case study research*. Sage.

Stake, R. (2006). *Multiple case study research.* The Guilford Press, New York

Stanforth, A., & Rose, J. (2018). 'You kind of don't want them in the room': tensions in the discourse of inclusion and exclusion for students displaying challenging behaviour in an English secondary school. *International Journal of Inclusive Education*, 1-15. doi:10.1080/13603116.2018.1516821

Stirling & Emery (2016). *A whole school framework for emotional well-being and mental health.* National Childhood Bureau. Retrieved from: https://www.ncb.org.uk/sites/default/files/field/attachment/NCB%20School%20Well%20Being%20Framework%20Leaders%20Tool%20FINAL1_0.pdf

Taylor, C. (2012). *Improving alternative provision.* DfE. Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/180581/DFE-00035-2012.pdf

Teijlingen, V. E. R., & Hundley, V. (2001). The importance of pilot studies. *Social Research Update.* 35. Retrieved from: http://sru.soc.surrey.ac.uk/SRU35.html

Terry, G., Hayfield, N., Clarke, V., & Braun, V. (2017). Thematic analysis. *The Sage handbook of qualitative research in psychology*, 17-37.

Thorley, C. (2016). *Education, education, mental health: Supporting secondary schools to play a central role in early intervention mental health services,* IPPR. Retrieved from: http://www.ippr.org/publications/education-education-mental-health

Tomlinson, P. (1989). Having it both ways: hierarchical focusing as research interview method. *British Educational Research Journal, 15*(2), 155-176.

Tucker, M. (2015). Needed: An Updated Accountability Model. *Educational Leadership, 72*(5), 66-70.

Vostanis, P., Humphrey, N., Fitzgerald, N., Deighton, J., & Wolpert, M. (2013). How do schools promote emotional well-being among their pupils? Findings from a national scoping survey of mental health provision in English schools. *Child and Adolescent Mental Health, 18*(3), 151–157. doi:10.1111/j.1475-3588.2012.00677.x

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

Weale, S. (2017, October 10). School exclusions data in England only 'the tip of the iceberg'. *The Guardian*. Retrieved from: https://www.theguardian.com/education/2017/oct/10/school-exclusion-figures-date-england-only-tip-iceberg.

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

Weare, K. (2015). *What works in promoting social and emotional well-being and responding to mental health problems in schools.* London: National Children's Bureau. Retrieved from: https://www.cornwallhealthyschools.org/documents/EHWB/ncb_framework_for_promoting_well-being_and_responding_to_me.pdf

Weare, K. (2017). Promoting Social and Emotional Wellbeing and Responding to Mental Health Problems in Schools. *Global Mental Health*, 113-125. Springer, Cham.

Weare, K., & Nind, M. (2011). Mental health promotion and problem prevention in schools: what does the evidence say?. *Health promotion international, 26*(1), 29-69. doi:10.1093/heapro/dar075

Weeks, C., Hill, V., & Owen, C. (2017). Changing thoughts, changing practice: 176 examining the delivery of a group CBT-based intervention in a school setting. *Educational Psychology in Practice, 33*(1), 1–15. doi:10.1080/02667363.2016.1217400

Westerhof, G. J., & Keyes, C. L. (2010). Mental illness and mental health: The two continua model across the lifespan. *Journal of adult development, 17*(2), 110-119.

Willig, C. (2007). Reflections on the use of a phenomenological method. *Qualitative Research in Psychology, 4*(3), 209-225. doi:10.1080/14780880701473425

Willig, C. (2013). *Introducing qualitative research in psychology.* McGraw-Hill Education (UK).

Winter, L. A., Burman, E., Hanley, T., Kalambouka, A., & Mccoy, L. (2016). Education, welfare reform and psychological well-being: A critical psychology perspective. *British Journal of Educational Studies, 64*(4), 467-483. doi:10.1080/00071005.2016.1171823

World Health Organisation (2014). *Mental health a state of wellbeing*. Accessed, March 2018, Retrieved from: https://www.who.int/features/factfiles/mental_health/en/

Yin, R. K. (2009). *Case study research: Design and Methods*. SAGE publications. Thousand oaks.

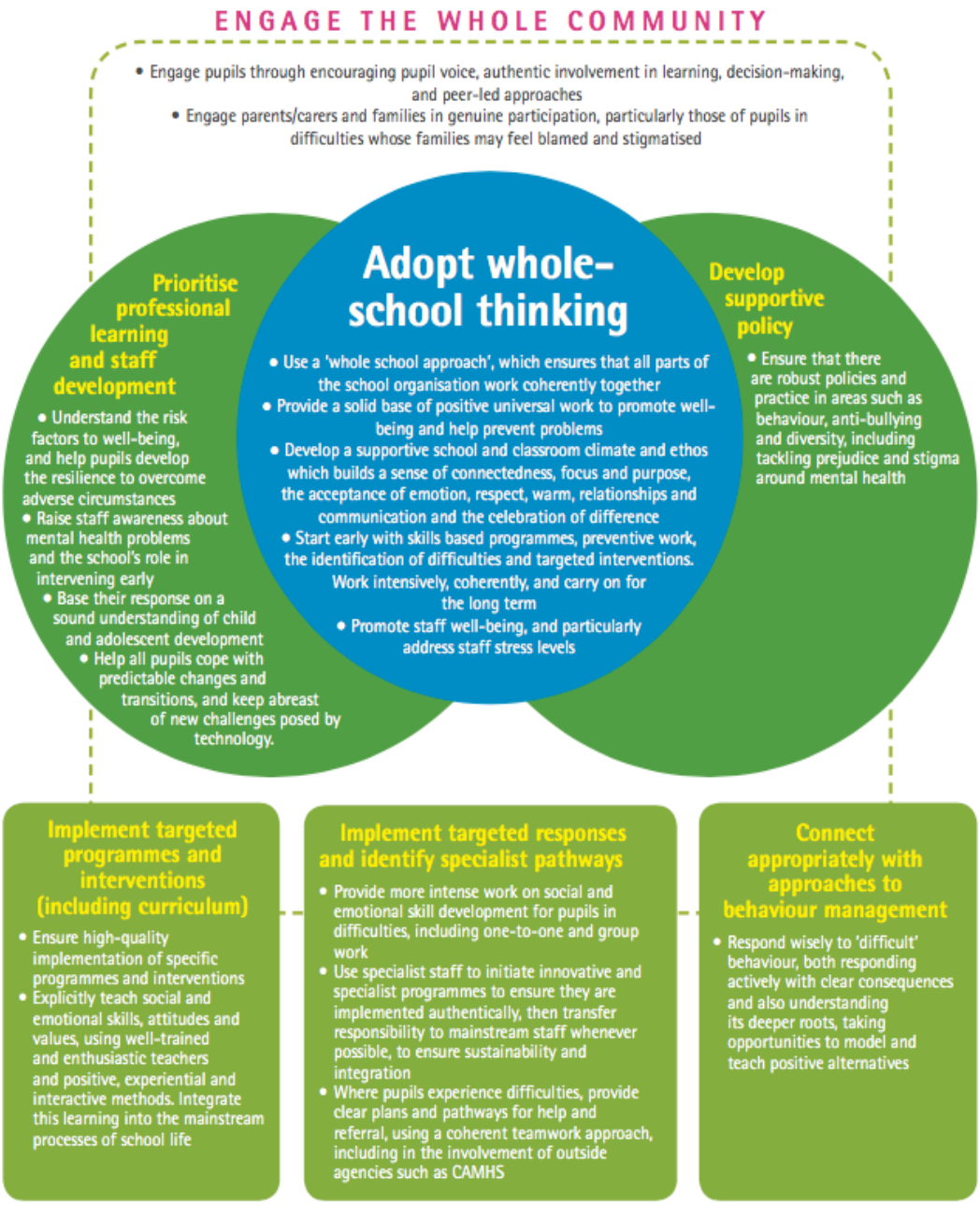
Yu, M. V. B., Johnson, H. E., Deutsch, N. L., & Varga, S. M. (2018). “She Calls Me by My Last Name”: Exploring Adolescent Perceptions of Positive Teacher-Student Relationships. *Journal of Adolescent Research, 33*(3), 332-362. doi:10.1177/0743558416684958

Zeedyk, M. S., Gallacher, J., Henderson, M., Hope, G., Husband, B., & Lindsay, K. (2003). Negotiating the transition from primary to secondary school: Perceptions of pupils, parents and teachers. *School Psychology International, 24*(1), 67-79. doi:10.1177/0143034303024001010

Zumos (2019). *About us.* Retrieved from: https://www.zumos.co.uk/#about

Appendices

Appendix A: What works in promoting social and emotional wellbeing and responding to MH problems in schools? (Weare, 2015)



Appendix B: Recruitment Letter and Consent Form for SLT (Phase 1)

Building a whole-school approach to mental health

Invitation to take part in a research study

My name is Sinead and I am a Trainee Educational Psychologist at the University of Exeter on placement in [redacted] Council. I am currently recruiting for my thesis as part of the Doctorate in Child, Community and Educational Psychology.

Increasingly school is seen as a key environment to promote children and young people's wellbeing and tackle mental health difficulties. The aim of this research is to understand school's approach to wellbeing and mental health. Please read the following information carefully and take time to consider if you would like to participate in this research. The research will consist of two phases:

1. In the first phase, I am seeking to interview a member of the Senior Leadership Team of mainstream secondary schools.

2. The second phase will consist of case studies. You can opt in to be part of the case studies. This will involve semi-structured interviews with members of staff, observation of specific provision you offer in school, interviews with pupils and analysis of relevant school data if available.

<u>The benefits of participating in the research</u>

- Your school will receive an account of how your school provides for and support students' wellbeing and mental health. You will receive a more detailed account if participating in the two phases of the research project.
- It will provide you with the opportunity to compare your school to other local schools.
- You will get an insight on staff and pupils' views.
- It will help your school to collect necessary information around mental health and wellbeing, in preparation for Ofsted.

<u>What will be required</u>:

1. Phase 1 - The member of SLT taking part in the interviews will need to sign the consent form attached to this letter. The interview will be 1 hour in a place and a time that is convenient to you. The themes covered in the interview will be shared prior to the interview taking place.

2. Phase 2 Case study - You will be asked to send out a school wide email to all staff with an information sheet provided by the researcher, to offer the opportunity to be part of the research. Interviews will be 1 hour and will take place at a time and place that is convenient for the member of staff.
3. Phase 2 Case study - You will be asked to identify a range of pupils who may be accessing a specific provision within your school. An information sheet will be provided for both students and their parents explaining the research.

Please note: The interviews will **not** ask personal question around their own mental health. A designated person in school will need to be available for student to talk to in the event that the interviews cause any upset. The limits of confidentiality will be explained to students, and the researcher will contact the designated safeguarding lead if any disclosures are made.

Data Protection:

All data will be treated as anonymous and confidential, your school and staff will not be named in the research. Data will be accessible only to the researcher and stored on a password protected computer. You have the right to withdraw from the study at any time. If you would like to discuss this further or have any questions, please email sv312@exeter.ac.uk. This research is supervised by Professor Brahm Norwich (b.norwich@exeter.ac.uk) and Margie Tunbridge (m.tunbridge@exeter.ac.uk) at the University of Exeter.

Thank you for taking the time to consider participating in my research.

Consent form

Phase 1 consent:

I have read about the Wellbeing and Mental Health Project and understand the basis for our involvement and consent to take part. I understand that I can withdraw from this study at any time. For head teacher or member of senior leadership team to sign:

I would like to take part in: Phase 1 ☐ and Phase 2: ☐

Name:……

Role:……..

Signature:……

Date:……

Appendix C: Literature map (Phase 1)

Themes	Literature	Gap in the literature	Research Questions
Terminology around MH and WB	• "complex terms" Weare (2000) • WHO definition (2014) • Model of mental Health • "SEMH" (DfE, 2014)	MH and WB are terms which overlap and are hard to define. How do SLT interpret these terms?	RQ1.1: Leadership's understanding of MH and WB?
Young people's MH and WB	• Increase in MH difficulties in young people (Sadler et al.,2018) • UK context of support services	Are schools witnessing this increase, and what are the prevalent difficulties do they experience?	
Legislation and guidance for schools to support students' MH and WB	• School as early intervention • Government led programmes targeting MH and WB in school (SEAL, DfES, 2005), TAMHS (DfCSF, 2008) • Current policy and legislation (i.e Mental Health Green Paper) • Public Health England – Framework on how schools can support students' MH and WB (Lavis & Robson, 2015)	Whole-school approaches have been endorsed by many researchers. The interpretation and implementation of policy and guidance remains the prerogative of each school (Thorley, 2016). How are schools managing to implement this guidance?	RQ1.2: What is the leadership's approach to providing for all pupils' emotional health and wellbeing, preventing MH difficulties for those at-risk and supporting those with MH needs?

	• Whole-school approaches (Weare, 2015)		
Central importance of SLT in developing a plan to support students' MH and WB	• The importance of SLT (Lavis & Robson, 2015; Roffey, 2007; Weare, 2015) • Literature on 'school ethos' and 'sense of belonging'.	Little is known about what priority schools place on MH support (Patalay et al., 2016). What is SLTs approach to supporting students' MH and WB?	
SLT's views on supporting students MH and WB	• leaderships' views on MH and WB (Anderson & Graham, 2016; Cefai & Askell-Williams, 2017; Maelan, Tjomsland, Baklien, Samdal & Thurston, 2018		
• MH and WB provision – What is happening in practice	• Waves of support (Weare & Nind • Carroll and Hurry (2018) looked at the tiered approach • Limited knowledge of what schools are doing (Patalay et al., 2017; Sharpe et al., 2016)	More research is needed to understand the practices that exist within schools to support pupils' WB and MH, as well as the pressures and challenges faced by schools (Weare, 2017).	RQ1.3: What practices and provision exist within mainstream secondary schools in a local authority to provide for all pupils' emotional health and wellbeing, prevent MH difficulties for those at-risk and support those with MH needs?
• Barriers/ challenges	• UK context of austerity (Hanley, Winter and Burell, 2017)	What support do SLT find they have to enable them to support students' MH and WB? What does SLT	RQ1.4: What are the facilitators and barriers for these mainstream

	• School challenges (Thorley, 2016; Tucker, 2015)	see the current barriers as being?	secondary schools to provide for all pupils' emotional health and wellbeing, prevent MH difficulties for those at-risk and support those with MH needs?

Appendix D: Literature map (Phase 2)

Theme	Literature	Gap in the literature	RQs
• The development of on-site units	• How it fits into the pressure to reduce exclusions (Malcolm, 2018; Gazeley et al., 2015) • Units working in isolation (Burns and Hulsi (2005) • Whole-school approaches and specialist support (Weare, 2015) • Literature on inclusion (Ainscow, 200; McSherry, 2012) • Positive views on AP supporting students MH and WB (Ofsted, 2016; Marchat and Ellis, 2015)	What has led schools to develop on-site units? How do they differ to AP and LSU?	RQ2.1: What are stakeholders' understandings of the aim of on-site units, and how do they fit in to the whole-school vision for supporting MH and WB?
• In school specialist support for students' MH and WB	• Guidance (Dfe, 2018a. DfE, 2019; Ofsted, 2016 • Practices are not regulated (Stanforth & Rose, 2018) • Research on units and the environment (Levinson & Thompson, 2016) • LSU supporting students MH and WB (HCEC, 2018; Ofsted, 2006) • Educational outcomes of AP and units (Taylor, 2012)	The recent "Timpson Review" on school exclusions (DfE, 2019) calls for clarification on the use of in-school units to ensure they are used constructively and informed by evidence.	**RQ2.2:** What practices and provision are available in the on-site unit to support students' MH and WB?

• UK legislation and guidance around specialist support for students' MH and WB	• Legislation on AP/LSU (HCEC, 2018) • The Timpson Review (DfE, 2019) • Legislation which mentions on-site units (DfE 2018; DfE, 2019; Ofsted, 2016) • Limited research on what works (HCEC, 2018).		
• Students' views on the on-site units	• Students' views on AP and LSU (Askell-Williams, 2017; Hart, 2013; Levinson & Thompson, 2016; Michael & Frederickson, 2013; Pillay et al., 2013; Jalali and Morgan 2018).	• There are students' views around LSU and AP, no research was found on students' views on on-site units. • Cefai and Cooper (2017) – children have the weakest voice in research.	RQ2.3: What are stakeholders' views on the impact of students' placement in the on-site unit?
• Staff's views on AP and LSU	• Staff's views on school supporting students MH and WB (Ekornes, 2017; Graham et al., 2011; Mazzer & Rickwood, 2015) • Staff's views on AP and LSU (Askell-Williams, 2017) • The views of support staff (Burton & Goodma, 2011; Littlecot et al., 2018)	Staff and SLTs' views on the outcomes of on-site units	

Appendix E: SLT Interview Schedule (Phase 1)

Date: ……
School: ……
Name of member of staff: ……
Role: ……

Level 1 question	Level 2	Level 3	Level 4
Introduction – What are you roles and responsibilities in school?			
	What is your role in school?		
		What responsibilities do you have?	
		What is your role around MH and WB?	
		Length of time in the school?	
	What is your understanding of the terms MH and WB?		
		Distinction between positive and negative MH	
1.What is your leadership team's view on promoting WB and supporting MH			
	What is the leadership team's approach to MH and WB?		
		What is the schools vision around MH and WB?	

	How is the pastoral system set up in your school?		
	How is the school providing visible leadership for emotional health and wellbeing?		
		Is there a champion lead for MH or a key member of staff?	
	How have you developed your policy around MH and WB?		
		Have you got improvement plans, policies and practices? around MH and WB?	
			What are your policies and practice in areas such as behaviour, anti-bullying and diversity, including tackling prejudice and stigma around MH?
		What government policies and/or guidance do you follow?	
			What other guidance and policies does the school adhere to?
	What is your long-term approach for MH and WB promotion?		

2. How does your school environment promote respect and value diversity?			
	What are your whole school values for MH and WB?		
	How are all parts of the organisation working together?		
	How do you build a sense of connectedness and a sense of belonging for young people?		
		How does the social environment promote WB and MH?	
			How do you build positive relationships between students and staff?
			How do you build positive relationships between students?
	How does the school climate promote WB and MH?		
		How does the Physical environment promote WB and MH?	

		How does the emotional environment promote WB and MH?	
	How you're your school celebrate differences?		
3. What universal work is available to promote and support all students' MH and WB?			
	What focus is given within the curriculum to social and emotional learning and promoting personal resilience?		
		What direct programmes are in place around SEL?	
			What focus does your PHSE have
			Assembly
		What focus does the curriculum have on SEL?	
			How is SEL integrated into academic subjects, e.g. English or history
			Are social skills, attitudes and values explicitly taught?
		how is SEL learning assessed?	
	How does the school promote personal resiliency?		

		Do you have any experiential approaches used?	
			i.e. Mindfulness?
4. Student voice - How does the school or college ensure all students have the opportunity to express their views and influence decisions around MH and WB?			
	What opportunities do students have to express their views around MH and WB?		
		How are students' views on their MH and WB elicited?	
		How are students involved in decision making around MH and WB in school?	
			Any examples of how students have an influence on decisions?
5. What opportunities are there for staff development?			
	How are staff supported in relation to their own health and wellbeing and to be able to support student wellbeing?		
		CPD?	
		Training?	

			Training in adolescent development?
	What awareness of MH problems in school do staff have?		
	How does school support staff wellbeing?		
		How does school promote staff mental health?	
6.How does the school or college assess the MH and WB needs of students?			
	What tools are used to understand and plan a response to pupils' emotional health and wellbeing?		
		Surveys	
			What sort of surveys
		Feedback form	
		Review meetings	
		Validated measures around MH and WB	
	Are these used for all pupils or for subgroups?		
	How do you assess the impact of interventions to improve wellbeing?		
		Measuring outcomes	
7. How does the school or college work in partnership with parents and			

carers to promote emotional health and wellbeing			
	What links are there between families and school?		
	What support is available for families?		
		Circulars	
		Consultations with support services	
		Parental groups	
	How is family participation encouraged?		
		Participation in individual plan reviews	
8. Targeted support - What targeted support is available?			
	What is your early intervention programme?		
	Are there clear plans and pathways for help available?		
		What referral systems are in place?	
	Are there targeted programmes?		
		group level	
			Social skills groups
		Individual level	
			Counselling
			Nurture group
9. What specialist support is in place for students			

with identified needs			
	Are there specialist staff and specialist programmes available in school?		
		Onsite provision	
	Working with external agencies		
		Educational Psychology service	
		CAMHS	
	Specialist pathways		
10. Reflections – What are the challenges and facilitators to supporting MH and WB in your school			
	Pressures/ obstacles, barriers		
	Facilitators, supports, enablers		

Appendix F: Interview Transcript Sample (Phase 1)

Sinead – First of all can you tell me about your role in school?

P - Yes so I am assistant principal. I have been on the senior leadership team for 6 or 7 years, but historically had more to do with curriculum. So this year I was moved to pastoral side so SENCo, so I've been doing that since September. When I started, I had a lot of results from last year and mental health and anxiety and depression probably had the biggest impact on our outcomes last year. So that's where we started really. That's why I'm quite interested in this (the research). And as a result form that, it is why I put a bid in to the local authority, so we got that funding to spend.

Sinead - what funding is that?

P - So the local authority had some kind of spare cash (laugh), no it wasn't spare cash, I think it was funds that had been allocated but that hadn't been spent to maintained authority schools. So rather than redistributing that, because it hadn't been spent in the first place, schools were offered to put in bids. Bids could be put in for anything really. So I put a bid in just to raise the profile of mental health in the school and to try and implement some strategies, some interventions that could support both students and staff.

Sinead - Great

P - So that was put in at the start of the year and we received just over £8000. Do you just want me to talk or…?

Sinead - yes go ahead

P - so we got just over £8000, I had to go and present that to the local authority to a panel, and it was agreed. The main reason I think it was agreed was two-fold really. It was to do with students, and it was to do with staff. So we identified last year that we had eight students who were classed as outliers. So outliers are more than minus 2.5 in terms of a student's progress 8. so that's ... Although our

results were much improved last year, we were the most improved secondary school in the city, I thought I'd say that! Those 8 students still counted and added a significant impact on, not making sure our results were even better than they were. So out of those 8 students, 7 were at alternative provision at some point. 7 had persistent absences, of below 7%. And those alternative provision places or persistent absence were due to mental health. So almost all of them, 7 out of the 8 their persistent absence or moving to alternative provision, was due to mental health. So it was a massive issue really for the school. Just in terms of its outcomes because you know …we are a relatively small school, smaller than average size secondary school.

Sinead - how many students on role here?

P - Just over 700. So last year a student was half a percent really. So if you've got 8 students… that's a barrier. The other thing as well was staff absence. I think that's what the local authority was shocked at the most, about our long-term absence from staff, work related stress in particular.

Sinead - I'm really interested in that which we can come back to.

P – yeah so the bid was to address those things.

I think the challenges with the money that we received from the bid is then… obviously I didn't just say that, 'this is the issue, can we have some money..?' it was all set out. But it's kind of then having that knowledge of what to do with that money and you know there's no expertise that exists in schools, so its… that £8000 could almost be gone.., I mean a chunk of it was, but it could be just going to train some staff. But then it's kind of decimating that. Before you know it that it £8000 is gone, it doesn't go very far to do that really. So I think that's been a challenge.

Because we've implemented interventions and whilst I would say that they have been useful… so a couple, for example is xxx, our EP did some work with our year 11's about exam anxiety. It included things like how to revise and practical things like that, but it was more to do with them dealing with anxiety pressures and for exams. And just so the program had some sustainability xxx out there, who is one of our higher level teaching assistants, she attended the sessions. So

it was four sessions in total. They then had a planning meeting where resources were passed on to xxx (HLTA) and she's now doing that. So she is doing it with two further year 11 cohorts. And then she started with the current year 10s. So hopefully by the time they get there to do their exams next year, most of Year 10 or certainly those who need it, will have gone through that programme. So that's one example.

The other example is that we introduced like… well it was a yoga instructor, but it wasn't badged as yoga, it was badged as 'relaxation sessions'. So when students had a double PE, the idea would be that we still encourage them to do physical activities, but we would include a menu of activities that they could choose from. Things that would help them relax. So for example, relaxation with a yoga teacher was one, a walk and talk down was another, kind of Martial Arts.

So these things happen consistently and some of them didn't, and again that's related to our staff time capacity, money...because although we have this money, it soon gets swallowed up really.

I think the things that we found with those is that we started both of those sessions by just approaching teachers and heads of years, the people that new students best and said can you nominate students. So in the first session with XXX (EP) we had eight or nine students and it didn't necessarily work how we thought it would work because those students didn't necessarily…weren't necessarily in the same circle of Friends or peer group, so they were quite a reluctant to open up in front of their peers. So moving forward how we did those sessions is, we sort of saw a student that was in need of some support and then we asked them to approach their friends or others who would benefit from that.

Sinead – ok so peer referrals?

P – yeah that works much better. Yeah so we delivered the yoga relaxation sessions like that, so we talked to a couple of students. "Would you be interested in this? do you think it would be helpful?". They went to a session to trial it and said, "yeah I think it would be really useful". So then we said to them, "well go and find 10 other people that you feel comfortable to do it in front of, but who you think would also beneficial from that support". That's been a much better way of doing it rather than approaching teachers, approaching students directly.

Sinead - And do you think you've managed to target the right students that way?

P - Yes because I think very often it, those things happen in peer groups anyway. Perhaps you know, it's a difficult balance really, because it's taking more cohorts to get through to target the right students, rather than just saying "right these are the students most in need". Dump them all together in that first group ... We did that and it didn't work really, so it's taking longer but it's been more effective I think.

Sinead – I think that's an interesting way of approaching it

P - I mean the best people. I mean the teachers do know the students really well and I think you know, that is a strength of this particular school. But the best people who know the students, are their peers really. So if we're approaching students saying do you think this could work for you and they're saying yes then they're the best people to then go out and say well I'd be comfortable doing it with this person. But actually, that student would benefit from it as well.

In terms of staff, we've done a staff wellbeing survey and the authority actually have a copy of that because there has been some talk of rolling it out across the authority. Out of that came a staff wellbeing route, which I'm not actually part of. An part of the bid was that yoga relaxation was run for staff as well. So on a Thursday night that yoga teacher comes in and a core group staff between five and ten every week will have relaxation sessions. That's difficult because it's about how sustainable that is when that £8000 runs out really. Some of the things were built-in for sustainability and some are more difficult to have that sustainability, so I think that's a challenge as well.

Sinead – so what are your plans moving forward for next year in terms of the provision you have developed?

P – yeah although some of the money is also being spent for some of the support staff to go on mental health awareness courses and quite expensive ones like conferences. But then it's been trying to find opportunities in the challenging day-to-day, busyness of school life. It's how that is disseminate, how much is shared across the board. Because actually all staff could do with that training.

Sinead – How much awareness do you think the staff have about around mental health?

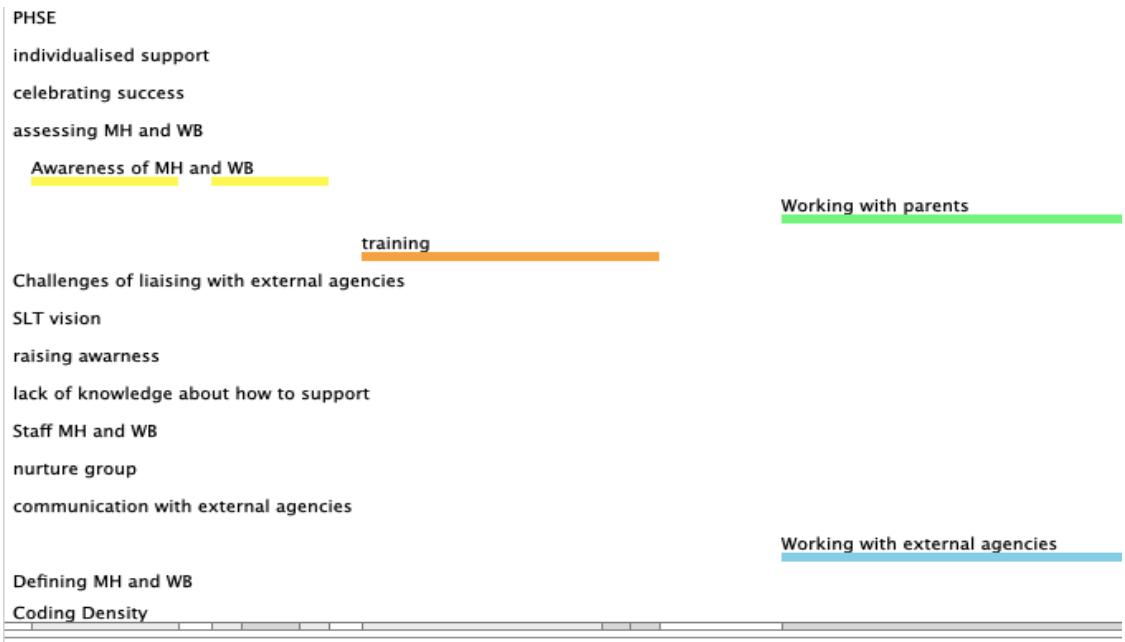
P – I think it is increasing. But I think it is increasing possibly… I think we're being quite reactive rather than... I mean these things like the bid, that has raised awareness and that is been proactive. I'd say generally across the board there's a mixture really. I mean we do things like in SEND bulletin, that goes out fortnightly to staff, so that had updates with the specialist teacher. So those who have learning needs and what work is being done with their many target but also updates from EP service as well. So students that I've been working with our EP and have mental health issues then that goes out on the bulleting. So that's raises awareness as well. So I thinks that staff have got more awareness and I think that is something ... because we are trying to be proactive in some of the things, but I think it's been reactive as well because I think more students to have it

Sinead - How do you feel that school is supporting staff wellbeing?

P – I think it's just to do with how we think about how schools structures and staffing structures. Next year…I think a big anxiety this year has been around split timetable. So when you've got a group, you might be sharing it with another teacher or possibly in some cases two other teachers and that can increase workload. So next year we haven't got any split classes. So if a teacher has got a Year 8 class they've got that year 8 class and they're not sharing it with anybody. We have had inset days about...your know…we've got a marking and feedback policy for example. We've had training where staff have shared strategies about how to reduce that, so it's about how to reduce workload really.

Appendix G: Example of the Coding Process

Sample transcript with initial codes (Phase 1), using NVivo.



sinead - what awareness do you think staff have around mental health and wellbeing?

P5 - I think groups of staff are more aware than others, and I think when someone has experienced something they then have more of an awareness. Often I hear people saying, that's really made me see things differently, because I've experienced this.

And I think it's so current in the news, that people are more aware now than they used to be. I think it might be quite superficial in some cases. I think some teachers are afraid of having too much knowledge, because they feel too much responsibility. I think that's very limited now.

Sinad - do staff receive training specifically around mental health and wellbeing?

P5 - yeah they do, I have done quite a lot of training on that and the counsellor does sessions as well. I think there's more training , and I think people coming in and talking to the staff.... When we say training, I'm not sure that training is always something that they want. And if they'd rather someone come and speak, so they can have someone listening to their experiences.

I think a lot of staff has a panic, that they don't want to do the wrong thing, and I think that comes through sometimes. . Training is really important I do think we need to more.

Sinead - In terms of the challenges really are schools of finding it supporting students well-being and mental health?

P5 - I think it's difficult for parents, so for example this morning I had a parent in reception whose child has self harmed, and who has an eating disorder. And they are waiting to be seen by The Jigsaw clinic and the camhs. She went to see the GP you said she probably should have a ehcp, go back to school and tell them that they need that. And then she comes to reception and says you're not doing what you should be doing for my son. so I said he's year 11, it's unlikely that he's going to get that before he finishes, and if he does get it then it goes to panel, it's not something that we can write. Because not working in the same settings, and saying to a parent school should do that... And then they come back and expect us to have done it. Do you know what I mean I think that's really difficult. Parents often think that were just not doing what we meant to be doing.

P5 - in terms of the mental health, we have employed a school counsellor some time ago. He works with staff, families and students. So although predominantly he works with young people he will see staff confidentially. So it's not part of a school formal process, so it does not to go on to anyone's record. That's a really important thing.

Young people's mental health is obviously, it's such a huge area in terms of how that manifests within school, you know so lots of self-harm. We have a lot of students on medication, so it's managing things like that. It's about being accepted and part of school. So some young people who have quite sort of, for other young people, quite disturbing behaviour sometimes...It's about awareness, raising awareness and providing support.

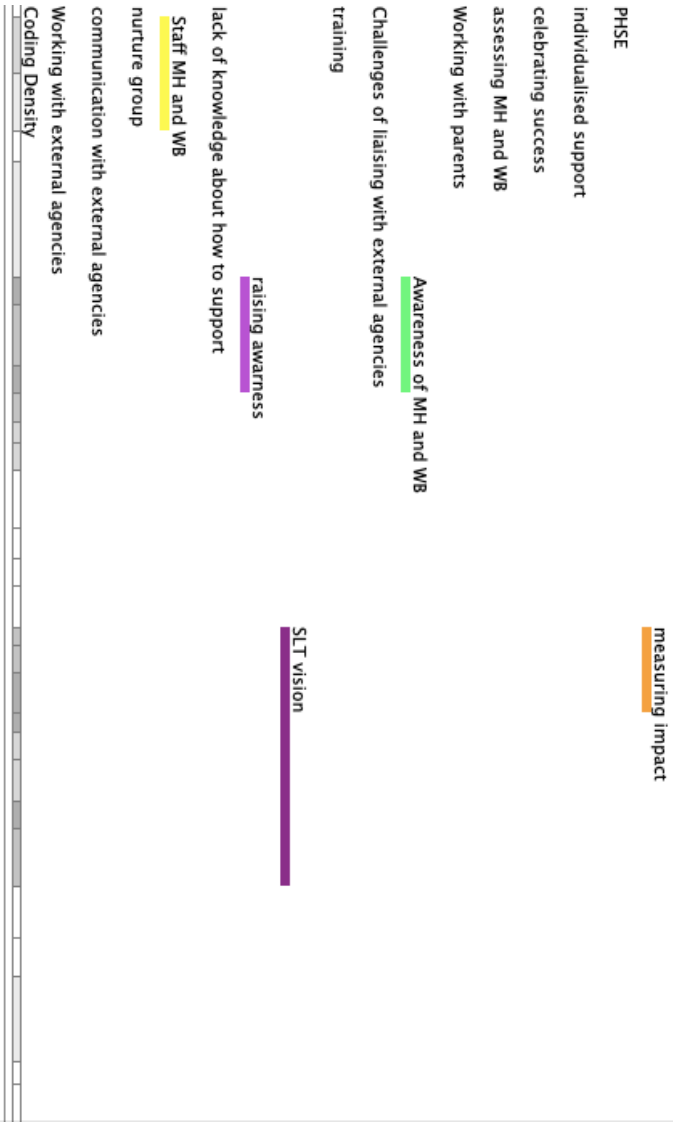
Making sure that those young people can be in school, accessing education when they need to and been accepted. Same for staff as well. It works both ways. Raising awareness is one of the key things. And we have mental health ambassadors. Staff and student ones - for signposting, and just being a listener. They don't have to do anything else obviously, but they know that if they can recognise one of their peers isn't ok and they can signpost them.

S - You have mentioned quite a few elements that I am interested in hearing about there. But firstly, what would you say the leaderships team's vision is around supporting students mental health and wellbeing?

P5 - the trust is very keen to be involved in making sure that young people have good healthy emotional health and well-being and mental health. They wanted us to do a lot of analysis and keeping track of young people's issues. And they want us to identify... We have a mental health policy and a key worker and things like that in place. So it's not a tokenistic kind of view, it's very much something that is embedded in the trust. And the support, making sure that people are getting what they need, keeping them in education, making sure that they can achieve well, and supporting their wellbeing during that time I think. And recognising that they have to employ additional staff maybe to do that, you have different resources in place, so it doesn't fit outside of education, it's part of it.

S - You mentioned there about mental health policy. How and when was that setup?

P5 - The trust did that and to be honest it's fairly new, I got sent it in July. So it is very new. The trust have developed it as far as I know alongside some other schools and other professionals. So because we work for a trust, they send us a lot of central policies. Where's we may not have had any input in that, other schools will have. There are 33 schools in the trust.



Appendix H: Phase 1 Thematic Analysis Table

Table outlining themes, sub-themes themes and codes for the interviews with senior leaders in Phase 1.

Themes	Sub-themes	Initial codes
Challenges	External pressures	Accountability and outcomes
		The changing face of education
		Working with external agencies
		Working with parents and carers (challenge)
	Internal pressures	Changes to the curriculum
		Ofsted
		Capacity (Finances, Resources and time pressures)
		School environment and building
Facilitators	Support from external agencies	The identification of students
		Lack of knowledge (lack of skills, where to access support, training needs and raising awareness)
		Limits of support
		Educational psychology support
	Internal initiatives	Links with LA
		Staff creativity + flexibility + specialist staff available
		Facilities
		Raising awareness
Defining and understanding of MH and WB	WB and MH terminology	Terminology, definitions
		Conceptualising behaviour
	What affects students' MH and WB	Pressures (Exam anxiety, curriculum)
		Sport and outdoor spaces
		Current issues, Bereavement, deprivation speech and language,

		student isolation, transition from primary, social skills
	The impact of MH and WB difficulties	School outcomes/ Progress 8,
		Students Attitudes, behaviours
Building a school ethos	School policies	Improvement plans
		Policies
		MH policy
	SLT vision	Aims of the provision around MH and WB
		Inclusion (Celebrating diversity, Supporting all needs)
		Staff involvement (Pastoral roles, All staff working together, consistency
		Ethos “it’s in everything we do”, Religion + School values
		The role of school, Social care, limits to school’s role
	Environment	Displays, Outdoor space + green space, indoor spaces, furniture
		Facilities + sports facilities
	Importance of staff in supporting YPs MH and WB	Staff awareness of MH and WB (CPD, gaining staff views, staff handbooks, training)
		Challenges faced by staff (Lack of knowledge, Pressures, capacity)
		Supporting staff’s MH and WB (Valuing staff, celebrating success, staff support)
Building relationships	Student – staff relationships	Staff initiatives (Greeting students, listening to students, Staff presence, extra-curricular activities, getting to know students)
		pastoral roles

		Restorative practice
	Student relationships	Mixing students (tutor groups, buddy systems, activities)
		Sense of belonging
	Student voice	Internally (Student council, student ambassadors)
		Externally (Local Authority Pupil voice)
	Working with parents and carers	Liaising with parents (Building relationships, parental engagement, collecting parents views)
		Support for parents (Signposting, community hubs)
Provision	Waves of support for students' MH and WB	Universal provision: PSHE, the curriculum, assembly, clubs, drop-in, signposting, whole-school initiatives, IT systems, pastoral support, innovative practices, extra-curricular activities student roles
		Targeted provision: AEN base, counselling, buddy systems, Exam access arrangements, Groups and interventions, clubs and groups, School nurse, trips, modified timetables, experiential activities
		Specialist provision: Alternative provision, external agencies, onsite specialist unit, Alternative curriculum, outreach
	Ideas for development	
	Working with external agencies	School liaising with external agencies
		Challenges of liaising with external agencies

		School signposting students to external agencies
	Identifying students and measuring impact	Identification of students (school data, transition, referral process)
		Impact of support (Assessing MH and WB, attendance, outcomes)
		Student voice

Appendix I: Information and Consent Form for Staff (Phase 2)

Research recruitment:

How are secondary schools in your local authority providing for and supporting students' wellbeing and preventing mental health difficulties?

My name is Sinead Veale and I am a Trainee Educational Psychologist at the University of Exeter on placement in [redacted] Council. I am currently recruiting participants for my thesis as part of the Doctorate in Educational Psychology.

Your school has chosen to participate in a research project on mental health and wellbeing alongside other local schools. The overall aim of the research is to identify how mainstream secondary schools provide for all pupils' emotional health and wellbeing, prevent mental health difficulties for those at-risk and support those with mental health needs.

In this phase of the research I would like to conduct semi-structured interviews with members of staff working within specialised units in mainstream secondary schools. I would like to gain your views on your school and unit's approach to supporting students' wellbeing and mental health.

The interview will be no longer than one hour and will take place at a time and place that is convenient for you. Interviews will be anonymised, and your name will not be included in the research findings. When the research is completed, the overall findings will be shared with participants and the school's senior leadership team.

Data Protection:

All data will be treated as anonymous and confidential. It will be accessible only to the researcher and stored on a password protected computer. The interviews will be transcribed by using codes and not names. If you do not want your school to know you are participating, please use the email provided to contact the researcher directly. If you would like to discuss this further, have any questions or concerns about this, please email sv312@exeter.ac.uk. If you wish to withdraw from the project at any time, your data will be destroyed and will not feature in the research. This research is supervised by Professor Brahm Norwich (b.norwich@exeter.ac.uk) and Margie Tunbridge (m.tunbridge@exeter.ac.uk).

Consent form

I have read about the Wellbeing and Mental Health Project and understand the basis for my involvement in the interview and consent to take part. I understand that I can withdraw from this study at any time:

For the member of staff participating in the interview to sign:

Name:……

Role:……..

Signature:……..……

Date:……..……

Appendix J: Parent/Carer Information and Consent Form (Phase 2)

Research recruitment:

How are secondary schools in [redacted] providing for and supporting students' wellbeing and preventing mental health difficulties?

My name is Sinead and I am a Trainee Educational Psychologist at the University of Exeter on placement in [redacted] Council. I am currently recruiting for my thesis as part of the Doctorate. Your child's school has chosen to participate in a research project on mental health and wellbeing alongside other local schools in [redacted]. The aim of the research is to identify how mainstream secondary schools provide for all pupils' emotional health and wellbeing, prevent mental health difficulties for those at-risk and support those with mental health needs.

As part of this case study I would like to conduct semi-structured interviews with students. I am interested in finding out their views on how well they believe their school is supporting students' wellbeing and mental health, as well as their views on the specialist provision that they attend in their school.

> **Please note:** The interviews will **not** ask any personal question around their own mental health. A designated person in school will be available for student to talk to in the event that the interviews cause any upset. {Name and contact details}. The interviews will cease immediately if it appears to be causing upset. Your child will have the right to withdraw from the research at any point and their data will not be included in the final research.

The interview will be no longer than one hour and will take place at school during the school day. Interviews will be anonymised, and your child's name will not be included in the research findings.

Data Protection:

All data will be treated as anonymous and confidential. It will be accessible only to the researcher and stored on a password protected computer. The interviews will be transcribed by using codes and not names. If you would like to discuss this further, have any questions or concerns about this, please email sv312@exeter.ac.uk. This research is supervised by Professor Brahm Norwich (b.norwich@exeter.ac.uk) and Margie Tunbridge (m.tunbridge@exeter.ac.uk).

Consent:

Consent for this project will be assumed unless you decide to have your child opt out. This means you only need to sign and return the form below if **you do not wish** your child to participate in this research project.

OPT-OUT CONSENT FORM FOR RESEARCH PARTICIPANTS' PARENTS AND CARERS FOR COMPLETION ONLY TO HAVE YOUR CHILD OPT OUT; OTHERWISE NOTHING MORE NEEDS TO BE DONE.

I have read about the Wellbeing and Mental Health Project and **I do not want** my child to participate in the above research.

Name of parent or carer: ……..……..

Child's name:……..……..

Signature:……

Date:……

Please return this signed form to the school office at (NAME OF SCHOOL) by (INSERT DATE) if you **do not wish** for your child to participate in this research project.

Appendix K: Student Information and Consent Form (Phase 2)

Participant recruitment:

How are secondary schools providing for and supporting students' wellbeing and preventing mental health difficulties?

The researcher: Sinead Veale, Trainee Educational Psychologist

If you are student in {…} school please read the following information carefully and take time to consider if you would like to participate in the following research project.

My name is Sinead Veale and I am a Trainee Educational Psychologist at the University of Exeter on placement in [redacted] Council. I am currently recruiting participants for my thesis as part of the Doctorate in Educational Psychology. Your school has chosen to participate in a research project on mental health and wellbeing alongside two other local schools. The aim of the research is to identify how mainstream secondary schools provide for all pupils' emotional health and wellbeing, prevent mental health difficulties for those at-risk and support those with mental health needs.

As part of this case study I would like to conduct interviews with students to gain your views on your school's approach to wellbeing and mental health. I would like to find out what you think your school offers or does to supporting students' wellbeing and mental health.

> The interviews will **not** ask personal question around your own mental health or wellbeing. A designated person in school will be available for you to talk to after the interview if you wish to discuss anything further.

The interview will be no longer than one hour and will take place in school during the school day. Interviews will be anonymous and confidential. Your name will not be included in the research findings, but you will be assigned a confidential code name. All data will be accessible only to the researcher and stored on a password protected computer.

If you would like to discuss this further, have any questions or concerns about this, please email sv312@exeter.ac.uk. If you wish to withdraw from the project at any time, your data will be destroyed and will not feature in the research.

Consent form

I have read about the Wellbeing and Mental Health Project and understand the basis for my involvement in the interview and consent to take part. I understand that I can withdraw from this study at any time:

For the student participating in the interview to sign:

Name:……..……

Signature:……

Date:……

Appendix L: Staff Interview Schedule (Phase 2)

Date: ……
School: ……
Name of member of staff: ……
Role: ……

Level 1	Level 2	Level 3	Level 4	Level 5
How do you think the school as a whole support students' MH and WB				
	Do you know what the schools vision is around supporting students' MH and WB?			
		is how is this vision visible around school?		
	How does the unit fit into that vision?			
		Are there ways in which the operation of the unit does not fit this vision?		
			What are the goals/aims of the unit?	
				Student individual goals?
				School policy?
				Policy of inclusion
	How does the unit and school work together to			

	achieve this vision?			
		How is the unit viewed within school?		
	How was the unit set up?			
		Historical perspectives		
		Current and future plans		
How are students identified?				
	Do students have a say/voice in the process?			
		How is that done?		
			What influence has that had?	
	Do parents have a say in the process?			
		How is that done?		
			What influence has that had?	
	What support have students typically had before they have entered the unit?			
		Can you give some examples		
			Group interventions	
			Individual intervention	

	Are there any issues in identifying students for the unit?			
		If so, give some details		
What provision is in place within the units?				
	How many students attend the unit?			
		What are their timetables?		
			FT or PT	
	What support do students receive for their MH and WB?			
		Social and emotional learning		
		Social skills activities	Can you give some examples	
			How are these organised?	
			How are these assessed?	
		Individualised support		
			Mentoring	
			Counselling	
		Through the academic curriculum?		
	How is behaviour managed in the unit?			

		What is the behaviour policy?		
			How effective is this?	
				How do pupils respond to it?
			Does this support clear and effective disciplinary boundaries?	
	How is students' curriculum organised?			
		What lessons do students engage in		
		Do students keep up with the mainstream curriculum?		
			How it the work set?	
			Is each students' curriculum individualised ?	
			How is learning assessed?	
		What extra-curricular activities are there in place?		
	How are the facilities supportive of students' MH and WB?			
		environment		
		resources		
	Are there concerns about aspects			

	of the unit that do not support students' MH and WB?			
What plans are in place for students' placements in the centre				
	How long are students' placements on average			
	Does the unit lead to positive outcomes	-		
		How is students' progress monitored		
			With their SEL	
				Are any tools used to measure
			With their learning	
				Qualification outcomes
				What assessments are used
			With their future plans	
	What plans are in place to support students' reintegration			
		Is there a policy for reintegration		
			How are reintegration meetings held	

			What is usually the process	
		How are students involved in the process		
		Are parents involved in the process		
		What support is in place for students after they reintegrate		
	How well do you think the centre prepares students for reintegration			
		Examples of successful or non-successful reintegration		
	Is the unit monitored by SLT?			
Do you think students have a sense of belonging to the unit				
	How is this sense of belonging developed			
		How are students' relationships between themselves		
		How are staff – students' relationships developed		
			communicatio n	
			language	

		What gets in the way		
	Do students have a sense of belonging to the school			
		What are students' general views about the school		
		What are students' views on the unit		
Does the unit work with external agencies?				
	What agencies do you work with?			
		Outreach support		
		How is this organised		
		What support do they provide?		
How are staff working in the unit supported?				
	In what ways are they supported?			
		By who?		
	What is the staff's background			
	What training have staff received			
		Training		

		CPD		
	Are there opportunities to reflect on the challenges in the unit?			
	How is staff's WB supported?			
How is parental involvement facilitated?				
	Are there any issues in parental involvement			
		Are there plans to facilitate this		
How do you measure the effectiveness of the unit?				
	What is considered to be effective for the unit?			
	How do you monitor and evaluate the unit			
Reflections – What are the facilitators and barriers to supporting students' MH and WB in the unit?				
	Any ideas for improvement ?			

Appendix M: Student Interview Schedule (Phase 2)

Date: ……
School:……
Student Name:……

Level 1	Level 2	Level 3	Level 4	Level 5
Scaling- Rate out of 10	(1) School in general			
		Why this score? What is a 10, what is a 0?		
	(2) The Hub specifically			
		Why this score? What is a 10, what is a 0?		
How would you describe the unit to a friend who has never been here before?				
	Why would you describe it this way?			
		Are there other ways to describe it?		
			Positive?	
			Negative?	
Background – When did you start coming to the unit?				

	Who decided?			
		Were you involved in the process?		
			Did you want to go?	
		Were your parents involved in the process?		
	Do you know why you attend?			
		What are the aims for you attending the unit?		
	How do you see your being here?			
		As good in any way		
		As bad in any way		
			As a punishment or not?	
				Why?
	Do you know how long you will be attending			
		What is the plan for after?		
			Has there been talk of reintegration to mainstream?	
How do you like the facilities?				
	How safe do you feel			
	How welcoming is it?			

		Physical environment		
		Staff welcoming		
	What activities do you do here			
		What lessons do you do		
			What type of learning activities do you do	
			Do you like = dislike these learning activities here	
				Why?
				What is helpful – not helpful here to help you learn
		Do you do any extracurricular activities?		
			What?	
				Activities outside of school
			How often?	
How does the school as a whole support your wellbeing?				
	What interventions or activities helped you feel happier before coming to the unit to help you?			
		Relationships with staff		

		Group activities/interventions		
			Social skills groups	
		Time out cards		
		Safe space		
		Mentoring		
		Counselling		
	What did you not find helpful?			
		Behaviour policy		
		Lack of support		
		Lack of facilities		
		lessons		
		relationships	Peers teachers	
	Do you feel happier in the unit?			
		What activities do you do in the unit that have helped?		
		Has anything not helped?		
			Group sessions	
			Individual support	
				What is helpful
				What is not helpful
	What have you got better at in the unit?			

	How does the unit compare with being in typical classes?			
		how similar/ different		
		which prefer and why?		
	If a child had behavioural issues, how would this be dealt with in the unit			
		Do you think that is a good way?		
		Are there consequences and sanctions		
			How are these used?	
				Are they fair?
			Do you have examples?	
What positive relationships have you developed in school?				
	Have there been adults that have helped you in school?			
		What have they done to help you?		
	Have you developed good relationships with the staff in the unit?			

		What have they done to help you		
			Aspects of communicatio n	
		What else do staff do that is helpful?		
			Are there poor relationships with staff?	
				How are these developed?
	Have you got good friends in the unit?			
		Do you identify with the peers in the unit?		
		Do you see yourself as a member of the group here?		
		Do you feel any strong ties with the group?		
	Do you have friends that you see that are not in the unit?			
		Do you see them in school?		
			Would you like to see them more/less?	
	What do other people think about you going to the unit?			
		What good things do people say?		

		What bad things do people say?		
Reflections				
	Can you think of ways you would change the unit?			
		Would you add anything to the unit to make it better?		
		Would you take away anything from the unit to make it better?		
	Is there anything that you feel that you miss out on by being in the unit?			
		Friendships?		
		Lessons?		
		Extracurricular activities?		
	Do you think the unit will help you to do what you want to do in the future?			
		In what ways?		
	How does the unit compare with being in typical classes?			
		how similar/ different		
		which prefer and why?		

Appendix N: Description of Case Studies (Phase 2)

Case Study 1 - The PRU

The unit consists of a set of three adjoining rooms within the building of the mainstream secondary school. One larger room is set up like a classroom, the other has one computer desk. There is a small corridor to their own entrance, with two more comfortable seats, and a set of steps which is separated from the main room with a half partition wall. There are many colourful displays on the walls, which appear to have been made with students. Some are aspirational for example, 'Where in the world would you like to visit?', others are visuals to support students' learning. The unit is locked from the main school, so students cannot access the main school independently. Since September 2018, the unit is now managed by a qualified teacher who has previously worked in an independent school for students with social, emotional and mental health (SEMH) needs.

There are approximately 11 students accessing the unit overall. There are approximately five students in the unit at any one time, they are all on modified timetables. Students spend five to eight weeks in the unit. Each student had a personalised modified timetable. Some students attend school full time and spend part of their day in the unit, and part of their day in the main school. Others are on part-time timetables and do not attend lessons in the main school. Alongside the unit's manager, there are two teaching assistants (TA) who are in the unit full time. One TA supports students' learning, whereas the other facilitates groups and interventions to support students' MH and WB.

Case Study 2 - The Centre

This unit was redeveloped by the SENCo and Assistant Head in the spring term of 2018. It had been a unit used as a drop in for any student. The two members of staff reimagined the unit, redesigned the space and environment, developed policies and processes around identifying, referring and monitoring students' progress. They developed new provision within the unit, and staff working within pastoral or SEN now all have a role within the unit. The unit was mentioned within Phase 1 of the research when the Assistant Head was asked about any specialist provision available to support students' MH and WB. The unit has kept a similar name, which will not be used to preserve anonymity of the school.

The unit consists of one big open space room, with an office in one corner, where the SENCo and Assistant Head have their desks. The unit has a small sensory corner to one side with beanbags and curtains and some sensory items. On the other end there is a small kitchen area. In another corner, there is a relaxed seating area which is set up with cafe type seating. The remainder of the space has clusters of tables like in a classroom. There are various displays on the walls which have been developed with the students. During the observations of the centre, there were between 2 to 5 students in the unit at once. A number of students come to the unit for break and lunch time. In total, approximately 11 students attend the unit for part of their day. Students are all full time, and spend part of their day in the unit, and part of their day in the mainstream school. One student spends the entire day in the unit. Staff working in the unit are teaching assistants and assistant heads of year. There were between 1 to 2 members of staff in the unit at any given time.

Appendix O: Case Study 1 Thematic Analysis Table (Phase 2)

Table outlining themes, sub-themes themes and codes for the interviews with staff and students in Case Study 1 (Phase 2).

Global themes	Sub themes	Codes
Perceived aims of the unit	Who is it for	Student's descriptions, staff views on pupils
	Changing attitudes	Raising aspirations, building resiliency, developing opportunities, changing attitudes, fresh start, changing their behaviour (students' views), unclear on aims (students)
	Reducing exclusions	Reintegration
	Support	Learning, identifying students SEN,
A unit within the whole school approach	Whole-school support for MH and WB	In-school provision, school vision
	Whole-school challenges	School challenges, accountability measures, financial difficulties, cuts to services, pressures
	Awareness of MH and WB	Understanding of students difficulties
		Staff's attitudes
		Support for staff
	Development of the unit	Historical reasons, changes
	Links between school and the unit	'here-there', 'mainstream-the unit', 'keeping things the same'

Organisation of the unit/ Daily running of the unit	Structure and processes	Timetabling, reintegration process, identification process, referrals, conduct system, structure and consistency
	Provision	Placement plan, learning in the unit, knowledge books, changes in provision, Individualised support and interventions, extracurricular activities, external agencies
	Environment	Learning environment, 'prison', 'space', 'atmosphere', safety, 'belonging'
	Listening to student and parents views	Relationships with parents, listening to students
	Challenges	cuts to external agencies and lack of AP in the city, students attitudes, cuts to services
Relationships	Staff-students	HoY, restorative practice, building relationships, what is important to students, relationships in main school, sense of belonging, staff support from main school
	Between students	Positive relationships with peers in the unit, negative relationships with peers in the unit
	Between staff	Working together, supportive relationships
Student's views on the outcomes of being in the unit	Perceived benefits	Improving behaviour, developing learning.
	Lack of intervention	
	'Missing out'	Missing out on learning, missing out on friendships,
	Limiting future opportunities	University and career prospects, Being labelled
Staff's views on the impact of the unit	Measuring impact	Staff views on students' progress
	Reintegration	Assessing student's progress through reintegration,
	Student's attitudes	assessing behaviour, listening to students' views, staff's views on students' progress

Appendix P: Case Study 2 Thematic Analysis Table (Phase 2)

Table outlining themes, sub-themes themes and codes for the interviews with staff and students in Case Study 2 (Phase 2).

Global themes	Sub themes	Emergent themes
A unit within the 'whole school' approach	School's vision on MH and WB	School ethos, school vision, values, awareness of MH and WB Student views on support available in school, staff's views on the whole school support
	A graduated response	Whole school initiatives, waves of support
	School challenges	Pressures, funding, staffing
Developing an onsite unit	Historical developments and context	Changes to the centre
	Multiple aims?	Students understanding of the aims of the unit, inclusion
	Students' understanding of their own placement in the unit	
Processes and provision	Policies and structures	Reintegration process
	Pupil voice and Parent voice	Students' views on parental involvement
	Daily activities in the unit	Students' views on activities in the unit,
	The environment	Students' views on the environment
	Staff support	
Building relationships	Peer relationships	Sense of membership, missing out on peer relationship, identifying to pupils

	Relationship with staff	Positive elements of relationships, negative elements of relationship with staff
	Relationships between staff?	
Evaluating of the impact of the unit	How to measure outcomes?	Using tools, Assessments, exit reports, Gaining views
	The impact?	Learning
		Change in attitudes
	The unit's challenges	one space, different needs
		Staffing of the unit
		pressures
		Are there limits?

Appendix Q: Certificate of Ethical Approval

UNIVERSITY OF EXETER

GRADUATE SCHOOL OF EDUCATION

St Luke's Campus
Heavitree Road
Exeter UK EX1 2LU

http://socialsciences.exeter.ac.uk/education/

CERTIFICATE OF ETHICAL APPROVAL

Title of Project: How are mainstream secondary schools creating a whole school approach to provide for and support students' wellbeing and prevent mental health difficulties?

Researcher(s) name: Sinead Veale

Supervisor(s): Brahm Norwich
Margie Tunbridge

This project has been approved for the period

From: 01/03/2018
To: 01/03/2019

Ethics Committee approval reference:

D/17/18/27

Signature: Date: 01/03/2018
(Dr Christopher Boyle, Graduate School of Education Ethics Officer)

Appendix R: Ethical Application Form

COLLEGE OF SOCIAL SCIENCES AND INTERNATIONAL STUDIES

When completing this form please remember that the purpose of the document is to clearly explain the ethical considerations of the research being undertaken. As a generic form, it has been constructed to cover a wide-range of different projects so some sections may not seem relevant to you. Please include the information which addresses any ethical considerations for your particular project which will be needed by the SSIS Ethics Committee to approve your proposal.

Guidance on all aspects of the SSIS Ethics application process can be found on the SSIS intranet:
https://intranet.exeter.ac.uk/socialsciences/staff/research/researchenvironmentandpolicies/ethics/

All staff and postdoctoral students within SSIS should use this form to apply for ethical approval and then send it to one of the following email addresses:

ssis-gseethics@exeter.ac.uk This email should be used by staff and postdoctoral students in Egenis, the Institute for Arab and Islamic Studies, Law, Politics, the Strategy & Security Institute, and Sociology, Philosophy, Anthropology.

gseethics@exeter.ac.uk This email should be used by staff and postdoctoral students in the Graduate School of Education.

Name	**Sinead Veale**
Department	**DEdPsych**
UoE email address	**Sv312@exeter.ac.uk**

You should request approval for the entire period of your research activity. The start date should be at least one month from the date that you submit this form. Students should use the anticipated date of completion of their course as the end date of their work. Please note that retrospective ethical approval will never be given.

Start date: 01/02/2018	**End date: 01/03/2019**	**Date submitted: 16/02/2018**

All students must discuss their research intentions with their supervisor / tutor prior to submitting an application for ethical approval. The discussion may be face to face or via email.

Prior to submitting your application in its final form to the SSIS Ethics Committee it should be approved by your first and second supervisor / dissertation supervisor/tutor. You should submit evidence of their approval with your application, e.g. a copy of their email approval.

Student number	**660053793**
Programme of study	**Doctor of Educational Psychology (DEdPsych)**

Name of Supervisor(s)/tutors or Dissertation Tutor	**Brahm Norwich & Margie Tunbridge**
Have you attended any ethics training that is available to students?	Yes, I have taken part in ethics training at the University of Exeter For example, the Research Integrity Ethics and Governance workshop: http://as.exeter.ac.uk/rdp/postgraduateresearchers If yes, please give the date of the training: 01/11/2016

I hereby certify that I will abide by the details given in this application and that I undertake in my research to respect the dignity and privacy of those participating in this research. I confirm that if my research should change radically I will complete a further ethics proposal form.

Sinead Veale

Double click this box to confirm certification ☒

Submission of this ethics proposal form confirms your acceptance of the above.

TITLE OF YOUR PROJECT

How are mainstream secondary schools creating a whole school approach to provide for and support students' wellbeing and prevent mental health difficulties?

ETHICAL REVIEW BY AN EXTERNAL COMMITTEE

N/A

MENTAL CAPACITY ACT 2005

N/A

SYNOPSIS OF THE RESEARCH PROJECT

As a guide - 750 words.

Increasingly school is seen as a key environment to promote children and young people's wellbeing and tackle mental health difficulties (Weare, 2017). There exists many policies and guidance on how schools can support students' wellbeing and mental health (Department for Education, 2016). Whilst whole-school approaches are evidenced as being useful, there is a lack of research available about how this can be achieved (Roffey, 2016). Roffey (2015) examined the context of school and found that the most powerful change agent in a school is the head teacher, followed by the school leadership team. More research is needed to understand the leadership team's views, as well as staff and students, on these pressures, the identification and provision systems they have in place to support pupils' wellbeing and mental health (Weare, 2017).

Aims of this study are to:

1. To understand how leadership teams, in selected mainstream secondary schools, provide for all pupils' emotional health and wellbeing, prevent mental health difficulties for those at-risk and support those with mental health needs.
2. To provide an in depth understanding of the facilitators and barriers for selected mainstream secondary schools to provide for all pupils' emotional health and wellbeing, prevent MH difficulties for those at-risk and support those with MH needs.

What is involved:

The study will take place in 2 parts from February 2018 to March 2019 by myself Sinead Veale (Trainee Educational Psychologist) under the supervision of Professor Brahm Norwich and Margie Tunbridge.

Part 1: Semi-structured interviews with approximately 9 Senior Leadership Team members (SLT; either as a Head teacher or Deputy head teacher) in 9 secondary schools across a specific Local Authority in the UK.

Part 2: A sub-sample of secondary schools (3) will be selected to take part in a case study. This will involve further interviews with 5 members of staff in each school, gathering of school information if available, observations of specific interventions or provisions and interviews with 5 students in each school.

Research questions:

Phase 1:
- What is the leadership's approach to providing for all pupils' emotional health and wellbeing, preventing MH difficulties for those at-risk and supporting those with MH needs?
- What practices and provision exist within mainstream secondary schools in a local authority to provide for pupils' emotional health and wellbeing, prevent MH difficulties for those at-risk and support those with MH needs?

Phase 2:
- How do particular mainstream secondary schools provide for all pupils' emotional health and wellbeing, prevent MH difficulties for those at-risk and support those with MH needs?
- What are the facilitators and barriers for these mainstream secondary schools to provide for all pupils' emotional health and wellbeing, prevent MH difficulties for those at-risk and support those with MH needs?
- How do those receiving a certain type of provision in particular schools, evaluate the systems in place that support all pupils' emotional health and wellbeing, prevent MH difficulties for those at-risk and support those with MH needs?

Output:
I aim to understand what is happening in specific secondary schools in one Local Authority in terms of identification, support and provision of wellbeing and mental health. I aim to focus on the leadership's approach and their views on how they manage the tensions between attainment, mental health increase and stretched organisations. Further, through in-depth case studies I aim to understand the facilitators and barriers to implementing this vision from staff and students' perspectives. I intend for this research to recognise the range of practices schools have in place to support their student's wellbeing and mental health and identify where schools need support from services such as educational psychologists. I hope to be able to gain evidence of good practice in schools, which can be practically shared across schools. Schools will receive a summary of findings from their school and will have access to the final research.

Ethical considerations are elaborated below. They will follow the guidelines from the British Psychology Society (BPS) and the Health and Care Professions Council (HCPC) ethical codes of conduct (BPS, 2014; HCPC, 2012).

INTERNATIONAL RESEARCH

N/A – This research will be taking place in a Local Authority in England.

The following sections require an assessment of possible ethical consideration in your research project. If particular sections do not seem relevant to your project please indicate this and clarify why.

RESEARCH METHODS

Phase 1 of the research

Pilot study

A pilot study will be conducted to trial the interview schedule. It will take place with a member of SLT in a secondary school which is not placed in the same local authority as the research. Ethical consent will be gained before the interview.

Semi structured interviews data collection

The semi structured interviews with a member of SLT will take place in person at school or over the phone and can take place over several sessions. Interviews will last about an hour and will be audio recorded using a digital audio recorder. Ethical consent will be gained before the interviews (see ethical considerations below). The interviews will be semi structured, and the content of the interviews will be derived from the literature. The themes covered during the interview will be sent to the participant beforehand in order to allow them time to collect the necessary information about the provisions available across the school.

The semi structured interviews conducted in phase 1 and phase 2 will be recorded and then transcribed by the researcher. The methods of data analysis chosen for phase 1's semi-structured interviews, is Thematic Analysis. Data from the questionnaire will be analysed using NVivo.

Phase 2 - Case studies

The second phase of the research will consist of case studies in three schools from phase 1 and will consist of up to two days visit per school. The schools will be selected according to specific criteria: the schools will be rated as Good or Outstanding by OFSTED; the schools will be non-selective and co-educational; they will provide for students from 11 to 16 years of age; and they will offer an element of individual specialist provision. Schools that fit these criteria will be approached during Phase 1 and ask to voluntarily opt in to participating in the case studies in phase 2.

The case studies will consist of:

1. Semi structured interviews with members of staff
2. Semi structured interviews with students
3. Observations of provision
4. Gathering of any available documentation

1. Each case study will consist of semi structured interviews with approximately 5 members of staff in each of the three schools participating in the case studies. The participants will be members of staff who have a pastoral role or a specific role within the specialist provision within the school. The aim will be to gain

selected staff's views on the provision available, the barriers and facilitators to supporting, providing and identifying pupils' WB and MH needs.

2. The case studies will also consist of semi-structured interviews with 5 students who are accessing or who have accessed some element of specialised provision within their school (such as accessing a pastoral support base or attending a nurture group). An information letter will be sent home for them and their parents about the research. Passive consent will be gained from parents, i.e. parents will contact the school if they do not wish for their child to take part. The aim of the semi-structured interviews will be to gain students' views on the provision available in their school and how wellbeing and mental health is supported in their school. Students will not be asked about their own wellbeing or mental health.
3. The observations will depend on the provision available in the school selected for the case study and will derive from phase 1. This could be nurture groups, a lesson or a specific provision offered in the school. The observations will describe the school context as well as the specialised provision available in the particular school and will be recorded as field notes by the researcher. Any observations will be around the school environment and context, or a specific provision. It will not include any observations of particular students or members of staff.
4. The researcher will collect any available documentary evidence on the provision observed in the school or any school data on the effect of the provision and outcomes on staff and pupils that the school is willing to share as part of the research.

PARTICIPANTS

Phase 1

Participants in phase 1 will be a member of Senior Leadership Team (SLT) in 9 mainstream secondary schools. The member of SLT will be either a head teacher or deputy head teacher even if the responsibilities around wellbeing and mental health have been delegated to another member of staff. The participants' contact details will be collected through the link Educational Psychologist (EP) for the school or through contacting the school directly, and they will be approached initially via email. The pilot interview will take place with a member of SLT in a secondary school other than the schools selected for the study and which is not placed in the same local authority as the research.

Phase 2

1. Each case study will consist of semi structured interviews with approximately 5 members of staff in each of the three schools selected from phase 1. The participants will be members of staff who have a pastoral role or a specific role within the specialist provision within the school. The selected participants will be members of staff who voluntarily accept to be part of the research. An email will be sent to staff across the school explaining the research and asking to voluntarily sign up.
2. 5 students in each of the three schools will be selected for semi-structured interviews. This will consist of students who are accessing or who have accessed some element of specialized provision (such as accessing a pastoral support base or attending a nurture group).

THE VOLUNTARY NATURE OF PARTICIPATION

Phase 1 - Participants for Phase 1 will be recruited directly through the researcher. An information and active consent form will be sent to the member of SLT prior to the interview. The letter will inform the participant that their school and their identity will be confidential, and the data will remain anonymous. At the beginning of the interview, the participant will be informed verbally that their participation is voluntary, that they have a right to withdraw at any time, and that all information will be treated confidentially. If they wish to withdraw, their data will be deleted and will not be included in the overall research.

Phase 2 – If the school fits the phase 2 sampling criteria explained above, the letter sent to the member SLT in Phase 1 will include information about the case study and will include an opt-in form. Participants for the interviews will be voluntary. Participants will be able to sign up for interviews through direct contact with the researcher. This will enable them to participate in the research without their school knowing if they wish. Information letters will be sent to the members of staff participating in the interviews outlining the purpose of the research.

An information letter will be sent home to the students identified for phase 2 for them and their parents outlining the research. Passive consent will be gained from parents, i.e. parents will contact the school if they do not wish for their child to take part. Students will be asked to give their assent prior to doing an interview. At the beginning of the interview, participants will be informed verbally that their participation is voluntary, that they have a right to withdraw at any time, and that all information will be treated confidentially. Schools may be aware of which students participate in the research, but their details will be anonymized.

SPECIAL ARRANGEMENTS

N/A

THE INFORMED NATURE OF PARTICIPATION

Phase 1: All participants will be given full information about what the study entails before they chose to take part. In each selected school, active consent will be gained from the member of SLT agreeing to voluntarily participate in the research. Before the interviews, the researcher will discuss the ethical considerations and consent with the participant. Participants will be told about their right to withdraw at any point in the research. If this were the case, their data would be immediately destroyed. The researcher will go through what will happen to the data during and after the research project.

Phase 2: The member of SLT from phase 1 will provide active consent agreeing to be part of the selection process for the case studies. Active consent will be gained from members of staff willing to take part in the interviews. Parental letters will be sent home to students who have been identified by school as accessing provision within their school. The letter will inform them of the purpose of the research, the methods used and how the information collected will be used, the name of the school link member of staff and the assessment of possible harm information (outlined below). Passive consent will be gained from parents, i.e. parents will contact the school if they do not wish for their child to take part. The letter will inform parents that their child's identity will be confidential, and the data will remain anonymous. At the beginning of the interview, information will be given to the child about the nature and purpose of the

study. Limits to confidentiality will be explained to students at the beginning of the interview. They will be told that what the content of the interview will remain confidential unless a safeguarding issue is disclosed. In which case the researcher will speak to the designated safeguarding lead in the school. Participants will be told about their right to withdraw at any point in the research.

ASSESSMENT OF POSSIBLE HARM

It is not anticipated that there should be any harm caused by this project as the interviews will be conducted primarily with adults and will be focused on processes and provision available in their school and will not ask any participants about their own mental health or wellbeing. As for interviews with pupils as part of the case studies, the questions will be about the provision available within their school and will not include any questioning about direct mental health experiences or any questions of a sensitive nature. The information concerning the assessment of possible harm will be outlined in the letter to parents. Careful considerations will be taken during the interview, such as having a clear interview schedule which will ensure that the interviews will not lead to personal questions about student's wellbeing or mental health. The researcher will equally check with the designated link member of staff if any students should not be given the option to participate in the research due to serious mental health difficulties. Pilot interviews will be carried out prior to the research to receive feedback and reflect on the interview schedule prior to conducting the research. Similar ethical considerations and steps will be taken for the pilot interview. The student's pilot interview will take place in school so that all the same conditions and support are available.

In the case that the topic does bring up any difficulties for the pupils, the researcher will use their skills to ensure support is made available for them in school following the interview. The researcher is a doctoral trainee psychologist with experience and training in dealing with distress in children, in the unlikely event that this should occur. Steps will be taken to reduce the sense of intrusion and to put the participants at ease. The interviews will cease immediately if it appears to be causing upset. Students have the right to withdraw at any time and have their data removed from the study. A designated person will be the point of contact throughout the research and will be available for students to talk to if they have any concerns. Their name will be included on the information sheet given to parents and students. Any issues that arise during the interviews can be discussed by the researcher during supervision.

DATA PROTECTION AND STORAGE

The data collected will be held safely and securely. Written notes from the interviews will not contain any names or personal data and will be destroyed after two years. The audio files from the interviews will be transferred to a password-protected computer that only the researcher will have access to. Files will not have identifiable information and will be anonymised. To ensure that the identity of the participating schools and all participants will be kept confidential, codes will be allocated to each school and each person within the school (School 1, Staff A…School 2, Student A etc.). Transcribing will use pseudonyms only. Data will be transferred to NVivo without names or personal details attached to raw data. All research will be presented in anonymised form using the allocated code names. Any publication of the research will not lead to a breach of agreed confidentiality and anonymity.

DECLARATION OF INTERESTS

No commercial interests.

USER ENGAGEMENT AND FEEDBACK

At the end of the research, the member of SLT in the phase 1 schools, will receive the findings for their school and will have access to the overall thesis. For schools participating in phase 2, the member of SLT will be offered a summary of findings of the case study and the final thesis. The members of staff and students participating in phase 2 will be given a summary of the case study and will have access to the full thesis.

Precautions will be taken in order to preserve anonymity of participants in the research findings, the reports shared with schools as well as in the final thesis. Participant and school names will be removed in the final reports. Findings from phase 1 will not be immediately shared with participants from phase 2 in order to keep the member of SLT's views confidential. In the overall thesis, schools will not be identifiable which will protect the member of SLT's views.

Participants and school names from phase 2 will be removed in the final reports. Precautions will be taken to keep the anonymity of staff such as removing any identifiable roles. Further, participants will be given the choice of removing their views from the report that will be given to each individual school outlining the findings from the case studies. The school reports will include a brief summary of findings with recommendations, based on what students and staff have said. Findings will be written in a way to ensure particular people will not be identified. Staff are equally given the choice of contacting the researcher directly if they wish to participate in the research without their school knowing. The overall thesis will be available to participants; therefore, careful precautions will be taken to preserve anonymity and confidentiality by not making schools or staff identifiable.

INFORMATION SHEET

1. (See Appendix B, G, H and I for complete information sheets)

CONSENT FORM

(See above)

SUBMISSION PROCEDURE

Staff and students should follow the procedure below.

In particular, students should discuss their application with their supervisor(s) / dissertation tutor / tutor and gain their approval prior to submission. Students should submit evidence of approval with their application, e.g. a copy of the supervisors email approval.

This application form and examples of your consent form, information sheet and translations of any documents which are not written in English should be submitted by email to the SSIS Ethics Secretary via one of the following email addresses:

ssis-ethics@exeter.ac.uk This email should be used by staff and postdoctoral students in Egenis, the Institute for Arab and Islamic Studies, Law, Politics, the Strategy & Security Institute, and Sociology, Philosophy, Anthropology.

gseethics@exeter.ac.uk This email should be used by staff and postdoctoral students in the Graduate School of Education.