

School reintegration following inpatient mental health hospitalisation: The perspectives of children, young people and parents

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Glossary of Terms

CAMHS: Child and Adolescent Mental Health Service

CYP: Children and young people

Department of Education: DfE

Department of Health: DoH

EHANA: Education, Health, and Care Needs Assessment

EHCP: Education, Health, and Care Plan

EP(s): Educational Psychologist(s)

EPS: Educational Psychology Service

GDPR: General Data Protection Regulation

IEP: Individualised Education Plan

IPA: Interpretative Phenomenological Analysis

LA: Local Authority

MH: Mental Health

MHST: Mental Health Support Team

NHS: National Health Service

NHSE: National Health Service England

SEMH: Social, Emotional, and Mental Health

SEND: Special Educational Needs and Disabilities

SENDCo: Special Educational Needs and Disabilities Coordinator

TA: Thematic Analysis

UK: United Kingdom

YP: Young person

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Literature Review chapter

1.1 Introduction to the research area

The mental health (MH) and well-being of children and young people (CYP) is increasingly becoming a focus for Government policy in the United Kingdom (UK), particularly in the context of recovering from the recent Coronavirus pandemic (Covid-19), the current cost of living crisis and the war in Ukraine (DfE, 2023; The Children's Society, 2022). Recent research (The Children's Society, 2022) suggests that the overall happiness and well-being of CYP is declining, whilst the number of CYP with mental health difficulties is rising (Newlove-Delgado et al., 2022). One in six CYP in the UK are now thought to have a diagnosable mental health condition (Newlove-Delgado et al., 2022). For CYP with the greatest MH difficulties, they may be admitted to an inpatient psychiatric setting, for example, a Tier 4 MH unit or ward in a hospital, for support and intervention (Children's Commissioner, 2023). When CYP are discharged from inpatient psychiatric settings, they face the challenge of continuing their journey to MH recovery and adjusting back to life outside of the setting, including the academic and social demands of school (Savina et al., 2014). This period of adjustment back to school life following inpatient psychiatric hospitalisation is commonly referred to in the literature as school reintegration (e.g., Savina et al., 2014).

Prior research has highlighted that school attendance in general can support CYP to achieve numerous positive outcomes in relation to their overall health, well-being and development (e.g., Allison et al., 2019) including supporting the development of academic and social skills (e.g., Stoiber et al., 2019). Furthermore, successful school reintegration following hospitalisation for medical reasons (such as cancer) has also been shown to support CYP holistically (academically, socially and psychologically) (e.g., Thompson et al., 2015). Whilst there is currently a dearth of empirical research in the area of school reintegration following inpatient psychiatric hospitalisation, researchers posit that successfully reintegrating into the school environment following inpatient psychiatric setting is also important to support CYP's mental health recovery (Savina et al., 2014; Preyde et al., 2017; Vanderberg et al., 2023). For example, research findings indicate that the school environment can support CYP to develop a sense of connectedness and belonging amongst peers and adults (Marraccini & Brier, 2017). However, there are also stressors and risk

factors associated with a less successful return to education following time spent in an inpatient psychiatric setting, such as navigating stigma or the perceptions of others, or catching up with missed academic work (Preyde et al., 2017). Therefore, it is important to develop an understanding of how to ensure a successful school reintegration for these CYP.

As Tougas et al. (2023) point out, the area of school reintegration following psychiatric hospitalisation is an “emerging niche area” (pg. 795). There are several possible explanations for a dearth of research or a lack of interest in the area from researchers across disciplines. Firstly, only a proportionately small number of CYP in the UK, around 3,500 CYP under 18, are admitted as inpatients to a psychiatric facility each year (Article 39, 2021). Whilst research highlights that readmission to one of these settings can be common (e.g., Chen et al., 2022), it is currently unclear how many of these CYP are able to successfully reintegrate into school. As this phenomenon impacts such a small number of CYP, this may explain a lack of current interest in the area or mean that there is difficulty in locating participants for such a study. Furthermore, due to the transition between the healthcare and education sector at the time of school reintegration, it has been argued that there are a number of professionals involved from different fields of expertise, which may lead to a “diffusion of responsibility” (Savina et al., 2014, pg. 740). The challenges associated with multi-agency collaboration and communication during a transition between services may have an impact not only when it comes to supporting school reintegration, but it may also be unclear as to which professionals from these agencies are best placed to conduct further research in this area.

Much of the existing research has focussed on the views of school and hospital-based MH professionals who support the school reintegration process, including school psychologists (e.g., Tisdale, 2014). Fewer studies have gathered the voices of CYP and their parents or caregivers on their experiences of school reintegration, including their views on what supports and what could be improved about the process. Furthermore, current research and doctoral theses in this area have been carried out by a small number of researchers, mostly in international contexts, where there are differences between the service delivery of MH support for CYP and education systems. Although some similarities can be drawn between these two systems, the perspectives on school reintegration in the UK may differ.

However, little is currently known about this, as only one existing doctoral thesis conducted in the UK could be found during the literature search (Williams, 2021). Therefore, further consideration of how these research findings may apply to CYP in the context of the UK and how this may have implications for the role of Educational Psychologists (EPs) seems warranted and timely given the current declining picture for the MH of CYP in the UK at this time.

This review of the literature will focus on research pertaining to school reintegration experiences for CYP transitioning from a psychiatric hospital or inpatient MH unit into an educational setting. This review does not include the experiences of school reintegration for CYP who have spent time in a hospital for medical reasons other than MH needs, as extensive research in the reintegration of CYP who have been hospitalised for other medical reasons already exists (e.g., Vanclooster et al., 2018). Aspects of the topic that will be covered include an ecological perspective on the experiences, supports and barriers to school reintegration for CYP who have spent time in a psychiatric hospital or Tier 4 inpatient MH unit, commonly referred to in the literature as psychiatric hospitalisation. Research studies will be referred to that include the perspectives and experiences of CYP, their caregivers, and hospital and/or school-based mental health professionals who are involved in the school reintegration process. The focus of the review is specifically interested in how CYP with MH needs are supported to reintegrate into school, as there is currently a lack of existing research in this area, particularly in the context of the UK.

1.2 Introduction to the literature review

This narrative review of the literature on school reintegration aims to draw together existing research, provide an overview of the current knowledge around the topic, and identify future research opportunities to address any potential weaknesses or ambiguity in the literature (Baumeister & Leary, 1997; Sarkar & Bhatia, 2021). A narrative literature review is selected as the most appropriate method for summarising and reviewing the existing literature in the field, as the number of empirical studies relating directly to the focus of the research is somewhat limited (Sarkar & Bhatia, 2021). In contrast to a systematic literature review process, narrative reviews can be more flexible in the types of studies that can be included, providing useful information from a wider bank of evidence (Sarkar & Bhatia, 2021).

Taking a social-ecological model (Bronfenbrenner, 1979) and solution-oriented (de Shazer, 1986; O'Hanlon & Weiner-Davis, 1988) perspective to the extant literature on school reintegration for CYP following psychiatric hospitalisation, the literature review is structured as follows. Firstly, research that focuses on the perspectives of hospital or school-based MH professionals will be reviewed, followed by studies that focus on the perspectives of parents or caregivers in relation to their experiences of school reintegration. Research that explores the perspectives and experiences of CYP will follow. The common themes arising in the literature will be discussed throughout this review, in addition to perspectives on what supports school reintegration and potential future improvements for the school reintegration process. The review is concluded by considering the potential role of EPs and summarising the opportunities for future research in this area.

1.2.1 Search terms for the review

Literature searches were conducted between September 2021 and May 2023, initially using Google Scholar, and then extending to literature databases, including APA PsycInfo, EBSCO E-journals, ERIC, Scopus and Taylor & Francis Online. A search of recent theses was also conducted on EThOS. Search terms included "school reintegration" + "mental health" or "mental illness" or "mental disorder" or "psychiatric illness". A hand search of the reference list of relevant articles was also conducted, revealing further research studies that were not found during the initial literature searches.

1.2.2 Inclusion and exclusion criteria

Research studies from the last ten years were included so that there could be a focus on the most recent research and professional practice in school reintegration. Both qualitative and mixed methods research studies were included to provide a balanced evaluation of the literature. However, much of the research in this area utilises qualitative methodology, and no studies could be located that used solely quantitative methods. When identifying appropriate studies to review, studies were included if they had a particular focus on school reintegration for CYP with MH needs, transitioning out of a psychiatric hospital or inpatient MH setting back into education. Studies were excluded if they focussed on the perspectives and experiences of CYP who were still under psychiatric care in an inpatient MH setting or if they explored other factors, such as school-related influences on CYP mental

health, due to the focus of the current study on experiences of school reintegration specifically. Studies were also excluded from the selection process if they related to time spent in a hospital setting for chronic health conditions or physical injuries (e.g., brain injuries or brain tumours or cancer). Although similarities can be drawn between this area of the research, the focus of the current review is on literature from within the last 10 years, considering school reintegration following hospitalisation for MH needs and how they can be supported. Any studies not in the English language were also excluded. An overview of the studies that were selected for the review is represented in Table 1.

Table 1 Overview of selected studies

Author(s), Date	Country	Sample	Methodology
Clemens et al. (2011)	USA	Mental health professionals	<ul style="list-style-type: none"> • Qualitative study • Interviews
Tisdale (2014)	USA	Mental health professionals	<ul style="list-style-type: none"> • Mixed methods study • Quantitative questionnaires (adapted from previous research) • Interviews and creation of a transition plan in response to a vignette
Marraccini et al. (2022)	USA	School professionals	<ul style="list-style-type: none"> • Mixed methods study • Interviews • Quantitative questionnaire
Rager (2013)	USA	Caregivers	<ul style="list-style-type: none"> • Qualitative, multiple case study design • Interviews • Review of educational records
Blizzard (2016)	USA	Caregivers	<ul style="list-style-type: none"> • Mixed methods study • Qualitative questionnaire • Standardised self-report measures

Vanderberg et al. (2023)	USA	Caregivers	<ul style="list-style-type: none"> • Qualitative study • Interviews
Iverson (2017)	USA	Young people	<ul style="list-style-type: none"> • Qualitative • Interviews
Preyde et al. (2018)	Canada	Young people	<ul style="list-style-type: none"> • Mixed methods study • Interviews • Standardised self-report measures
Marraccini and Pittleman (2022)	USA	Young people	<ul style="list-style-type: none"> • Qualitative • Interviews
Williams (2021)	UK	Young people, parents, hospital school people and pastoral members of staff.	<ul style="list-style-type: none"> • Qualitative, multiple case study design • Interviews

1.3 Perspectives of professionals on school reintegration

Much of extant research into what supports school reintegration for CYP is from the perspective of adults who are involved in the process, for example, school and hospital-based MH support staff such as clinical psychologists or psychiatrists, school psychologists or school counsellors (Marraccini et al., 2022; Clemens et al., 2011; Tisdale 2014). This section of the review will synthesise, summarise, and critique the research findings of existing studies that gather the professional perspective on CYP's experiences of school integration following psychiatric hospitalisation, including the facilitators, barriers and to successful reintegration and the aspects that could be improved from the perspectives of these professionals.

Qualitative research by Clemens et al. (2011) aimed to explore the factors that facilitated or impeded successful school reintegration for CYP following their psychiatric hospitalisation. Following analysis of the data from semi-structured interviews conducted with 14 MH professionals based in school and psychiatric

hospital settings, findings identified several contributing factors in the systems around CYP (Bronfenbrenner, 1979). However, the semi-structured interview protocol was designed based on previous literature, which may have limited the responses of participants, meaning that some key barriers or facilitators to supporting school reintegration may not have been shared (Clemens et al., 2011). Nevertheless, across each of the themes emerging from their analysis, Clemens et al. (2011) underscored the common unifying concept of communication between stakeholders around CYP (hospital, school, and caregivers), which they assert is essential for supporting school reintegration. Participants highlighted that multidisciplinary collaboration assists in creating bespoke reintegration plans for CYP, focusing on the individual needs of CYP. Professionals felt that this communication and collaboration could also facilitate the continuity of MH support for CYP as they return to education and the community. Findings also emphasised the important supporting role of caregivers in school reintegration by facilitating their continued access to MH support.

Clemens et al. (2011) concluded that it would be supportive for CYP to have the opportunity to identify a trusted, key adult to coordinate a multidisciplinary team in preparing for school reintegration, to provide emotional support and act as their advocate amongst teaching staff. Researchers also emphasised the importance of communication with parents so that they can have “realistic expectations” (Clemens et al., 2022, pg. 211) of CYP’s reintegration and be well informed to act as an advocate for CYP’s rights to continued support and education. One limitation of this qualitative study is the retrospective nature of this research privileged the voices and perspectives of professionals who may have had challenging experiences with parents in the past, which seems to be reflected in some of the included data extracts. Whilst Clemens et al. (2011) assert the importance of communication with parents, there is little consideration of additional emotional or practical support that parents may require to support them in advocating for their child.

Tisdale’s (2014) mixed methods doctoral research built upon prior research (e.g., Clemens et al., 2011) to explore the knowledge, competence, and important actions of 24 hospital and school-based professionals when supporting CYP’s school reintegration following their psychiatric hospitalisation. The researcher utilised a combination of questionnaires, qualitative interviews, and narrative reports in

response to a vignette. The varied methods of data collection are a strength of this study, although not all participants chose to complete all aspects of the study. Nevertheless, findings from Tisdale's (2014) study support Clemens et al.'s (2011) research as professionals emphasised the importance of communication between hospital staff and coordinating members of school staff from the start of CYP's psychiatric hospitalisation throughout their stay and during a reintegration planning meeting. Transition planning was underscored as an important factor in school reintegration, ensuring that school staff are prepared for CYP to return. However, participants also spoke about barriers for CYP in accessing continued MH support in school due to the limited availability of school-based MH professionals, as well as issues around a lack of MH training, availability of funding and subsequently, sufficient resources. Professionals also commented on barriers related to health insurance impacting on successful reintegration, although this is less relevant to the UK context at the time of writing. A strength of Tisdale's (2014) study is that they emphasised the importance of relationships with families and CYP and the importance of relationships for CYP themselves. Tisdale (2014) asserts that professionals, both from the psychiatric hospital and school staff from the receiving school, should work to foster relationships with parents to promote collaboration and support successful reintegration. They also highlighted the importance of school connectedness for CYP, referring to CYP's friendships and level of engagement in schoolwork or activities. However, this study is limited by the small number of participants, mostly from one psychiatric hospital and one school setting.

A recent study conducted by Marraccini et al. (2022) expands further on the previous research into professionals' perspectives by utilising mixed methods to examine the procedures in place to support CYP's school reintegration following psychiatric hospitalisation for a suicide-related crisis. Researchers aimed to use the findings to further inform hospital-based professionals on how to support school reintegration. This study also built on previous research, as professionals were asked to consider their perceptions of the experiences of CYP and their families during school reintegration. However, of course, this is limited by the fact that the views of CYP and their families on their experiences were not gathered directly in this study. The use of mixed methods is a strength of the research as the quantitative survey, the School Reintegration Survey, was piloted with school

psychologists and subsequently amended (Marraccini et al., 2019). A large pool (133) of school professionals in the USA completed the survey, followed by a small number (19) of follow-up qualitative interviews. Marraccini et al. (2022) found that not all schools had reintegration protocols to support CYP returning to school following psychiatric hospitalisation, particularly if the schools were based in rural areas. This could be viewed as a barrier to successful reintegration, as without a formal protocol, school staff may be unsure of important considerations to be made or appropriate steps to follow. However, following interviews with school psychologists, findings supported prior research (Clemens et al., 2011; Tisdale, 2014) as participants identified the supportive nature of multidisciplinary communication between professionals and families, re-entry planning meetings and continued MH support in schools upon CYP's return. Findings also support those of Tisdale (2014) as professionals considered that communication between hospital and school staff to prepare for CYP's reintegration into school should be considered throughout their hospitalisation, not just when preparing for their discharge.

A unique finding in Marraccini et al.'s (2022) study related to professionals' perceptions of the stigmatisation of MH difficulties/crises within schools. Professionals commented that some of CYP's peers and teachers may perceive CYP differently due to their hospitalisation for suicide-related crises, which may be a barrier to their successful reintegration. They also shared that this may be a barrier to information sharing with schools, as some parents may be concerned about potential stigma. However, a strength of this study is that professionals also reflected on aiming to reduce stigma upon their return through fostering positive relationships between CYP, families and school staff. Marraccini et al. (2022) concluded that CYP returning to school may benefit from formal documentation to ensure that an individualised re-entry plan based on CYP's strengths and needs is formulated, in addition to ensuring CYP's access to interventions and continued appropriate MH or academic support. This may include a re-entry plan, safety plan, or a document similar to an Education Health and Care Plan (EHCP) or Individualised Education Plan (IEP). This study was conducted in the context of a small area of the USA and findings may not be representative of a wider general population of school psychologists or EPs. Despite this, these findings have implications for

considerations around support and formal documentation (e.g., EHCPs) provided for CYP in the UK.

To the researchers' knowledge, only one previous study conducted in the context of the UK could be located that also included the views of professionals on CYP's school reintegration following psychiatric hospitalisation (Williams, 2021). In their qualitative doctoral research, two multiple case studies were conducted to explore school reintegration for two CYP following their hospitalisation for eating disorders. Each case study included the perspectives of a member of hospital and school-based MH support staff (alongside the perspectives of CYP and a parent in each case) when enquiring about what supports and what could be improved about school reintegration for this group of CYP. Underpinned by theories of positive psychology, in this study Williams (2021) considers what lessons can be learned from the experiences of participants to inform future implications for school staff, EPs, and parents. Williams (2021) conducted a thematic analysis of data from semi-structured interviews with all participants to identify key themes for each separate case study. Due to the case study design of this research, it is somewhat difficult to tease apart the views of professionals from the views of CYP and parents from the discussion and conclusion presented by Williams (2021). However, this is not considered to be a weakness of the study, as it could be argued that taking an ecological perspective on school reintegration, including the views of all stakeholders across systems, can provide the most detailed and useful understanding of supports and potential improvements for school reintegration (Bronfenbrenner, 1979).

The findings from interviews with professionals in Williams' (2021) study reflect those of previous research (e.g., Clemens et al., 2011), as professionals considered that the pastoral support from one key identified adult in school with whom CYP had built a trusting relationship was supportive for successful school reintegration. Similarly, professionals expressed their views that a key supporting adult or mentor should have a dedicated role in supporting CYP through regularly scheduled check-ins to provide consistency of support. Also mirroring the perspectives of professionals in prior research (Marraccini et al., 2022), professionals in Williams' (2021) study highlighted how communication and collaboration between professionals positively influenced school reintegration, as it enabled the creation of bespoke reintegration plans, including specific supportive

strategies based on the knowledge of hospital professionals. Hospital professionals in the study also considered that school staff may need to receive further training around MH needs and eating disorders to ensure that all teachers are aware of CYP's challenges and are communicating in a helpful and supportive way with CYP. One way that this can be achieved is through communication between MH professionals and school-based members of staff to upskill these adults.

Somewhat uniquely in Williams' (2021) study, professionals placed emphasis on taking a person-centred approach to planning and preparing for CYP's return to school by including CYP's views and concerns at this stage. Professionals also took a strengths-based approach to planning for CYP's return to school by celebrating CYP's individual strengths in addition to their unique challenges as part of the planning process. This may have supported CYP's feelings of school connectedness and relationships with school staff. Professionals placed emphasis on the unique strengths of CYP that enabled their successful reintegration, such as being academically driven, independent and mature, as they reached the end of their school careers and began planning for university. However, Williams' (2021) case studies included professionals who supported the reintegration of two academically driven young people who were aged 18 and 20 at the time of interviews. Therefore, CYP who are earlier in their school career may have different motivators incorporated into their reintegration plans. Furthermore, professionals reported that CYP benefited from supportive parents, who really listened to the voices of CYP and advocated for their wants and needs when creating a reintegration plan. These caregivers also supported the young person (YP) during lunch times in school, as school staff were not able to provide an adult to support them with lunch times.

In summary, substantive research gathering the perspectives of hospital and school-based MH professionals highlights the perceived importance of communication between multidisciplinary teams, including developing school reintegration plans to support CYP and coordinating support between MH professionals and caregivers (Williams, 2021). Professionals have also highlighted the importance of caregivers in their child's school reintegration and described how caregivers can affect the success of the transition (Clemens et al., 2011; Marraccini et al., 2022). The research literature indicates that CYP benefit from supportive caregivers who are consistently involved with their child's mental health support and

advocate for their child's access to mental health services during school reintegration (Clemens et al., 2011; Marraccini et al., 2022). It is interesting to note that these studies have not also explored the views of teaching staff on their experiences of teaching and supporting CYP's school reintegration, as they may have unique insights on the support that they may require to further facilitate this. However, with the exception of Williams' (2021) study, there are limitations to some of the studies carried out with professionals in that it does not take into account the perspectives of CYP themselves by also gathering their voices directly. Furthermore, as caregivers play a key role in supporting reintegration and have a unique insight into the support provided by professionals across systems, further research that gathers their perspectives also seems warranted. It would be valuable to consider how caregivers could be further supported in their facilitating role for CYP, as it is considered that supporting CYP who have been experiencing significant MH challenges would also be challenging for caregivers.

1.4 Perspectives of caregivers on school reintegration

A very small number of research studies could be located that focussed exclusively on the perspectives of caregivers/parents on their experiences of school reintegration for CYP. In these studies, not all participants were biological parents of CYP. Thus, the terms caregivers and parents will be used interchangeably depending on the participants in each study. The dearth of parent voice in the literature is somewhat surprising given the importance of the support and involvement of caregivers, as highlighted in prior research gathering the views of professionals (e.g., Tisdale, 2014). One doctoral study from an ecological perspective previously introduced in this review that also includes the views of caregivers will also be included here (Williams, 2021). In this section, each of the studies including the perspectives of caregivers will be introduced and critiqued before considering the common themes across studies relating to the facilitators for successful school reintegration and possible future improvements.

Rager's (2013) doctoral dissertation utilised qualitative methods as part of a multiple case study design to conduct a detailed exploration of the views of three caregivers of CYP who had spent at least 3 days in a psychiatric hospital due to their MH needs. The study aimed to explore the experiences of caregivers following their child's discharge from the hospital to consider future recommendations for the

practice of professionals. Rager (2013) also investigated the knowledge that caregivers had of the support on offer from education and hospital settings and enquired about caregivers' perceived needs at the time of CYP's discharge from the hospital. The study also considered caregivers' perceptions of the barriers to school reintegration. Although the study did not set out to specifically explore support for school reintegration, Rager (2013) also briefly commented on some of the facilitating factors indicated by their findings.. Whilst this study had a small sample size, following the coding of semi-structured interview data to analyse the pertinent themes in each case, a cross-case analysis was also conducted to search for commonalities in experiences. Overall, and in contrast with previous literature that has suggested effective protocols for school reintegration (e.g., Clemens et al., 2011), caregivers in Rager's (2013) study had a particularly negative experience of school reintegration, impacting on caregivers' well-being and leaving them feeling "confused, overwhelmed and frustrated" (pg. 141). Caregivers reported that they were dissatisfied with the support provided for them and their child and that they were denied requests for formal individual education plans that would outline additional support required.

Expanding upon Rager's (2013) study, Blizzard et al. (2016) sampled a larger number of caregivers (44) of CYP who had been admitted to one of two psychiatric hospitals for between 2-10 days. Caregivers were also taking part in the School Transition Programme (Weiss et al., 2015), an intervention intended to support CYP and their families during the period of reintegration from the hospital into school or the community. Utilising mixed methodology, researchers in Blizzard et al.'s (2016) study aimed to investigate the perspectives of caregivers ahead of their child's reintegration into school or the community. Quantitative methods were employed to identify the psychosocial resources (e.g., coping skills, level of strain, social supports) of caregivers that could support them during their child's transition out of the hospital. Open-ended interview questions also explored caregivers' perceived needs ahead of the reintegration process. Somewhat in support of the findings of Rager (2013), findings from quantitative measures in Blizzard et al.'s (2016) study also indicated that caregivers were dissatisfied with the support their child received in school *prior* to CYP's admission to the psychiatric hospital, with only 40% of participants reporting that they felt they had received the support they required from

school staff. This may have had an influence on caregivers' concerns about how well their child would be supported during their upcoming reintegration into school. Findings from Blizzard et al.'s (2016) study also indicated that caregivers had concerns about their child's social, emotional, and mental health (SEMH) needs and their academic needs and how these would be met in school when they began to reintegrate into school. This included concerns about their child's peer interactions, such as the risk of being bullied and how their child would explain their hospitalisation to peers. This study was somewhat limited by the timing of the interviews, as this part of the study took place during CYP's hospitalisation, prior to their school reintegration. Therefore, it is not known from the findings of Blizzard's (2016) study whether the caregivers' perceptions changed during the school reintegration process because of caregivers perhaps voicing their concerns to professionals. It would have been useful to examine caregivers' perspectives longitudinally to ascertain what they perceived to be effective support for CYP's needs and what types of support led to successful school reintegration for CYP.

A recent study by Vanderberg et al. (2023) aimed to build upon previous research to examine caregivers' experiences of school reintegration for CYP returning to school following psychiatric hospitalisation specifically due to suicidal thoughts or behaviours. This research also aimed to gather caregivers' perspectives on recommendations for improvements to the support available for school reintegration for this particularly vulnerable group of CYP to further inform future recommendations for practice. Semi-structured interviews were conducted with 19 caregivers of CYP. Interview transcripts were analysed using applied thematic analysis. Vanderberg et al. (2023) reported caregivers' mixed experiences of support for CYP, with participants commenting that some CYP received support and adaptations for academic and MH needs upon their reintegration into school. Researchers utilised the perspectives of caregivers in concluding that there are some simple, actionable steps that school staff members can take to support CYP and their families with school reintegration in the future. These steps related to school staff endeavouring to improve communication with hospital staff, CYP and their family during the hospitalisation of CYP and when planning for reintegration, ensuring continued access to academic work during CYP's inpatient stay, in addition to making adjustments and providing intervention support upon CYP's return to

school. Vanderberg et al. (2023) acknowledge that this study is limited by the small number of caregivers who participated in the study from one psychiatric hospital. The procedures in place and support offered to facilitate school reintegration in this area may not be the same in other psychiatric settings and this is something that should be considered when generalising the findings to other contexts.

1.4.1 Communication between hospital, school, and family

Findings by Rager (2013) and Vanderberg et al.'s (2023) corroborated those of previous research with professionals (Tisdale, 2014; Marraccini & Chin, 2022), most notably highlighting communication between hospital and school professionals, and caregivers as an area which could be improved during CYP's inpatient stay through to their reintegration into school. Caregivers in Rager's (2013) study did not feel that they or their children were well supported by medical professionals when their child was discharged from the psychiatric hospital. Caregivers were provided with a list of diagnoses but did not feel well informed about the support their child would need from school staff or other professionals going forward or how to manage any future mental health crises. They also commented on an absence of multidisciplinary teamwork when planning and preparing for CYP to return to school, which they viewed as a barrier. It is possible that this may have led to school staff positioning the MH needs of CYP as being solely within-child, without considering how environmental factors within the school may continue to support their MH recovery. Vanderberg et al. (2023) also reported that poor communication between members of staff within schools meant that CYP's teachers were not always clear on how best to support CYP on their return to school. This may also relate to poor communication between staff members in school and may also suggest a training need for all teachers that CYP may encounter across a school day, not just for school-based MH staff members.

In contrast to the views of caregivers in previous studies (Rager, 2013; Blizzard et al., 2016), some caregivers commented on effective communication between home and school and positive relationships between parents, CYP and staff members (Williams, 2021; Vanderberg, 2023). These findings also support professionals' perspectives (e.g., Marraccini & Chin, 2019) that school reintegration meetings between the family, CYP and school staff are effective and common practices in most cases to develop a school re-entry plan. Caregivers also felt that

the reintegration planning process also seems to be most effective when it is coordinated by a key person in school, for example, a school counsellor in international contexts (Vanderberg et al., 2023). Caregivers in Vanderberg et al.'s (2023) study emphasised that communication between school and hospital staff may also ensure continued access to appropriately pitched education whilst in the psychiatric hospital. Caregivers reported that this was supportive for some CYP and meant that they were prepared to reintegrate into school from an academic perspective. It is reassuring that these findings have emerged from more recent studies, suggesting that improvements to communication with families and person-centred reintegration planning processes are already being made in this area.

1.4.2 Supporting role of caregivers

Reflecting the findings of research conducted with professionals (e.g., Clemens et al., 2011; Marraccini et al., 2022), caregivers also felt that their involvement was essential in facilitating CYP's return to school. Some caregivers felt that they were able to provide emotional and practical support to their children during the initial planning stages of the reintegration, such as providing reassurance and advocating for CYP's needs (Vanderberg et al., 2023; Williams, 2021). Some caregivers in these studies also felt able to seek out recommendations from the hospital and conduct some of their own research into the available support for their child. On the other hand, some caregivers reported that they felt less able to advocate for their children due to their limited knowledge of the education system, including available services or interventions that their children could access in school (Blizzard et al., 2016; Rager, 2013). However, as these studies are older, it may be the case that caregivers in more recent studies feel more well informed by school and hospital staff on how to advocate for their children due to improvements in the school reintegration planning process.

Alternatively, this could indicate that some parents who might have lower levels of confidence in their ability to advocate for their children or lower literacy levels might find supporting their children in this way more difficult. Blizzard et al. (2016) found that caregivers did not find social support from their child's school or from other organisations, such as parent/carer groups, to be helpful, which may also suggest that some parents need further support depending on the needs of the

family. Also linked to this, caregivers in Vanderberg et al.'s (2023) study shared that their key role in facilitating communication between the hospital and school was challenging and somewhat of a "burden" (pg. 210) for them, particularly as their concerns for the well-being of their children was already a very difficult experience for them. With this in mind, it seems that further research to explore support for parents during school reintegration would be useful.

1.4.3 Supporting the MH needs of CYP in school

In the research gathering the views of caregivers, there were mixed findings in relation to caregivers' satisfaction with the support provided for CYP's MH needs in school. Some caregivers had concerns about how their child was supported to navigate their emotions in school to catch up on missed learning (Blizzard, 2016). Whilst parents in Williams' (2021) and Vanderberg et al.'s (2023) study mostly seemed satisfied with the support provided by understanding members of school staff during CYP's reintegration into school, some parents in these studies reported a lack of access to appropriately trained staff members. Some parents perceived that there was a need for staff to access training in how to support CYP with MH needs and eating disorders in particular (Williams, 2021). Caregivers reported that for some CYP, adult support was something that they were required to seek out independently in school rather than having a designated person to check in with them (Vanderberg et al., 2023). In addition, some parents supported the journey to and from school and came to school to share lunch with their children, as this support was not available to them from school staff as part of the EHCP (Williams, 2021). Similar to the findings of Clemens et al. (2011), parents in Williams' (2021) study were disappointed with the lack of availability of staff to support these tasks. However, as Clemens et al. (2011) also observed, this may relate to a misalignment of parental expectations and the availability of funding and resources.

Perhaps more uniquely for the group of CYP in Vanderberg et al.'s (2023) study, findings indicated that caregivers were concerned about the safety of CYP when they returned to school, in addition to noting an increased sense of stigma and perhaps some level of discrimination within the school climate due to CYP's hospitalisation due to their suicidal thoughts and behaviours. In Vanderberg et al.'s (2023) study, caregivers commented that the social aspect of returning to school was

detrimental for the MH recovery of CYP due to feeling unsupported by perceived stigmatisation from peers. Stigma in the school culture also included for example, CYP not being permitted to continue studying particular school subjects, which was detrimental to some CYP (Vanderberg et al., 2023). Vanderberg et al. (2023) concluded that the school climate or culture within a school with regards to having a trauma-informed understanding of MH needs and knowledge of how to support CYP with MH difficulties is an area that could be improved in future school reintegration.

1.4.4 Summary of opportunities in the literature relating to caregiver perspectives

In summary, sparse research gathering caregivers' perspectives has also highlighted their important supporting role in advocating for CYP and supporting them during their school reintegration. Therefore, it seems warranted to gather the perspectives of more caregivers whilst also considering how parents are supported during this time, either through hospital/school staff or external professionals such as EPs or Local Authority (LA) professionals in the context of the UK. This is felt to be particularly useful as caregivers experience professionals across systems during the school reintegration and can provide a unique and holistic insight into the school reintegration experiences for CYP. Caregivers in the existing research reported mixed perceptions on their experiences of the support provided by school and hospital staff and the communication between these stakeholders in the process. As the majority of this research was conducted in an international context, it would be useful to gather the perspectives of another sample of caregivers in the UK to see if these findings are replicated. In addition, it may be useful to explore whether EHCPs were a supporting factor for CYP. Some of the existing studies related to caregivers of CYP who had spent a very short time hospitalised for their MH needs, some only for a few days (Rager, 2013; Blizzard, 2016). It is concerning that these studies reported such negative experiences from the perspective of parents. It seems warranted to explore further the experiences of parents whose children have spent longer in a psychiatric hospital or MH unit to consider if these findings are replicated.

1.5 Perspectives of children and young people on school reintegration

A small selection of studies were identified that included CYP's experiences of reintegration from the perspectives of CYP themselves. In this section of the review,

the key points of each of these studies will be summarised and the strengths and limitations of these studies will be considered. The central themes arising from this body of literature will then be discussed, making comparisons between these studies.

Iverson's (2017) doctoral dissertation explored 8 adolescents' experiences of school reintegration following psychiatric hospitalisation for a MH crisis (between 4-15 days). Iverson (2017) used semi-structured interview questions to explore in depth how adolescents aged between 15-17 years old experienced their return to school. Participants in the study were described as 'stable' by their supporting MH professionals and were also taking part in professional counselling sessions. These are strengths of the study because it reduced the participants' risk of harm by taking part in the research. The study found that there were three main important themes to the school reintegration experiences of adolescents, relating to within-child factors and influences in the systems around the child. These themes related to academic, social factors and personal factors, such as CYP's own personal thoughts and feelings. These themes will be discussed in more detail in relation to other studies later in this chapter. Whilst not a focus of the study initially, participants in the study also made recommendations for support that would enable successful school reintegration for CYP in the future. This emphasised the need to further examine CYP's views of the barriers and supports for successful school reintegration from an ecological perspective, considering the systems around the child. Iverson (2017) concluded that adolescents returning to school after time spent in a psychiatric hospital will each have individual needs but may also continue to require continued academic and MH support on their return to school, as this is a particularly stressful time for them.

Preyde et al.'s (2018) mixed methods study gathered perspectives of adolescents who had spent time in a psychiatric hospital. Open-ended survey questions were used to gather information about their reintegration experiences. Using thematic content analysis of qualitative survey data, researchers categorised CYP's experiences into either 'neutral-positive' or 'negative' experiences of school reintegration. Researchers found that CYP had mixed experiences of school reintegration. Whilst approximately half of CYP in the study felt well supported by

peers and adults and were able to cope with academic expectations and to manage their mental health symptoms, other participants experienced significant challenges when reintegrating into school, meaning that they may be at risk of being isolated in school, not reaching their full academic potential, or perhaps not returning to school at all. A range of quantitative measures, administered prior to their discharge from the hospital, were also employed to explore the factors which may have influenced their experiences. Preyde et al. (2018) found that none of the school factors, including “academic difficulty, school engagement, school avoidance or concern for studies” (p.26) influenced whether CYP had negative or neutral-positive experiences of school reintegration. This suggests that some school factors had less of an impact on CYP’s experiences compared to other within-child factors or other systems factors around the child, such as social factors, managing ongoing MH needs or not feeling ready to return to school. Preyde et al. (2018) concluded that it might be possible to identify adolescents who are most at risk of having a difficult school reintegration experience and to ensure that support is put into place for these CYP. Whilst 121 participants agreed to be contacted about the study, only 62 participants consented to take part. It may have been the case that the participants who chose not to take part in the study had more positive experiences.

A qualitative study by Marraccini and Pittleman (2022) explored the school reintegration experiences of a small group of adolescents following their time spent in hospital specifically for suicide-related risks. The study began to address an opportunity in literature to explore what could be improved about the reintegration process from the perspectives of adolescents. The study was underpinned by ecological systems theory, emphasising the importance of the environment and systems around CYP in supporting positive MH health, which is a strength of this study. Thematic analysis of semi-structured interview data identified key themes linked to the experiences of school reintegration, including ‘social and emotional experiences’, ‘academic experiences’ and ‘parent engagement’. Adolescents in Marraccini and Pittleman’s (2022) study also indicated a number of recommendations for improving their school reintegration experiences from their perspectives, linked to ‘school-wide’ factors, ‘adult relationships’ and ‘supports and services’. Marraccini and Pittleman (2022) concluded that adolescents who are described as being at high risk for suicide-related crises require a range of different

types of support across many aspects of their school experience to enable them to reintegrate successfully into school. These will be expanded upon further later in this chapter.

1.5.1 School reintegration experiences

The following sections of the literature review will consider the common themes arising from descriptions of reintegration experiences from the perspectives of CYP occurring in each of the studies described above before considering the supports and possible future improvements for successful school reintegration according to CYP.

1.5.1.1 Academic factors

Many CYP have reported feeling overwhelmed, stressed, or worried about both catching up with missed academic work and falling behind with new work when reintegrating into school (Iverson, 2017; Preyde et al., 2018; Marraccini & Pittleman, 2022). For some CYP, this impacted not only their academic achievement but also their CYP's motivation and enjoyment of school and exacerbated their existing MH difficulties (Preyde et al., 2018; Marraccini & Pittleman, 2022). Added pressure to catch up as quickly as possible was a source of pressure for the CYP in Iverson's (2017) study, making the school reintegration process more stressful for them. Some adolescents also described not always feeling well supported by school staff to catch up with work due to a lack of communication about changes to their timetables or work they needed to catch up on (Iverson, 2017; Marraccini & Pittleman, 2022). For some young people, concerns about their academic achievement existed prior to their admission, which may have contributed to their feelings of stress during school reintegration (Preyde et al., 2018). Preyde et al. (2018) assert that these CYP may be at risk of low school attainment, resulting in poor outcomes later in life for their employment or further education opportunities.

Conversely, recent research has indicated that for some CYP, the stress of catching up with academic work is not a significant or negative part of the school reintegration experience (Williams, 2021). One of the young people in Williams' (2021) study shared that on her return to school, she felt ahead with her schoolwork as she had completed much of this whilst she was in hospital. This YP had also

spent time whilst attending the on-site hospital school developing her independent study skills. This suggests that for CYP who are more motivated by succeeding academically and are able to continue to access appropriately pitched education whilst in the unit, catching up with missed work may not be as much of a barrier to successful school reintegration. This emphasises that each individual CYP will experience the academic aspects of their school reintegration differently and may require different levels of planning for academic support on their return to school. However, Williams' (2021) study is the only study that could be located that examines CYP's experiences of school reintegration in the context of the UK and more research is needed to examine these findings further and to consider how to foster successful academic reintegration.

1.5.1.2 Social factors

The majority of adolescent participants in the reviewed literature reported difficulties with the social aspects of their reintegration into school. Most notably, many CYP were concerned about what peers and adults in school might know about their absence and whether the young people would have to deal with unwanted questions about where they had been (Iverson, 2017; Preyde et al., 2018; Marraccini & Pittleman, 2022). Some CYP did not want their peers or teachers to discover why they had been absent from school or shared as little as possible due to fears about how they would be perceived by both peers and teachers (Preyde et al., 2018; Marraccini & Pittleman, 2022). This resulted in some CYP keeping their hospitalisation a secret or lying about why they had been absent from school (Preyde et al., 2018). Similarly, CYP reported that peer relationships were challenging due to a lack of understanding about MH amongst peers, resulting in them experiencing negative comments or bullying (Iverson, 2017; Preyde et al., 2018; Marraccini & Pittleman, 2022). Many CYP felt as though they lost friends (Iverson, 2017; Preyde et al., 2018; Williams, 2021) or felt as though they didn't belong among peers, feeling isolated from them (Marraccini & Pittleman, 2022; Williams, 2021). Preyde et al. (2018) assert that CYP returning to school following psychiatric hospitalisation are particularly at risk of social isolation and experiencing stigma in the school environment.

On the other hand, some CYP indicated that whilst they had particularly difficult or overwhelming experiences when returning to school, a small number of CYP in some studies felt that they had positive experiences, particularly due to feeling supported by their positive relationships with peers and adults (Iverson, 2017; Marraccini & Pittleman, 2022). Some CYP were motivated to return to school because they were excited to reconnect with old friends or to make new ones (Iverson, 2017; Marraccini & Pittleman, 2022). Further research to consider the supporting role of social connection may be valuable for this group of CYP.

1.5.1.3 Individual factors

CYP have reported mixed experiences of how individual or personal factors impacted their school reintegration. Some CYP in Iverson's (2017) study considered that the gradual school reintegration process was positive as it supported their own personal growth and gave them time to work on themselves. Conversely, many CYP experienced ongoing MH difficulties that contributed to school reintegration being a challenging time for them (Iverson, 2017) as it impacted their motivation and focus in the classroom or meant that socialising with peers felt too difficult or retraumatizing (Preyde et al., 2018; Marraccini & Pittleman, 2022; Williams, 2021). CYP in Williams' (2021) study who were recovering from eating disorders commented that concerns about their body image and related social anxiety meant that taking part in certain aspects of lessons was particularly difficult for them. For some CYP, their ongoing MH needs prevented their return to education altogether (Preyde et al., 2018). Preyde et al. (2018) also reported that CYP who had greater concerns around their own MH needs and were rated by hospital staff as having made less improvement during their stay felt that their reintegration experience was more negative. This has implications for considering the readiness of CYP to reintegrate into school, taking their views and perspectives into consideration.

1.5.2 Supports and future improvements for school reintegration

Some of the research gathering the views of CYP also included their perspectives on what supported them to reintegrate into school and what could have been improved about the support provided, including the strengths of CYP as well as external supporting factors in the systems around them.

1.5.2.1 Individual factors

There does not appear to be much focus on the individual factors of CYP in facilitating successful school reintegration in the literature gathering CYP views. This may be because CYP viewed other factors around them to be more supportive. However, the two young people in Williams' (2021) study reflected that their individual strengths, for example, their self-motivation and drive to achieve academically, contributed to their positive experiences of school reintegration and appeared to be a supporting factor in their successful reintegration. In the context of the UK, some adolescents also attend a hospital school whilst in the MH unit in hospital. This continuity of education and opportunity to complete GCSEs whilst in the unit may have also contributed to CYP's successful reintegration in Williams' (2021) study. Williams (2021) asserts that this may have meant that adolescents were more motivated to reintegrate into school as a result of this continued education during their hospitalisation. Further research is required to see whether these findings are replicated in other contexts. Also, in Williams' (2021) UK study, as the young people were at university or in sixth form, they felt that their level of independence and maturity and ability to have control over aspects of their education supported them to reintegrate. Additionally, CYP in Williams' (2021) study reported taking ownership of coping strategies to use independently to support a successful school reintegration, including the use of self-talk, for example. As this is the only study from the UK context, more research is needed in this area to further consider how CYP's individual strengths and skills may support their successful reintegration. It would also be interesting to explore how much control or ownership younger CYP in primary or secondary settings in the UK feel they have over planning for their return to school.

1.5.2.2 Peer supports

CYP reported that support from peers was a supportive factor in their successful reintegration, with some adolescents believing this to be a factor that went particularly well in their transition (Preyde et al., 2018). CYP who felt able to speak to friends about their absence or who had shared experiences with other CYP who had spent time in a psychiatric hospital shared that they felt well-supported by

these peers (Iverson, 2017). However, when considering recommendations for future practice, some CYP have reported that a peer support group may be beneficial in addition to increasing peer awareness of MH needs (Marraccini & Pittleman, 2022). CYP with eating disorders have also reported that being supported to develop friendships and having a friend to eat lunch with would also have been supportive for them (Williams, 2021).

1.5.2.3 Support from school staff

CYP felt that the amount of support provided by adults in school for their academic and MH needs had a positive impact on their reintegration experiences (Iverson, 2017; Preyde et al., 2018). CYP who reported positive experiences of reintegration also described support provided by a team of caring, empathetic, and understanding adults who could provide pastoral support (Williams, 2021; Marraccini & Pittleman, 2022). CYP considered that a welcoming school environment where they were accepted and treated as an individual was particularly key (Williams, 2021). In many instances, CYP also found it helpful to have just one member of school staff who acted as an advocate by speaking to other teachers or providing additional academic support (Iverson, 2017; Williams, 2021). Some CYP also found it supportive to speak with a school or guidance counsellor regularly or to have additional academic support to complete homework tasks (Iverson, 2017; Marraccini & Pittleman, 2022; Williams, 2021). Other adolescents found support from other professionals, including dedicated transition workers, social workers or child and youth workers (Preyde et al., 2018). CYP also considered that clear expectations and flexibility around the work expected of them on their return were also supportive (Marraccini & Pittleman, 2022).

Some CYP in Marraccini and Pittleman's (2022) study emphasised that school staff should have additional training in MH support for CYP and other specific related issues, such as how to address a culture of bullying in the school and reduce stigma. CYP also highlighted the importance of good relationships with adults in school who demonstrate care and empathy towards them, holding this as more essential than a focus on academic work (Marraccini & Pittleman, 2022). CYP in Williams' (2021) study felt that this consistency of pastoral support from just one key

adult, rather than many, is something that could have been improved in their reintegration.

Adolescents have indicated that it would be supportive for school staff to demonstrate a good understanding of MH needs (Williams, 2021) and how this may present for each unique individual (Iverson, 2017). Young people have also shared that they want school staff to understand how serious their MH needs are, what it means for them to have spent time in a psychiatric hospital and to demonstrate an appreciation of how difficult reintegrating is for young people (Iverson, 2017). This might include having consistent access to one trusted adult (Williams, 2021), regularly scheduled meetings with a trained counsellor or simply having a teacher regularly check in with the YP (Marraccini & Pittleman, 2022). Some adolescents in Marraccini and Pittleman's (2022) study emphasised that school staff should have additional training in MH support for young people and other specific related issues, such as how to address a culture of bullying in the school. Central to this is the importance of young people having good relationships with adults in school who demonstrate care and empathy towards them, holding this as more essential than a focus on academic work (Marraccini & Pittleman, 2022).

1.5.2.4 Reintegration planning

Prior research into the perspectives of caregivers and professionals indicated that a reintegration plan is an important supportive factor for CYP (e.g., Clemens et al., 2011). Williams (2021) also found that some CYP would like more time to be spent on creating a formalised reintegration plan based on discussions with them about their individual strengths, needs and any worries about returning to school based on their prior school experiences. Somewhat in contrast to this, some CYP have indicated that simply having the feeling that there were arrangements in place to help them to reintegrate into school was supportive. This did not necessarily need to be a formal plan, but meeting with school or hospital staff prior to transition so that CYP had an idea of what supportive arrangements would be in place on their return to school, is something that they viewed to be an important supporting factor (Iverson, 2017; Williams, 2021). Most importantly, CYP described adaptations to the school day that had been agreed upon prior to their reintegration to support them based on their individual needs, for example, access to safe space, the use of

personal music in headphones, or a lesson out of class to support catching up on missed work (Iverson, 2017; Preyde et al., 2018; Williams, 2021). In some cases, this also included being permitted to drop subjects if this is something that they felt would be useful (Williams, 2021). However, it seems important that this is agreed with CYP by considering their views so that this does not negatively impact their self-perception.

Similarly, when reflecting on re-entry planning meetings, whilst some CYP may find it useful to be a part of this meeting, others have reported that they found this uncomfortable (Marraccini & Pittleman, 2022). Some CYP also reported that they found a gradual reintegration into school to be supportive (Williams, 2021). However, this was not available for all CYP (Preyde et al., 2018) and, equally, may not be supportive for all CYP depending on their individual needs. This also emphasises the importance of taking an individual approach to school reintegration, considering carefully what support they may need based on their unique strengths, needs, and prior experiences. This could be facilitated by multi-agency communication and collaboration between school, hospital staff and parents (Marraccini & Pittleman, 2022). This might also include the option of a gradual reintegration into school, as some young people have reported that this was helpful for them (Marraccini & Pittleman, 2022; Williams, 2021). Depending on the young person's individual needs for support, some young people have indicated that they would have liked support for developing friendships and social skills (Williams, 2021) or to have adaptations made around the expectations of completing work or catching up with missed learning (Marraccini & Pittleman, 2022).

1.5.2.5 Support from parents

Some CYP have also described how the engagement of caregivers who advocated for them, supported their school reintegration, and positively impacted their experiences (Marraccini & Pittleman, 2022). Williams (2021) also reported that parents were able to provide support at lunchtimes as this could not be provided by school staff. However, despite prior research with professionals and parents/caregivers highlighting the important facilitating role of parents during school reintegration, it is interesting that in the research with CYP the support provided by parents did not seem to be a focus. This may be because other supporting factors

were more important for CYP, or perhaps as identified in previous research, parents may benefit from further support to be able to advocate for CYP and support them during their reintegration. Future research to explore the supporting role of caregivers from the perspective of CYP seems warranted.

1.5.3 Summary of opportunities in the literature relating to CYP perspectives

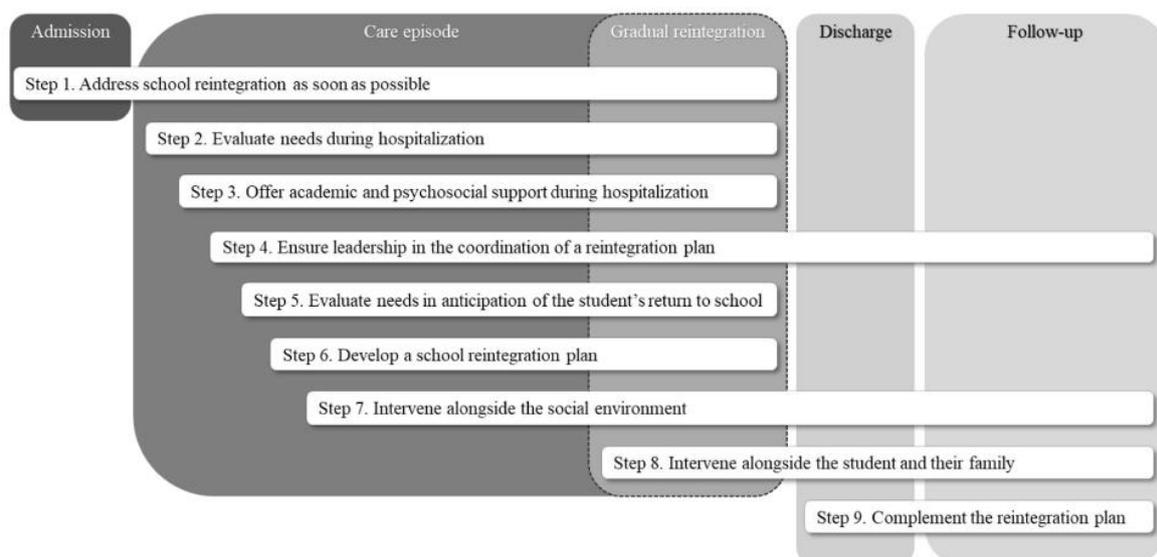
Researchers are beginning to gather the perspectives of CYP on their school reintegration experiences following psychiatric hospitalisation, including their views on what supported their successful reintegration and what could be improved about it. However, research in this area is still limited. Further research gathering more perspectives of CYP with a range of strengths and MH needs and symptoms would be useful to further inform reintegration practices. It is also not yet known how younger children experience school reintegration. Therefore it would be useful to conduct further research into the experiences of school reintegration from the perspectives of CYP of a range of ages to explore what supports CYP to have positive experiences of the academic aspects of school reintegration. With the exception of one recent doctoral thesis in the field of Educational Psychology in the UK (Williams, 2021), the vast majority of the extant research gathering the views of CYP has been conducted in an international context, considering school reintegration experiences mostly for CYP in adolescence. This limits the generalisability of these findings to CYP of a wide age range in the context of the education and health care systems in the UK, partly due to differences in the funding and professionals available. For example, schools in the UK do not typically have a school counsellor and depending on the LA, not all schools have an EP connected with their school. Furthermore, it could also be argued that this research is somewhat limited by its focus on the perspectives of adolescents alone. Marraccini and Pittleman (2022) suggest that future research may wish to consider the perspectives of multiple stakeholders in the reintegration process alongside gathering the voice of CYP.

1.6 Reintegration guidelines

A recent study by Tougas et al. (2023) involved a systematic thematic synthesis of recommendations from the existing body of literature gathering professional, caregiver and CYP perspectives to develop a nine-step framework for supporting school reintegration for CYP returning to school following psychiatric

hospitalisation. The framework aims to support multi-agency communication and collaboration by setting out a step-by-step list of actions to be followed by school and medical professionals involved in supporting reintegration. Tougas et al.'s (2023) framework (Figure 1) asserts that preparation for successful school reintegration should begin as soon as CYP are admitted and continue throughout their inpatient hospitalisation and gradual school reintegration. Furthermore, the steps of the framework extend beyond CYP's discharge from the inpatient setting and consider how professionals can continue to support CYP and their families whilst reintegration continues. Reflecting findings from the existing literature, the steps of Tougas et al.'s (2023) framework reflect an ecological approach (Bronfenbrenner, 1979) to school reintegration, including identifying the CYP's individual strengths and stressors, ensuring effective communication between all stakeholders and the family, and developing and coordinating of a school reintegration plan in conjunction with CYP and their families. The framework is designed to be supportive for CYP who have experienced varying lengths of psychiatric hospitalisation whilst also positing that CYP's readiness to reintegrate into school may vary between individuals and family contexts and does not necessarily coincide with their discharge from the psychiatric setting.

Figure 1 *Tougas et al.'s (2023) nine-step framework for successful reintegration*



Whilst Tougas et al.'s (2023) framework provides useful recommendations for multi-agency professionals in supporting school reintegration based on the extant

literature, as previously highlighted in the literature review for the current study, there are a number of barriers in the systems around CYP to its effective implementation in practice. These include a lack of communication between school staff and medical professionals in the inpatient setting, the stigmatisation of MH needs within the school setting, a lack of training or low competence amongst school staff, as well as parental stress and a lack of resources available to parents to support them in advocating for their children (Tougas et al., 2023). There are further limitations to Tougas et al.'s (2023) framework, notably that it is based on their review of the literature that includes mostly research conducted in the context of the USA. Therefore, this framework of recommendations may need to be adapted for CYP in the context of the UK with its differences in approach to services and variations in funding and in the range of professionals in the healthcare and education sectors. For example, the framework could also include considerations for EPs, LAs or for school/hospital school staff in relation to UK specific education pathways or examinations (e.g., GCSEs). Furthermore, Tougas et al. (2023) identify that CYP with a range of MH needs (e.g., suicidal ideation) may require a different approach to the one outlined in their framework due to the differences in how each MH difficulty may present. Due to the limited existing research gathering the perspectives of CYP and their caregivers, further research with these participant groups may further enhance the development of future supporting frameworks.

1.7 The role of educational psychologists

The school reintegration process for CYP with MH needs involves not only CYP and their families at the centre of the transition, but also professionals from a variety of fields including psychiatrists, clinical psychologists, nurses, and school staff (Marraccini et al., 2022; Savina et al., 2014). This topic is of interest to educational psychology because EPs have a role, alongside health professionals, in enabling school staff to support CYP with their mental health and well-being in school. EPs are well placed to support the school reintegration of CYP who have spent time in an in-patient mental health facility. This is partly due to the position of EPs in Local Authority (LA) services supporting CYP with Special Educational Needs and Disabilities (SEND), Child and Adolescent Mental Health Services (CAMHS) or Virtual Schools in some localities. EPs have experience with facilitating multi-agency meetings including varied teams of professionals around the child, caregivers and

CYP themselves. EPs are skilled at working in a person-centred way and are advocates for CYP and their caregivers in considering plans to support them. EPs also have knowledge and expertise in enabling school staff to support CYP with a range of academic and complex SEMH needs, meaning that they have the potential to work towards bridging the gap and increasing collaboration between education and health professionals.

1.8 Conclusion and future research directions

Existing research mostly from international contexts in school reintegration acknowledges that supporting school reintegration for CYP following their psychiatric hospitalisation is challenging and complex for supporting adults, requiring effective multi-agency collaboration from professionals across health and education sectors (e.g., Tougas et al., 2023). It should be noted that only one recent study into school reintegration for CYP who have spent time in a psychiatric hospital could be located that has been conducted in the context of the UK (Williams, 2021). In the context of LA SEND or Children's Services in the UK, there are a number of different teams of professionals working to support school staff alongside EPs. This varies across the UK but may, for example, include a Mental Health Support Teams and teams that work to prepare older CYP for adulthood. It would be useful to examine the adult supports that are available for CYP reintegrating into school in the UK to move towards a coordinated response from teams of adults around CYP so that they can be most effectively supported to reintegrate successfully.

CYP and their caregivers are at the heart of the school reintegration process, experiencing professionals across school and healthcare systems. Existing research into the school reintegration experiences of CYP who have spent time in an inpatient MH facility has mostly focussed on the perspectives of MH or school-based professionals who are involved in the process. Whilst this research suggests some important aspects to consider when planning for the school reintegration of CYP from a professional perspective, this research is limited by the lack of inclusion of the voices of CYP and caregivers themselves. It is clear from the research conducted with professionals that caregivers also play an important role in the success of their children's school reintegration. A very small number of studies have also explored caregiver perspectives on school reintegration. However, this pool of research suggests that caregivers are dissatisfied with the school reintegration process and

are not well informed about the support available for CYP after they have left the in-patient facility and are unclear about how best to advocate for their child. Some previous studies have begun to consider the experiences and views of CYP and their caregivers on what could be improved about school reintegration from their perspectives to understand how it can best be supported in future (e.g., Williams, 2021; Vanderberg et al., 2023). However, research that emphasises pupil and parent voice in this area, taking a more solution-oriented perspective into 'what works' to support school reintegration, is still emerging and under-researched, particularly in the context of the UK.

Only a few studies have explored the perspectives of CYP on what supports school reintegration or could be put into place to promote more successful school reintegration. Therefore, there is an opportunity in the literature to gather pupil voices around what supports CYP to reintegrate into school more successfully. All of the experiences of CYP will be unique to each individual, but this review of the literature has indicated that there seem to be some similarities between experiences. However, these studies mostly focus on the experiences of adolescents. Research using younger samples of children could not be located. Williams (2021) has suggested that CYP who are of primary or secondary age may experience the school reintegration process differently. Williams (2021) also highlighted that CYP who also have SEND needs may also have different views of the reintegration process. Additionally, as there is still such a small number of studies gathering pupil voice on their experiences of school reintegration, it is difficult to make generalisations or to draw conclusions about their experiences. For instance, Williams' (2021) recent study revealed some contrasting findings to that of previous research, linked to the academic concerns of adolescents, as these young people were described as having academic strengths. Additionally, CYP who have spent different periods of time in an inpatient facility may experience their reintegration back into school differently. Researchers are also just beginning to further explore school reintegration for CYP with a variety of MH needs, such as suicidal ideation (e.g., Vanderberg et al., 2023) and eating disorders (e.g., Williams, 2021). Findings from this prior research (e.g., Marraccini et al, 2022) have emphasised that more research that explores the supports and improvements for school reintegration for this particular group of CYP needs to be conducted with the view to develop

supportive reintegration procedures to avoid readmission. Recruiting a larger sample of participants of different ages, with a range of strengths and needs and varied time spent in an inpatient facility, may add further insight into the perspectives of a range of CYP.

It is therefore concluded that further research including the perspectives of CYP and caregivers on their experiences of school reintegration is also warranted to gain greater insight into the supports and potential improvements to be made across systems around the family (Vanderberg et al., 2023). It would also be valuable to conduct further research to understand the reintegration experiences of CYP of a range of ages, with a range of MH needs in the context of the UK, as well as what best supports these CYP to reintegrate into education from the perspectives of CYP and their caregivers (Tougas et al., 2023).

Empirical chapter

2.1 Abstract

This qualitative research aimed to retrospectively investigate CYP's experiences of successful school reintegration following time spent in a mental health unit. Helping CYP reintegrate into education successfully can be challenging for adults supporting these CYP, particularly if CYP do not receive appropriate support after they leave the unit (Tougas et al., 2023). Using a multiple case study design, semi-structured interviews were conducted in four case studies to gather the views of CYP who had successfully reintegrated into education and the parents of those CYP. The study aimed to highlight the under-researched voices of CYP and their parents by uncovering their school reintegration experiences. The study also aimed to consider if anything supported their school reintegration and what could have been improved about their experiences. Following analysis of interview data using Reflective Thematic Analysis (Braun & Clarke, 2021), themes were identified for each individual case study reflecting participants' unique experiences and perspectives. A cross-case thematic analysis of coded data highlighted common yet nuanced perspectives across cases, resulting in four themes: 'Individual and family factors', 'Supporting relationships', 'Inclusive education' and 'Wider system factors'. The findings and discussion provide insight into the school reintegration experiences for CYP and their parents, highlighting the factors that supported their successful reintegration and those that could be improved for future school reintegration. The implications of the findings for the practice of EPs, LAs, and school staff in supporting CYP and their parents/carers with school reintegration are considered. The strengths and limitations of the study are also discussed, alongside recommendations for future research to inform the professional practice across systems further.

2.2 Introduction

There is a growing body of literature indicating that the number of children and young people (CYP) with mental health (MH) difficulties is rising in the United Kingdom (UK), particularly since the recent Coronavirus pandemic (Covid-19). The pandemic came with numerous life changes, such as disruptions at home and school, financial or job insecurity, and isolation from friends and family members (House of Commons Health and Social Care Committee, 2021; Newlove-Delgado et

al., 2022). A systematic review by Panchal et al. (2021) investigating the impact of lockdown measures due to the pandemic found that there have been increased symptoms of psychological distress in CYP worldwide, including depression and anxiety, particularly for CYP with existing mental health difficulties, including eating disorders, neurodivergent CYP and CYP with Special Educational Needs (SEN). On the other hand, some studies (e.g., Pisano et al., 2020) have also reported that due to increased time with families and parents, MH symptoms improved for some CYP during the pandemic, particularly for younger children (Panchal et al., 2021). A recent study (Newlove-Delgado et al., 2022) of 2,866 CYP between the ages of 7-24 in the UK found that there have been increased rates of “probable mental disorder” (p.10) in CYP between the ages 7-16 years, rising from one in nine CYP in 2017 to around one in six CYP in 2021, as assessed by the Strengths and Difficulties questionnaire.

MH difficulties commonly seen in CYP include depression, self-harm, generalised anxiety disorder, post-traumatic stress disorder or eating disorders (NHS Digital, 2021). These needs have the potential to significantly impact the lives and development of CYP during their childhood and as they move into adulthood (DfE, 2017; Marmot et al., 2020). Research has shown that MH difficulties can also affect CYP more holistically, for example, sometimes resulting in lower academic achievement (e.g., Agnafors et al., 2021) or causing difficulties with social functioning leading to peer rejection (e.g., Milledge et al., 2019). This is particularly concerning as CYP feeling confident and competent, for example, in their academic strengths, and feeling connected to others are some of the crucial factors for promoting resilience (Ginsburg & Jablow, 2015). There is also evidence to suggest that CYP who have experienced MH difficulties continue to experience these difficulties long into adulthood, with approximately half of all MH conditions starting during adolescence (DfE, 2017; Kessler et al., 2005). Therefore, due to the complex nature and lasting impact of MH needs for CYP, especially considering the recent Coronavirus pandemic, further exploration of the current practice in this area seems warranted.

Given the research cited above, supporting the MH and well-being of CYP is an increasingly important area of interest for professionals across the education and

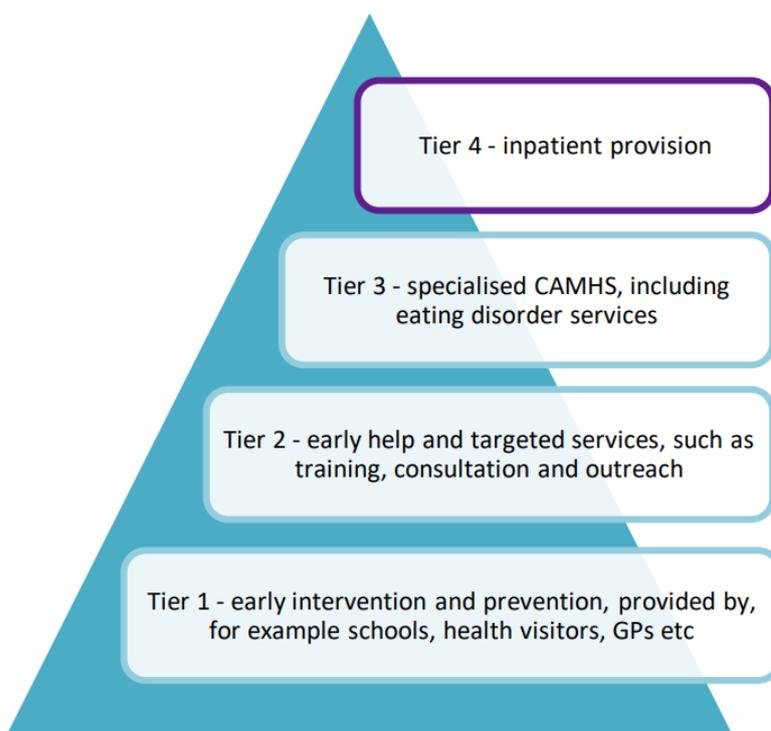
healthcare sectors. Following on from the paper, Transforming Children and Young People's Mental Health Provision: A Green Paper (DoH & DfE, 2017), and the subsequent Government consultation, the Department for Education (DfE) and NHS England (NHSE) launched a commitment to better support the MH of CYP in schools and colleges so that they can go on to lead "happy and fulfilling lives" (DoH & DfE, 2017, p.5), and have access to equal chances as they progress into adulthood. The green paper acknowledges that in some cases where CYP have the greatest MH needs, they may need to access specialist support for their MH needs. One outcome of the green paper was to improve access to MH support in schools by creating Mental Health Support Teams (MHSTs), a MH workforce based in schools, that can provide more accessible, early intervention support for CYP in schools (Psychological Professions Network, 2022; NHS England, 2022). MHSTs are now beginning to be formed across the UK. This is an area of interest for Educational Psychologists, as there could be opportunities to collaborate with the MHSTs or other MH professionals in supporting school staff and the MH of CYP in schools going forward.

2.2.1 Mental health units in the UK

In the UK, support for CYP with emotional, behavioural and MH difficulties on the NHS for CYP up to 18 is provided by Child and Adolescent Mental Health Services (CAMHS). Whilst often it is hoped that this support can be provided in the community, for CYP requiring the most intensive support, this may involve admission to a Tier 4 inpatient MH unit (DoH, 2017; DoH & DfE, 2017; QNIC, 2018). CYP of all ages can be admitted as an inpatient to a Tier 4 MH unit (DoH, 2017). An overview of the CAMHS tier system for support is provided in Figure 1 for context. Statistics vary across sources, but in the UK, around 3,500 CYP under 18 are admitted as inpatients to a Tier 4 MH unit each year (Article 39, 2021). Between 2021-2022, 1,135 CYP between the ages of 11-15 and 1,645 CYP between the ages of 16-17 were admitted to a Tier 4 MH unit (Newlove-Delgado et al., 2022). Admission to Tier 4 MH units (from now on referred to as MH units) can be a challenging time for CYP, who often spend considerable time away from their friends and family in an unfamiliar environment whilst being observed by medical professionals and often experiencing significant educational disruption (Children's Commissioner, 2023; Shin & Ahn, 2023). In a few cases, CYP have reported seeing or experiencing distressing

circumstances whilst in a MH unit, such as restraint or maltreatment (Children’s Commissioner, 2023). Research shows that after discharge, approximately one-third of CYP are readmitted to MH units after the first year (Miller et al., 2020). Although readmission to a MH unit is sometimes necessary to support some CYP with the most challenging symptoms, it could be argued that this is problematic for CYP due to the negative experiences of inpatient MH units described in the literature (e.g., Shin & Ahn, 2023). Therefore, it seems prudent to conduct further research around MH support in schools to consider how the MH and well-being of this group CYP could be supported for readmission to be avoided.

Figure 2 Framework of the CAMHS Tiers in the UK (Article 39, 2021).



2.3 School Reintegration: Positive outcomes

Whilst empirical studies in this area are limited, researchers posit that successfully reintegrating into the school environment following inpatient psychiatric care is supportive for CYP’s mental health recovery by being able to maintain progress they may have made whilst in an inpatient setting (Savina et al., 2014; Preyde et al., 2017; Vanderberg et al., 2023). For example, many caregivers in Vanderberg et al.’s (2023) recent study reported that returning to the school environment amongst understanding school staff and peers was positive and

supportive for CYP. Approximately half of CYP report positive or neutral experiences of returning to school (Preyde et al., 2017). However, there are stressors and risk factors associated with a less successful school reintegration which can lead to more negative experiences for CYP, for example CYP's experiences of MH stigma in the environment (Preyde et al., 2017). Based on these previous findings, it is considered that CYP who have more positive and successful experiences of reintegration, for example by experiencing the appropriate academic and social supports, will continue to maintain their progress towards mental health recovery and achieve more positive outcomes. It is important to develop an understanding of how to reduce the risk factors in order to promote more positive outcomes and successful school reintegration for these CYP.

2.3.1 A Role for Educational Psychologists

School reintegration is the term used in the extant research literature to refer to CYP's transitions to educational settings following time spent in an inpatient MH unit or a psychiatric hospital (e.g., Williams, 2021). CYP who have spent time in one of these settings may still return to education with complex social, emotional, and MH (SEMH) needs and will continue to require appropriate support from school staff and other professionals (e.g., Marraccini & Pittleman, 2022). These CYP may be at greater risk of suicide when returning to education across cultural groups, particularly if they experience less school connectedness or caregiver involvement (Marraccini & Griffin et al., 2022). Supporting successful school reintegration can be challenging for supporting adults, and CYP may be at risk of readmission if their reintegration is not carefully planned and if they do not receive continued support in school for their ongoing MH recovery and well-being (Tougas et al., 2023).

Hannigan et al. (2015) argue that school reintegration is best supported when links between inpatient MH settings and education services are maintained throughout the inpatient stay and when planning for school reintegration. International researchers (e.g., Tisdale, 2014; Marraccini & Pittleman, 2022) have highlighted that school psychologists (similar to EPs in the UK) play a key role in supporting collaboration between professionals when planning for CYP's school reintegration. Therefore, there could also be potential for EPs to support this link between MH units and schools in the UK, as they have knowledge of the structures

and systems in place to support CYP and to enhance transition support alongside MH professionals (Farrell et al., 2006). EPs are well placed to advocate for CYP and their parents, as they are experienced practitioners in multi-agency consultation and facilitating meetings that bring together CYP and caregivers with relevant professions. This is an increasingly important area for EPs to consider, given their role in supporting school settings, parents and CYP from birth until the age of 25 (SEND Code of Practice; DfE & DoH, 2015). This also brings the potential for EPs to support CYP when bridging the gap between the shift from CAMHS to adult MH services. Through supporting multi-agency collaboration and consultation, EPs often consider principles from solution-focused approaches (de Shazer, 1986) that draw less on the medical model of MH. This also shifts away from a focus on within-child deficits and towards an appreciation of the influential factors in the environment, society, attitudes, and organisations around CYP that impact their wellbeing (i.e., a social model of disability; Oliver, 1983).

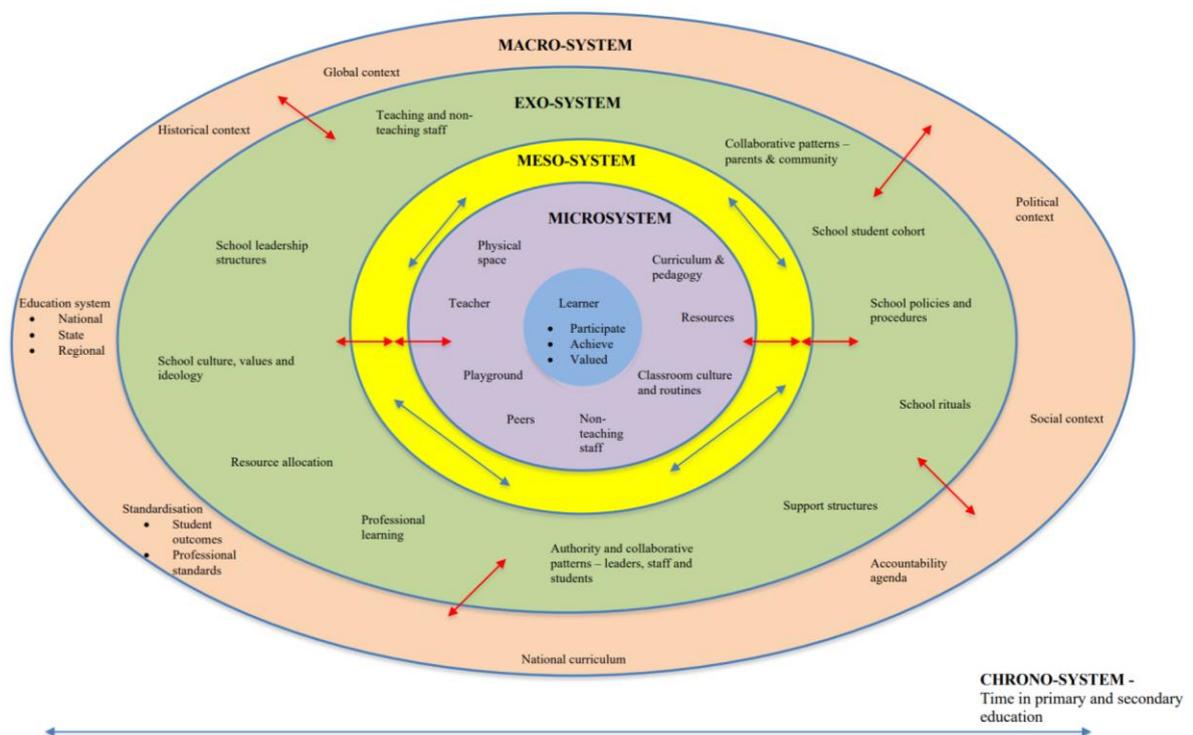
2.4 A social-ecological and solution-oriented approach

Within the context of this research, the researcher considers that wider factors will impact CYP's experiences of school reintegration and that there are potential implications for how CYP can be supported by the systems and professionals around them. Through this greater appreciation of the wider context and environmental factors, it is argued a more holistic understanding of the reintegration process can be fostered. Holding this in mind, the current study is underpinned by Bronfenbrenner's (1979) social-ecological model and solution-oriented approaches (e.g., de Shazer, 1986; O'Hanlon & Weiner-Davis, 1988) to shape the design of the study and to guide a more holistic exploration of the reintegration process and how this was experienced by CYP and their parents.

Bronfenbrenner's (1979) social-ecological model provides a valuable framework to demonstrate how CYP are nestled within a complex system of interacting layers and contexts/systems: the microsystem, the mesosystem, the exosystem and the macrosystem (see Figure 3). Bronfenbrenner's (1979) model appreciates the importance of individual experiences, strengths and needs of CYP, in addition to the interactions and connections between CYP, their families and settings/professionals (through direct and indirect effects), and wider systemic

factors that may impact upon the reintegration process. In the centre of Bronfenbrenner's social-ecological model, the microsystem level, CYP sit within their immediate environment (e.g., the classroom/school environment, including the curriculum, school routines, their peers and teachers, etc.). Beyond this, the mesosystem level acknowledges the interactions and relationships between factors within CYP's environment, for example, the interactions between the home and school environment (Anderson et al., 2014). The next system, the exosystem, considers the factors outside of the immediate school environment that may still have an impact on CYP, for example attitudes towards inclusion within a school, behaviour management policies and procedures, or the allocation of funds within the school (Anderson et al., 2014). The mesosystem level encompasses wider political, economic, social and historical factors that have an impact on the systems within, such as the national curriculum, or attitudes within society and the media towards MH. The chronosystem is an additional element of the model, which considers the passing of time, for instance the time spent in a MH unit, or within education across the primary and secondary years.

Figure 3 Bronfenbrenner's (1979) social-ecological model (Anderson et al., 2014)



Much of the existing literature seems to focus on the difficulties experienced by adolescents on their return to school rather than focusing on what has supported them and what has gone well. Therefore, it is considered that the use of a solution-oriented approach can provide space to explore these factors and acknowledge the experiences, challenges, and stories of CYP and their parents (Hobbs, 2006). This assumes that people have the strengths and resources to collaboratively seek their own solutions, explore what is working well (or has worked well) and look forward to the future. Within the context of this research, it is hoped that this will provide a platform through which the journeys of CYP and their parents are heard and validated, drawing out strengths and valuable experiences that may inform our understanding of how CYP are currently supported to reintegrate, how this is experienced and how this may be strengthened to support CYP in the future.

2.5 Opportunities and gaps in the literature

Although sparse, research has been conducted internationally to explore school reintegration procedures and experiences following psychiatric hospitalisation (e.g., Iverson, 2017; Marraccini & Chin, 2019). These seem to have focussed largely on school reintegration from the perspective of school or hospital-based MH professionals, such as school psychologists (e.g., Tisdale, 2014). These studies emphasised several factors that support school reintegration from their perspectives, including multi-agency communication and collaboration, creating reintegration plans and the importance of fostering relationships with caregivers (Tisdale, 2014; Marraccini et al., 2022; Vanderberg et al., 2023). A limited number of studies focussing solely on caregivers' perspectives (Blizzard et al., 2016; Rager, 2015) have also underscored the supportive role of caregivers, as well as drawing attention to their perspectives on some of the challenges they faced during their child's school reintegration.

More recently, there seems to be a shift in the literature towards also capturing the voices of CYP to gather their perspectives on their experiences of school reintegration (e.g., Marraccini & Pittleman, 2022; Williams, 2021). Whilst this research has also highlighted some factors that support school reintegration from the CYP perspective (for example, emotional support from school staff or being motivated to continue with academic work), limited research has also considered

what could be improved about the process. Despite these findings, researchers (Marraccini et al., 2019; Williams, 2021) have called for further research, particularly through the lens of EPs, to improve the reintegration experiences of CYP further, avoiding their readmission to MH units or continued declining MH. This existing limited research with CYP to date has mostly focussed on the unique experiences of adolescent YP, some of whom had academic strengths (e.g., Williams, 2021). There is a dearth of research gathering the views of a range of CYP in the UK. Much less is known about the views of younger CYP who may be reintegrating into primary or secondary schools in the UK. To the researchers' knowledge, only one recent doctoral thesis could be located in the context of the UK and from an educational psychology perspective (Williams, 2021). There seems to be a clear opportunity for further research in the context of the UK that focuses on the school reintegration experiences of CYP, including younger CYP. Given the limited research that gathers the views of parents, it seems important to add to the limited literature that gathers both pupil voices and parents' views on what supports and what could be improved about school reintegration to improve these processes and to consider the implications for Local Authorities (LAs), EPs and schools in the UK. Drawing upon social-ecological and solution-oriented approaches was felt to guide a wider and more holistic exploration of the research topic, whilst also acknowledging and validating the experiences and journeys of CYP and their parents.

2.6 Aims of the study

The present study aimed to address the gap in the literature by retrospectively investigating CYP's school reintegration following time spent in an MH unit from the perspective of those CYP and their parents. A secondary aim of the research was to explore what, if anything, supported CYP to reintegrate into education and what, if anything, could have been improved about the school reintegration process. It was anticipated that the findings of such research could support the development of policy and processes around professional planning for school reintegration, including potential support or provision in school settings. The researcher also considered that the findings might have implications for EPs and other professionals working within LAs and, more widely, around how best to coordinate support or provision in schools for CYP and their parents when reintegrating into education from a MH unit.

Considering the gap in the existing research literature and the study's aims, the researcher aimed to explore the following research questions:

- **Research question 1:** What were the experiences of school reintegration following time spent in a MH unit, from the perspectives of CYP and their parents?
- **Research question 2:** What supported CYP's reintegration into school, from the perspectives of CYP and their parents?
- **Research question 3:** What could have been improved about reintegrating into school, from the perspectives of CYP and their parents?

2.7 Methodology

2.7.1 Ontological and epistemological position

Ontologically and epistemologically speaking, this research takes the position of critical realism, a commonly adopted approach to qualitative research (Willig, 2013). Critical realism combines ontological realism with epistemological relativism (Willis, 2023). It aligns with the belief that one true reality exists, but that it is historically, culturally, and socially influenced and thus can be interpreted in multiple ways (Bhaskar, 2008; Maxwell, 2011). Bhaskar (1998) argues that there are separate layers of reality: the real, the actual and the empirical, with the empirical reality comprising perceptions of events or phenomena that have been observed (Botha, 2021; Gorski, 2013). Critical realism acknowledges the fragile nature of knowledge, as there are multiple perceptions of reality (Botha, 2021). These multiple perspectives can only be partially accessed by researchers and do not necessarily reflect the truth, but rather the participants' perceptions of their truth (Willig, 2013). Therefore, there is an onus on researchers to approach qualitative research with a high level of reflexivity, considering how reality can be shaped by the unique contexts of participants and researchers (Botha, 2021). The researcher has chosen this position as, by acknowledging that one true reality exists, knowledge can be gathered about individual experiences that can inform the researcher's understanding (Braun & Clarke, 2013). Furthermore, this position was selected because the central philosophy of critical realism according to Bhaskar (2008), is to move towards social change and social justice, a core value of the researcher (Willis, 2023).

2.8 Research design

2.8.1 Case study methodology

A qualitative, multiple case study design was adopted for this study, as this lends itself to searching for meaning and understanding through “an in-depth description and analysis of a bounded system” (Merriam & Tisdell, 2016, pg. 37) or multiple bounded systems within a real-life context (Creswell, 2013; Yin, 2018). It is thought to be a useful way of investigating the ‘how and why’ of a phenomenon (Payne, 2020), and searching for causal explanations (Merriam, 2009). More than one perspective, namely the perspectives of parents and CYP, was included within each case study to triangulate the findings and add to a more robust picture of each case (Hamilton, 2011). This also aligned with the researcher’s position as a critical realist researcher, investigating multiple perceptions of reality. The ‘cases’ in this study were four CYP who had all successfully reintegrated into school following time spent in MH units. Whilst each case shared the common experience of school reintegration from a MH unit, including more than one case with unique and contrasting features provided an opportunity to search for common features across cases through cross-case analysis (Stake, 2005). The criteria for inclusion of participants are outlined below.

2.8.2 Participant sampling and recruitment

Purposive sampling was used to recruit a) CYP between the ages of 8-20 who had previously spent time in a MH unit and had since successfully reintegrated into education and b) the parents of these CYP. Participants were recruited with the support of school Special Educational Needs and Disabilities Coordinators (SENDCos) and EPs working within LAs in the East of England. School SENDCos and EPs were asked to share participant information sheets with the parents of CYP who they felt had successfully reintegrated into education for at least one academic term. There was no upper limit on the time frame for how much time had elapsed since the young person had reintegrated into education. For an overview of the participants who were recruited, see Table 1.

2.8.3 Participant Overview

Table 2 *An overview of participants in the present study*

Case Study	1	2	3	4
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Young Person	Jack	Zach	Kris	Louise (Louise did not wish to share her views in the study directly)
Sex	Male	Male	Male	Female
Parent(s)	Frances (Mum)	Alix (Mum)	Karen (Mum) and Michael (Dad)	Jess (Mum)
Length of stay in MH unit	3.5 months	8 weeks	18 months	6 months
Year Group (at time of reintegration)	Year 11	Year 4	Year 11	Year 12
EHCP in place?	Yes	Yes	Pending final copy	Yes
Attended mainstream setting	Yes	Initially, before transitioning to a specialist provision	Yes	Yes

2.9 Data collection

2.9.1 Semi-structured interviews

This research took place in the context of a recent Coronavirus pandemic (Covid-19). Therefore, semi-structured interviews took place via video conferencing software, Microsoft Teams, or socially distanced, depending on the participants' preference. Open-ended interview questions were used to explore the views and perspectives of participants in depth. The interview questions were developed in line with the research aims and questions. Bronfenbrenner's (1979) social-ecological model also shaped the design of the interview schedule, by including questions

which could explore whether each of the systems and interactions between systems around both CYP and their parents may have impacted on their reintegration experiences. Follow-up prompts were also planned, reflecting some of the key areas highlighted in the existing research, to support participants to elaborate if needed (see Appendix 1).

2.10 Data analysis

2.10.1 Thematic analysis

A critical realist proposes that rather than assuming data directly reflects reality, the researcher must use a degree of interpretation whilst analysing the data to further their understanding (Braun & Clarke, 2021; Willig, 2013). The researcher aimed to value and share the voice of the participants within each case by describing the data, whilst also interpreting the shared patterns of meaning across the dataset to consider the meanings and implications for practice (Joffe, 2012; Kiger & Varpio, 2020). Therefore, 'Reflexive Thematic Analysis' (TA) (Braun & Clarke, 2021) was selected to analyse the semi-structured interview data as it offered a theoretically flexible methodology for analysing patterns within each case study, and across cases through cross-case analysis. It was also chosen as this methodology permits both inductive and deductive orientation to analysis, through taking a hybrid approach (Fereday & Muir-Cochrane, 2006). This allowed the researcher to approach the analysis inductively from the data up, using a combination of semantic and latent coding to both describe and interpret the data and to emphasise participant voice (Braun & Clarke, 2021; Joffe, 2012). Additionally, this choice of a hybrid approach to TA also meant that the analysis could be partially informed by the theoretical underpinnings of the study within the ecological systems surrounding CYP and their parents (Bronfenbrenner, 1979) and keeping solution-oriented principles (O'Hanlon & Weiner-Davis, 1988) in mind.

2.10.2 The stages and process of analysis

The analytic process followed the guidelines for a six-phase approach to reflexive TA, as described by Braun & Clarke (2021) (see Appendix 2). The six phases are:

1. Phase 1 - Initial data familiarisation stage
2. Phase 2 - Coding stage
3. Phase 3 - Generating initial themes

4. Phase 4 - Developing and reviewing themes
5. Phase 5 - Refining and defining themes
6. Phase 6 - Writing up

Using the guidelines listed above, the researcher began transcribing the data using NVivo, before re-reading the interview transcripts, making initial notes, and creating familiarisation doodles (see Appendix 2) of each case study to become immersed in the unique perceptions of experiences of each case (Braun & Clarke, 2021). The researcher then systematically worked through the interview data by hand within each case study to generate codes. Due to the nature of some of the discussions linked to the supports and potential improvements for school reintegration, initially, the researcher focused on the semantic meaning of the data as this was most apparent at first, before shifting towards more latent, implicit meanings on subsequent rounds of re-reading and coding (Joffe, 2012). Following this, seemingly connected codes in each case were clustered together into potential themes, holding in mind the theoretical underpinnings of the study. The initial themes shifted several times throughout this process, aided by the drawing of initial thematic maps (see Appendix 2) for each case study. This supported the researcher in making sense of different ways of organising potential themes or subthemes within each case in line with a central organising concept (Braun & Clarke, 2021). The researcher then returned to the coded data to consider whether the potential themes accurately reflected a meaningful and nuanced interpretation of the data, or if coded extracts needed to be moved or discarded. Finally, this led to the creation of final thematic maps for each theme, whilst ensuring clearly defined boundaries for each theme or subtheme, before giving a name to each. This phase blended into the writing phase as the researcher reflected on and refined the analysis, with subthemes shifting to ensure that the analysis reflected the story of each case study in relation to the research questions.

2.10.3 Cross-case analysis

Following the analysis of interviews within each individual case study, the researcher chose to undertake an additional cross-case analysis (Yin, 2018) of all four case studies to further explore the shared patterns of meaning across the entire dataset (see Appendix 3). This was achieved through revisiting Phase 3-6 of the TA

process as described above and triangulating findings across cases before creating an overall thematic map which synthesised the common findings across cases.

2.11 Ethical Considerations

Ethical approval for the study was gained from the University of East Anglia Research Ethics Committee (see Appendix 4) and was conducted in accordance with The British Psychological Society's (BPS) Code of Human Research Ethics (2021) and Code of Ethics and Conduct (2021). Data was collected and analysed in line with the General Data Protection Regulation Act (2018) and the University of East Anglia Research Data Management Policy (2019). In line with the wishes of some participants, the researcher turned off the audio recording device if this was requested during interviews. Participants were also assigned pseudonyms.

In consideration of the potentially difficult prior experiences of participants, alongside the virtual nature of some interviews, particular regard was given to the principles of respecting the autonomy, dignity, and privacy of participants and maximising benefits and reducing harm (Code of Human Research Ethics; BPS, 2021). Every effort was made by the researcher to minimise the potential risk of harm to participants. From the outset, CYP and their parents were only recruited to participate in the study if they and their parents agreed with the gatekeepers' view that the YP had "successfully" reintegrated into education. This meant that CYP and their parent believed that they had regularly attended school following their reintegration, and were not currently at risk of harm, or likely to soon return to a MH unit. It was felt that this group of participants may have had more positive experiences of school reintegration. Therefore, it was considered that this would reduce the potential risk of discomfort or psychological harm in recounting these experiences.

Participants received information sheets and signed consent forms before the interviews (see Appendix 5). To gain fully informed consent and to ensure that participants did not feel obliged to participate in the study, the researcher also verbally outlined the study, discussed the consent forms with participants and invited any questions before the interviews. Participants were informed that they were free to withdraw themselves or their data from the study at any time. They were also provided with both a verbal debrief and debrief sheet at the end of the interview that included the contact information of the researcher and directed them to charities or

sources of support should they feel that they would benefit from this (see Appendix 6).

2.12 Individual case study findings

2.12.1 Section overview

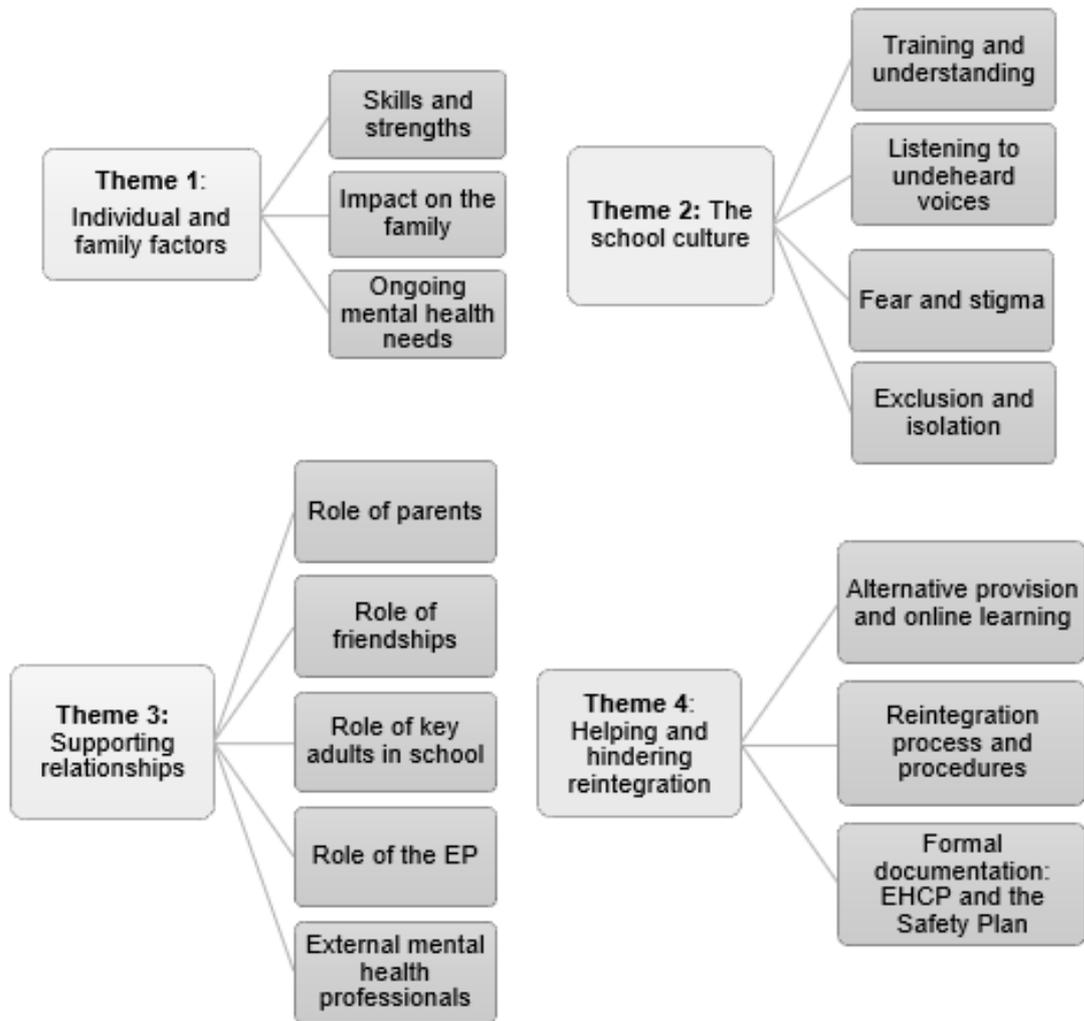
This section includes an overview of the findings following reflexive TA of the interviews conducted as part of each case study, with the key themes and associated subthemes (underlined in the text) and thematic maps presented for each case. Elements of CYP's school reintegration unique to each case will be highlighted here, using extracts from the interview data. This will then lead to a cross-case synthesis of all cases, including the common themes and subthemes across all cases.

2.13 Case Study 1: Jack's reintegration

2.13.1 Case context

Jack reintegrated into school at the start of Year 11 after spending approximately 3.5 months in a MH unit. During the process of his reintegration into school, a needs assessment for an EHCP was taking place. Initially in Jack's case, he was not permitted by the school's senior leaders to return full time to the secondary school that he had previously attended due to school staff's safety concerns. He was placed on a significantly reduced timetable that gradually increased from two hours each week, to two hours a day by the start of the spring term. Around this time, Jack sustained an injury that reduced his mobility around the school grounds. He was then permitted to return to secondary school full time and went on to attend post-16 education. However, he was not accepted onto his preferred course, with staff sharing with Jack's mum, Frances, that his chosen course would be too triggering for Jack. At the time of interview, Jack had completed his education and was in employment.

Figure 4 Thematic map for Case Study 1: Jack’s reintegration



2.13.2 Theme 1: Individual and family factors

Jack’s individual skills and strengths, as well as his ongoing mental health needs, were important factors in his school reintegration. Analysis indicated Jack’s resilience and determination to recover and return to school to connect with his peers, despite the barriers that he faced within school whilst trying to reintegrate: *“It’s his strength of mind as well...and his strength of character and mind and the fact that he’s very social”* (Frances, Parent). However, key patterns of meaning in the data reflected the perspective that his MH recovery was hindered by several barriers within the school culture:

“The more the school was saying, “Oh, he can't come back because he's doing really bad,” and I was like, “The reason I'm doing so bad is because you're not letting me back!” like the reason I'm sad all the time” (Jack, YP).

This theme captured data emphasising that the first few months following Jack's discharge from the unit had a significant emotional impact on the family as they “*tried pushing*” (Jack, YP) against school senior leaders to advocate for his rights to full-time education, whilst his motivation and strength were “*slowly fading*” (Frances, Parent). Consider this quote from Frances emphasising this:

“I shake, from, probably a trauma response to what we went through as a family and my husband as well, we all went through it...people forget that it affects the whole family”.

The data extract above underscores that Frances appraised Jack's school reintegration process as an overwhelmingly negative experience, partly as Jack's siblings and caregivers found it incredibly difficult to observe the profound impact that not being allowed to return to school had on Jack's MH and his recovery.

2.13.3 Theme 2: The school culture

Analysis of data underscored the perception that aspects of the school culture hindered Jack's reintegration into school and subsequently, his MH recovery. Although Jack and Frances were also able to reflect upon staff members who were an exception to this. This theme captured data strongly suggesting that fear and stigma surrounding MH needs influenced not only the attitudes of school staff and the decisions made surrounding Jack's reintegration but also Jack's view of himself:

“Some of them, well one of the teachers was genuinely scared. And if she was actually educated, she wouldn't have been scared, but because she weren't (sic), and all she's had is the stigma, when she saw me, she was genuinely frightened of me. And that made me sad because I was like ‘I don't want you to be scared of me’...And teachers that she was probably talking to about it, weren't either, so it was probably just making it worse” (Jack, YP).

The extract above also relates to another subtheme identified in the interview data, highlighting a lack of training and understanding of MH needs among staff. The lack of understanding about MH needs also seemed to extend to Jack's peers, who "*they cared, they did care, but they didn't really know how to care*" (Jack, YP). This theme also captured data reflecting Jack and Frances' perception of a school culture of exclusion and isolation. For example, Frances shared that she felt as though school staff "*didn't want him out at break time, they didn't want him properly integrating*" and that senior leaders were "*excluding him under the radar*" (Frances, Parent). These extracts also allude to Jack and Frances' feelings that decisions were being made by school staff without considering their views and that Jack was not welcome in the school community. They also suggest a perception that Jack's MH needs were subject to stigmatisation and discrimination by school staff.

Interview data also emphasised the importance of listening to unheard voices when planning and preparing for CYP to reintegrate into school. This included rich data stressing the importance of listening to the voices of the YP and their parents, MH professionals involved in the care of CYP, and effective communication between school staff members during school reintegration. For example, Jack and Frances repeatedly referred to battling with school senior leaders to be heard: "*Honestly it was like fighting...it was impossible*" (Frances, Parent). This extract also alludes to a power imbalance felt between Jack's family and school senior leaders, in addition to the loss of control and agency that Frances and Jack may have felt in this situation, whilst fighting for his right to an education to support his continued MH recovery.

2.13.4 Theme 3: Supporting relationships

Another rich theme pertains to the key supportive relationships in Jack's school reintegration. This included the role of key adults in school, who Frances felt were "*the beam of light that got us through*". Patterns throughout the data underscored the role of the EP, who "*listened*" (Frances, Parent) and "*was an emotional support*" (Jack, YP) for Jack and Frances. In addition, external mental health professionals was another rich subtheme emphasising their roles in advocating for Jack: "*Like my psychiatrist as well was writing letters and stuff saying, 'he needs to be in school'*" (Jack, YP). As previously mentioned, patterns in the data also highlighted the role of parents as being crucial to the reintegration, with Frances sharing that "*all my efforts were focused on helping Jack*". Uniquely in Jack's case,

his brother was in the same friendship circle as him in school, and therefore quotes related to his supporting role were also included within the subtheme role of friendships. Jack's brother supported him in maintaining relationships with the rest of the peer group in readiness for his reintegration, as well as advocating for Jack where necessary, and providing practical and emotional support in school:

"I think he did have some teachers that he spoke to who he kind of made understand, because he didn't really understand about my mental health until experiencing it for a long time, and he knew how important it was for me to be at school and he organised my mates to like, come see me" (Jack, YP).

The extract above suggests that having an understanding peer or group of peers was supportive for Jack when he was reintegrating into school, emphasising the supportive role of social connection between CYP and their peers, in addition to an understanding of MH needs amongst peers. It also highlights Jack's perception that there was a lack of understanding amongst teachers about the MH needs of CYP.

2.13.5 Theme 4: Helping and hindering reintegration

Key patterns of meaning in the data pointed to the dichotomy of the procedural elements of Jack's reintegration into school, in addition to the provision he accessed in school. This included reintegration processes and procedures, such as Jack making several visits back to school towards the end of his stay in the unit. However, data analysis indicated that some of these potentially positive processes became more negative experiences, as school staff had dictated that Jack needed to be supervised during these visits by a member of the hospital school staff. This seemed to have impacted Jack's peer relationships and his self-concept. For example, consider these extracts from Frances:

"There should have been something that allowed him to inte- you know to spend time with his friends without somebody standing on his head, you know. It was all a bit much".

"I remember Jack feeling like he was, you know, his friends were like, "What have you got her for, is it because you're crazy, you might, you know [laughs] do something?" It made him feel...not...you know, not, it wasn't ideal".

The extracts above also allude to the school staff's safety concerns for Jack and the other students, which led to his segregation from his peers. This relates to the subtheme, formal documentation: EHCP and the safety plan which Jack and Frances perceived had "*both helped and hindered*" Jack's reintegration into secondary school and later into post-16 education:

"The health and social care lead read his EHCP and said, no, this course will be too triggering for Jack. We don't allow him on the course" (Frances, Parent).

Whilst this quotation highlights the perception that the detail included within the formal documentation hindered Jack's school reintegration, it could also be argued that this was linked to a lack of staff confidence, training and understanding in supporting the MH needs of CYP. This may also relate to the perceived fear and stigma around MH needs amongst school staff.

Also captured within this theme is data relating to the alternative provision and online learning, with Jack spending his time in school in a separate building on the school site with a very small group of other students or accessing online learning at home. Whilst the alternative provision was where he felt "*safe to be*" (Frances, Parent), Jack also shared:

"It was still part of the school, but I was kind of in there, with like, people with behaviour problems and stuff go in there" (Jack, YP).

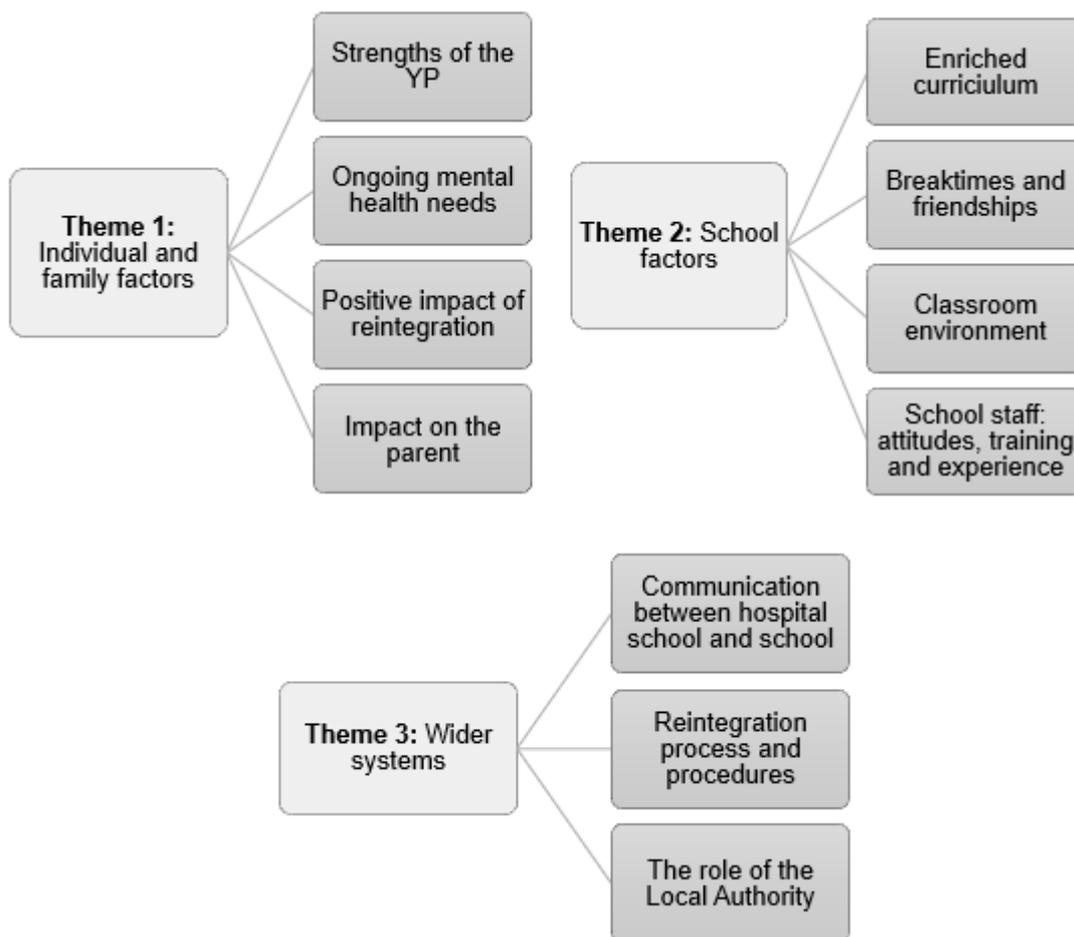
The quotation above not only highlights Jack's isolation from his peers whilst in the alternative provision, but also suggests Jack's view that his presentation due to his MH needs was seen as a behaviour problem by school staff, for which he needed to be segregated from his peers. This again highlights some of the feelings of stigma and discrimination for Jack's MH needs that Frances and Jack felt that they experienced.

2.14 Case Study 2: Zach's reintegration

2.14.1 Case context

Zach is an autistic young person who initially reintegrated back into his mainstream school, in Year 4, following approximately 8 weeks in a MH unit. Zach had an EHCP in place prior to his stay in a MH unit and was supported by a teaching assistant on a one-to-one basis. The initial school reintegration was difficult for Zach and his parent was called to collect him on a regular basis. After a few months he was able to secure a place and successfully reintegrate into school at an independent specialist autism provision, funded by the LA through his EHCP.

Figure 5 Thematic map for Case Study 2: Zach's reintegration



2.14.2 Theme 1: Individual and family factors

Zach's parent, Alix, felt that his needs could not be met appropriately in his primary school, both before his stay in a MH unit and after he initially returned to school, as indicated by this extract:

“It was quite obvious from very early on that it didn't actually help going back into mainstream. And things got bad quite quickly” (Alix, Parent).

Analysis of the interview data in this case underscored that Zach's ongoing mental health needs were a key factor in his reintegration back into his previous mainstream primary school setting. It seems that Zach was communicating his difficulties in this environment through his *“challenging behaviour...he used to, you know, rip the artwork off the walls, he'd throw tables, he'd set the fire alarm off”* (Alix, Parent). The subtheme of impact on the parent reflected the emotional impact that the school reintegration had on Alix, as well as impacting her ability to work, which was equally stressful for her. For example, Alix was *“being called every day at school to come in and see him”* and *“it was getting to the point where I was conscious that I was probably gonna get sacked at some point or I was gonna have to leave my job”*. Whilst Alix described that this was a challenging time for her, these quotes allude to the critical supporting role that Alix played in Zach's successful reintegration, through her being available to support when needed.

Uniquely in Zach's case, once Zach was granted an LA-funded place at an independent specialist provision, the analysis highlighted how the individual strengths of the young person were a key factor in his successful reintegration into his new setting. Alix described Zach as *“resilient”, “adaptable”* and *“clever”*, suggesting that his academic strengths as well as his strength of character enabled him to reintegrate into school. The subtheme positive impact of reintegration emphasises how the well-being of Alix and Zach also improved once he moved to this specialist autism setting. Alix shared that once Zach transitioned into this specialist provision, he was *“having no challenging behaviour at all”* (Alix, Parent), with Zach also sharing, *“I think I'm learning more”*. This quote from Zach also suggests that his academic achievement in school also supported him in feeling positive about his school reintegration.

2.14.3 Theme 2: School factors

Captured within this theme are several subthemes relating to elements of the school environment. Distinctively in Zach's case, reintegrating into a specialist provision meant that he had access to an enriched curriculum. Consider these extracts:

*“One of the things I like is they do lots of different things, like you go to play tennis”
(Alix, Parent).*

“Oh yeah and food tech. Then I get food. That’s why food tech is one of my favourite lessons” (Zach, YP).

These quotations highlighted how Zach seemed to enjoy the variety on offer in his specialist provision, which seems to have enabled his successful reintegration. Analysis of the data also emphasised other provisions within the specialist classroom environment. For example, *“The desks are different...there’s like dividers in between the desks”* (Zach, YP). This extract suggests that Zach perceives some of the classroom adaptations in his new school, such as having individual workstations, to have been supportive in contributing to his successful reintegration.

This theme also captured perspectives on the supporting factor of Zach’s breaktimes and friendships across both schools. Consider this quote from Zach:

“There’s a whole seven children! But I think it’s a good thing...because then there’s people, so we can play like better games outside, like stuck in the mud”.

Here Zach also suggested some of the benefits of smaller class sizes from his perspective, which not only seemed to facilitate positive interactions between him and his peers but may also have meant that he could access a quieter classroom environment.

In addition, the subtheme of school staff: attitudes, training and experience emphasised the role that school staff played in trying to support Zach to reintegrate and his eventual successful reintegration back into education. Although his reintegration into his previous mainstream primary school was ultimately unsuccessful, also unique to this case, Alix felt that staff in this previous school *“really care[d] for my child...they really wanted to be able to support Zach”*. She also shared:

“They had the same sort of training throughout the school, so everyone responds to my child in the same way... They did everything possible to make, you know, make it work for him, and he still couldn’t cope”.

Alix's perspective can be inferred to suggest that whilst she felt that school staff were trained and were willing to include and support Zach as best as they could, ultimately Alix still felt that the busy, mainstream primary school environment was not supportive for him, and therefore his reintegration here was not successful.

2.14.4 Theme 3: Wider systems

Within the theme of wider systems, are included subthemes that highlighted the role of effective communication between the hospital school and school in supporting a shared understanding between medical and educational professionals from the unit and school staff at Zach's primary school:

"Following that meeting it was clear that what [name of MH unit] expected in the way of support for Zach, that the local village school weren't (sic) gonna be able to provide that" (Alix, Parent).

Key patterns of meaning in the data also seemed to pinpoint reintegration processes and procedures that were in place when preparing for Zach to reintegrate into school. These included a multi-disciplinary reintegration meeting with hospital and school staff and a gradual transition back into Zach's previous school *"to get him used to that environment again"* (Alix, Parent). In addition, analysis of the data suggested potential considerations for how the role of the Local Authority impacted Zach and Alix's experiences:

"I think instead of transitioning back into mainstream and then having to transition to the specialist, I think if the Local Authority had agreed from day one that that's what was gonna happen, it would have caused less anxiety for Zach and me a lot less stress as well" (Alix, Parent).

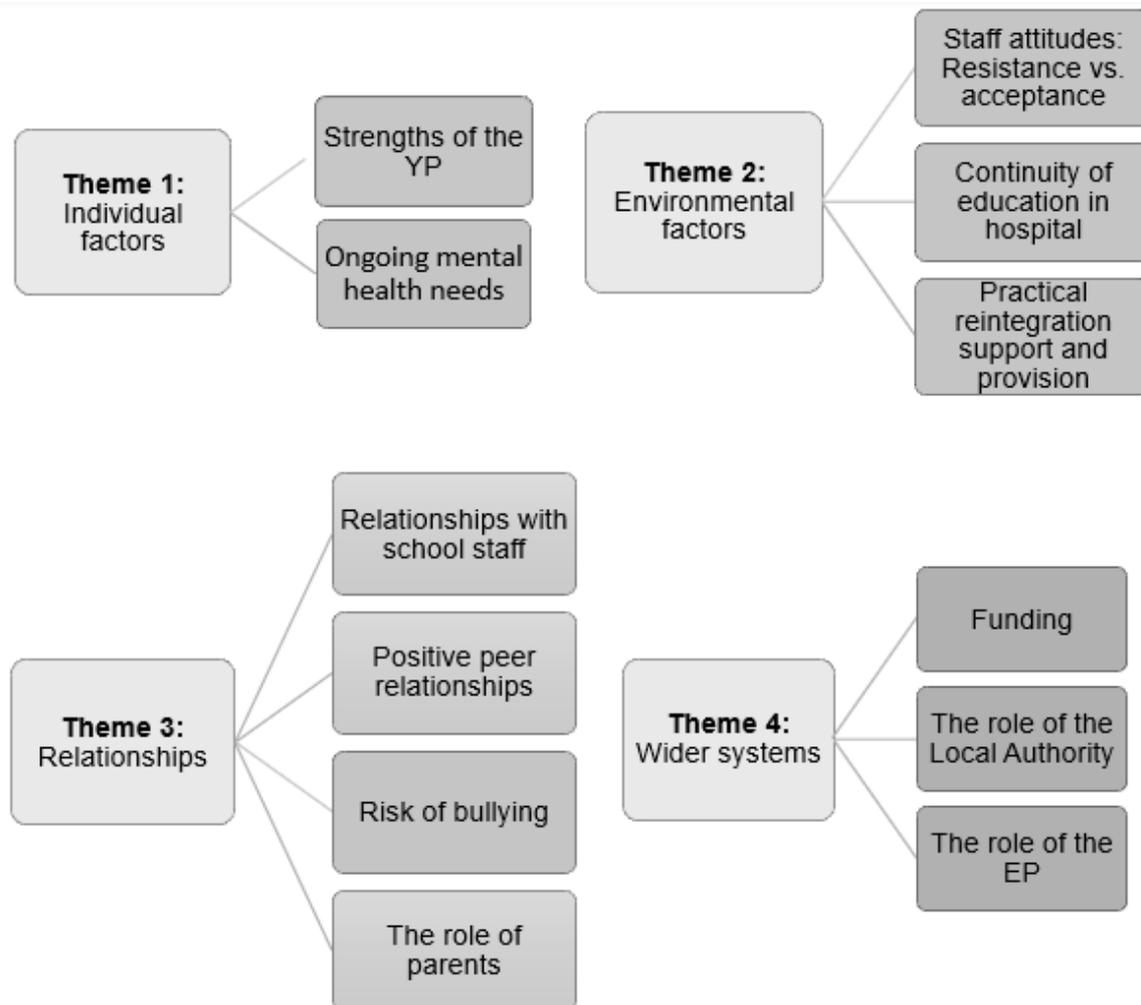
This extract indicates Alix's perspective that Zach's successful reintegration was hindered by the timing of the decision-making within the LA.

2.15 Case Study 3: Kris' reintegration

2.15.1 Case context

Kris was a YP who had spent 18 months in total in inpatient care across three different MH units. After his initial three month stay, Kris returned to Year 10 at his previous independent school setting for one day. This initial return to school was unsuccessful, but Kris was able to secure a place at an online only independent provision shortly afterwards, funded by Kris' parents. Kris enjoyed many aspects of this online provision, but due to his ongoing struggles with MH, he returned to a MH unit. In Year 11, Kris enrolled at another independent setting which could offer face-to-face learning. With the support of this setting, the on-site school in the unit and private online tutoring, also funded by Kris' parents, Kris was able to complete GCSEs during his inpatient stay. Whilst securing an EHCP for Kris around this time, the LA named the local state secondary school, which Kris and his parents did not feel would be the right choice for Kris. At the time of interview, Kris continued to attend sixth form at the independent setting, funded by Kris' parents.

Figure 6 Thematic map for Case Study 3: Kris' reintegration



2.15.2 Theme 1: Individual factors

Captured within this theme are key patterns in the data relating to individual factors, including the strengths of the young person and Kris' ongoing mental health needs that impacted participants' experiences of reintegrating into school in this case. Shortly after being discharged following his initial 3 month stay, Kris shared that he "*started really struggling...and I went back into hospital*". However, the analysis indicated that his unique strengths were supportive factors for Kris that helped him to reintegrate into school. For example, he had a "*passion for education*" (Karen, Parent) and a "*natural curiosity*" (Karen, Parent) which was "*a big part of him being able to maintain an interest in the world outside and not get sucked into this very small world of hospital inpatient*" (Michael, Parent).

2.15.3 Theme 2: Environmental factors

Analysis emphasised how staff attitudes played a pivotal role in Kris' school reintegration, captured in the subtheme staff attitudes: resistance versus acceptance. Whilst Kris initially tried to reintegrate into his previous independent educational setting following his initial inpatient stay, this was met with *“a lot of resistance by the school”* (Karen, Parent). This may have also contributed to an unsuccessful reintegration for Kris at this stage, as staff did not seem willing to make the adaptations for him that Kris, his parents, and professionals felt would be supportive. Conversely, the staff from the independent online provision that Kris was able to subsequently join were much more accepting:

“They recognised that (education was part of Kris' recovery) and he started early. That sort of really highlighted the difference, they went above and beyond to try to meet the students' needs” (Karen).

Kris' next independent educational setting had equally supportive staff, with staff's views highlighted by Michael in this quote:

“We like Kris, we want him here, we'll do whatever we need, we'll find a way. They took that [name of independent online provision] ethos and just went with it”.

The subtheme of continuity of education in hospital reflected data around Kris being able to continue studying for his GCSEs whilst in the MH unit. Kris and his parents felt that accessing private online tutoring was particularly supportive of his MH recovery and successful reintegration into education:

“That was also amazing because it was three times a week, and it was just my safe space to be honest, because there was so much going on in hospital and just to have a break...was absolutely brilliant” (Kris, YP).

Also, within the environmental factors theme, Kris and his parents shared their perspectives on the supportive elements of the practical reintegration support and provision as he integrated into each setting, as well as the areas that they felt could

have been improved. For example, whilst there was a reintegration meeting and a risk plan in place for Kris, Karen shared that:

“It felt quite a threatening meeting in terms of...it felt like, ‘Kris has got one last chance to come back to school and if you can't manage, he's out’, sort of thing. And the sort of risk plan that we got through. You know, it was sort of basically saying, ‘Yeah, if he needs to go to the health centre, then we're gonna have to review his suitability for him to be to be at school,’”.

The extract above also emphasised the resistance from school staff felt by Kris and his family and points to their perceived threats of exclusion due to Kris' MH needs.

2.15.4 Theme 3: Relationships

Analysis emphasised how key supportive relationships enabled Kris' school reintegration and were some of the main drivers for his return to education. This included Kris' positive peer relationships, as participants in this case felt that Kris was “*missing the social side*” (Karen) of school, as well as the role of parents being particularly key. Karen shared that their supportive role involved “*being advocate, I suppose, and...sort of recognising what Kris needs and helping push and push and push so that eventually he gets it*”. Michael also felt that they also gave Kris hope for the future beyond his MH difficulties:

“We put education front and centre of his treatment...I think we gave Kris – there is a future beyond this...this part of it helps you gain that future...We always tried to give him that next step...That optimism for the future”.

Analysis of the data also indicated that relationships with school staff were key in Kris' school reintegration. Uniquely in Kris' case, his online tutor played a substantial role in supporting his MH recovery and his reintegration:

“Without [name of online tutor], I think he is part of the reason I got discharged, one of the biggest things, whether he knows that or not, I don't know, but he really, really saved me because I was in such a difficult place and to just have such a...like he was such a good teacher” (Kris, YP).

This quotation from Kris again stressed how supportive it was for Kris' journey to access education whilst in the unit to keep his dreams for the future and life outside of the MH unit at the forefront of his mind.

Also, somewhat distinct to Kris's case, were patterns of meaning relating to participants' concerns around the risk of bullying from peers when reintegrating either to his previous independent school or to the local state secondary school:

"There's bound to be somebody, who would know somebody, who would know Kris from [name of secondary school], and then you're the posh kid who's had a mental breakdown, and then you're just in a very niche, target group effectively" (Michael, Parent).

Data was interpreted to suggest that participants, in this case, felt that this potential risk of bullying due to Kris' previous experiences had not been taken into consideration by the LA when they were considering a placement for him following his discharge from the unit.

2.15.5 Theme 4: Wider systems

Interview data with all participants in this case emphasised their perspectives on the key supportive role of the EP in enabling Kris' school reintegration through being part of the statutory assessment process whilst Kris was still in the MH units. Participants felt that having EP involvement sooner would have been "*massively helpful*" (Karen, Parent), with Kris sharing that he felt it would be supportive to have "*educational psychologists in hospitals because the transition starts inpatient, doesn't it?*".

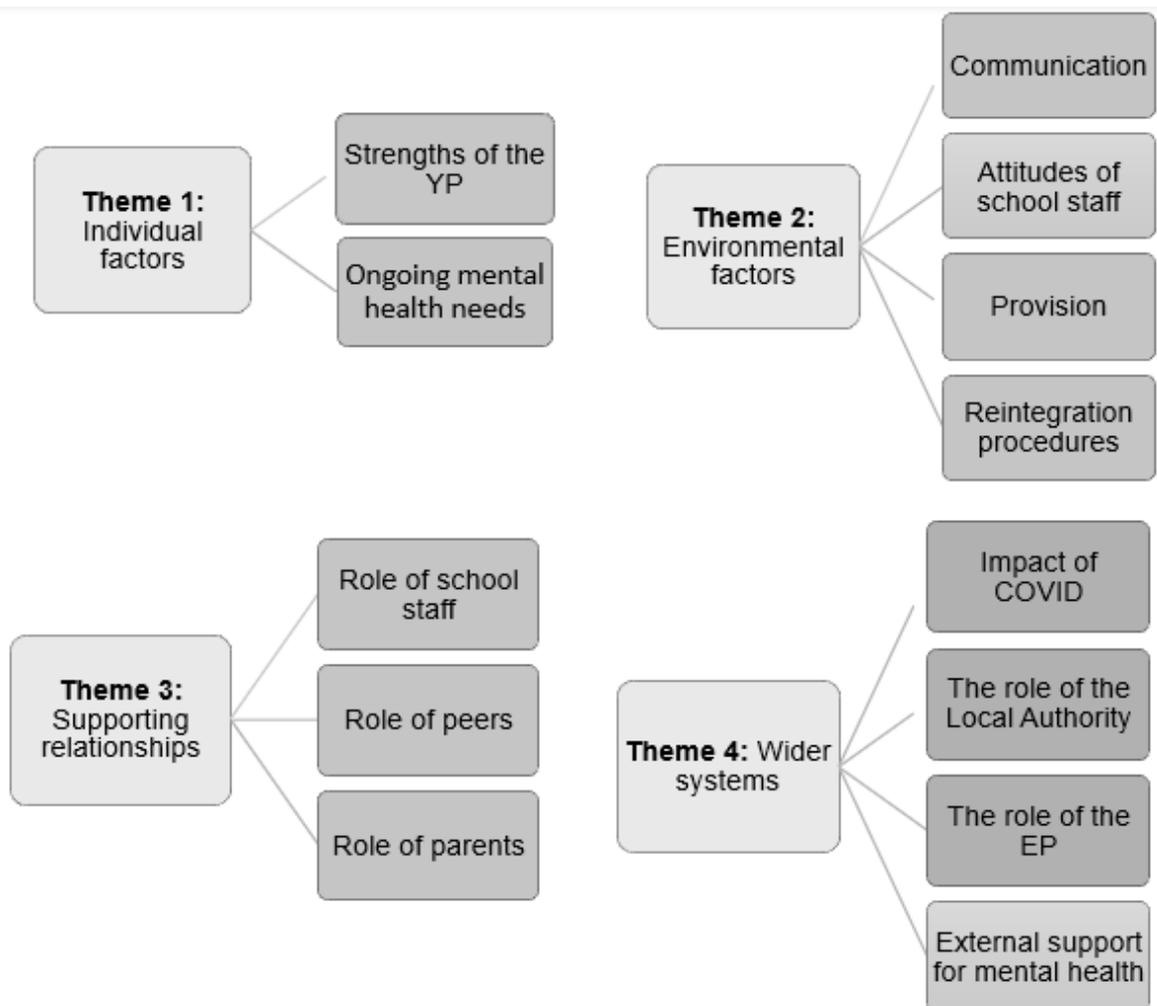
Kris, Karen, and Michael also reflected on the role of the Local Authority in Kris' reintegration, as they shared that the "*EHCP process is painful*" and they "*felt there were so few options*" (Karen, Parent) and there "*wasn't a lot of guidance...from the LA*" (Michael, Parent) about an appropriate provision that Kris could access. However, they also shared that it had been supportive to have access to some funding through Kris' EHCP to support the cost of Kris' travel to school, as they had personally funded the rest of Kris' independent education fees.

2.16 Case Study 4: Louise's Reintegration

2.16.1 Case context

Louise spent approximately 6 months in a MH unit, before initially reintegrating into school part-way through Year 12. Louise had initially hoped to reintegrate in September, but the circumstances of the Covid-19 pandemic, Louise's ongoing MH difficulties and difficulties with communication with school staff hindered this. Louise's initial reintegration was unsuccessful, so she remained in contact with the sixth-form before successfully reintegrating into Year 12 the following year, in September. Louise continued to battle with some MH difficulties at the time of the interview with Jess. For this reason, Louise did not want to take part directly in the study, and instead shared her views indirectly through Jess, her parent.

Figure 7 Thematic map for Case Study 4: Louise's reintegration



2.16.2 Theme 1: Individual factors

In Louise's case, her mum Jess identified that the strengths of the young person enabled her successful school reintegration following her inpatient care. Jess shared that some of Louise's strengths include her "creativity", "how brave she is to keep going...just to do some of the days she does" and that "she's very strong underneath". This was despite her ongoing mental health needs following her discharge from the unit, as initially, Louise was "in no position mentally to go back, and she was very, very ill at the time and largely non-verbal".

2.16.3 Theme 2: Environmental factors

Jess described how the communication with two different post-16 colleges was a barrier to her reintegrating into education as "they wouldn't talk to us at all". Conversely, the ongoing communication with another sixth-form college was much more supportive, with key patterns of meaning relating to the more positive attitudes of school staff who "had special educational needs at the forefront of everything they do" and understood "how disability works, in all its forms". Jess felt that this enabled Louise to begin reintegrating into sixth-form, mid-way through the year. Analysis of the data also underscored that the reintegration procedures followed at this point in the year were unsuccessful:

"That was very difficult to do because friendship groups were already formed, teachers already knew classes and...it clearly wasn't going to work, so we stopped at that point because she was still making progress, but it was slow...then put her down for September...and that has been hugely successful".

The extract above also highlighted the role of friendships and teachers who understand the needs of CYP in enabling successful reintegration following an inpatient stay. Analysis of the data suggested that the provision and other adaptations made by Louise's sixth-form were particularly supportive in her successful reintegration. For example, Jess shared Louise's views that:

"Her main things were the dogs...knowing where to go if you are in crisis...and she said that having that flexible timetable, so being able to not go in on a Friday when she's not nothing left to give".

2.16.4 Theme 3: Supporting relationships

Included within this theme is data relating to the role of school staff, particularly understanding and caring pastoral members of staff who were “exceptional” in enabling Louise to return to school and were “ready for her” to start:

“The pastoral lead... she lets young people be young people, she lets them talk...she never got in Louise’s space if Louise didn’t want her to be in her space”.

As previously mentioned, the role of peers was also perceived to be supportive both for Louise’s school reintegration and her MH recovery, as it was important for her to be able to make friends and to form a friendship group with whom she can spend time with inside and outside of school: *“For the first time she went into town on a bus with a friend, that was huge...it’s huge progress”.* Jess also shared the vital role of parents in Louise’s reintegration, due to their knowledge of the experiences of other young people who had spent time in a MH unit. This extract also reflects the sacrifices that Jess made to support Louise’s successful reintegration:

“One of the main things is having a family who are able to support that level of MH as well, and this is the really tough one because we know a lot of young people who’ve been in the same position and it became clear I had to give up work or one of us had to, otherwise she wasn’t gonna make it”.

2.16.5 Theme 4: Wider systems

Analysis of the data captured patterns of meaning relating to the impact of Covid on Louise’s school reintegration, partly as this meant closing the hospital school attached to the MH unit. Louise also described that the circumstances of Covid impacted Louise’s return to education:

“It was bubbles, and it was too intense, and they couldn’t move, and they had one loo for 120 girls, and they had to get through it in 10 minutes...and having gone back, having been told by the government you’re all gonna die...it was so intense”.

The circumstances of the pandemic seemed to be difficult for Louise, who needed some time to adjust back “very gently” to academic life. Jess also shared her perspective that the grading of GCSEs during the Covid pandemic meant that there

were many students entering into post-16 settings, which she felt may have also contributed to staff in other settings not communicating with Jess and Louise.

Jess also shared how the role of the Local Authority played a supportive part of Louise's reintegration into school, through "*constant dialogue*" with Jess about the progress of her EHCP which made clear "*her rights to get back into education*". The LA also advocated for Louise's entry into the sixth-form. For example, once Louise's EHCP had been finalised, the LA advocated for Louise "*and said, if she wants that place, she's going here. They didn't give them a choice.*" Jess also spoke about the role of the EP as part of the EHCP needs assessment process, who was "*very sensitive to Louise's needs*" and "*was understanding that she didn't understand what Louise had been through, but what can we do to help?*". It was also supportive for Louise to access external support for mental health, particularly as Jess felt that the transition to and access to adult MH services had also been "*hit so hard by Covid, her ride was just awful, awful*". Uniquely in Louise's case, she found that "*yoga is massively cathartic...because it's all about making friends with your body*".

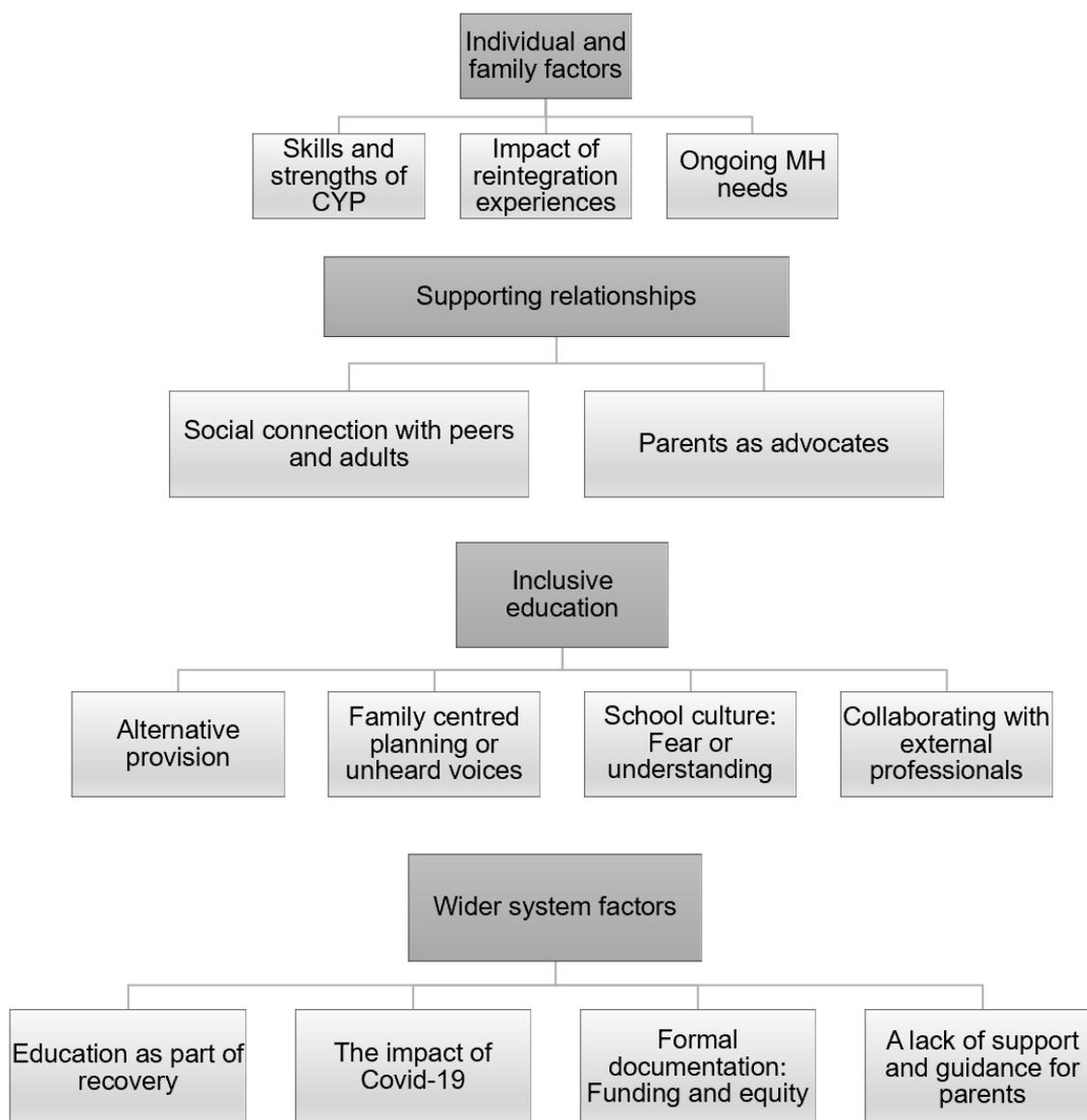
2.17 Overview of cross-case findings

In this section subthemes from the cross-case analysis will be presented. This includes the common themes and subthemes across all cases, with pertinent data extracts selected from each case to underscore some of the nuances of these findings. From the cross-case analysis, four key themes were identified:

1. Individual and family factors
2. Supporting relationships
3. Inclusive education
4. Wider systems factors

Theme 1 comprises three related subthemes, theme 2 is made up of two subthemes, whilst themes 3 and 4 contain four related subthemes. Themes and subthemes from the cross-case analysis of all cases are represented in the thematic map in Figure 6.

Figure 8 Thematic map of Cross-case Thematic Analysis



2.17.1 Theme 1: Individual and family factors

Cross-case analysis of all cases highlighted the ‘Individual and family factors’ that played a role in CYP’s experiences of school reintegration, captured within the subthemes of skills and strengths of CYP, impact of school reintegration experiences and ongoing mental health needs. The individual skills and strengths of CYP, their ongoing MH needs and the unique impact of school reintegration on each family have previously been shared in each of the individual case study analyses in the

previous sections. Therefore, this section of the report will comment on the common individual and family factors across cases.

2.17.1.1 Skills and strengths of CYP

Whilst the individual skills and strengths of CYP differed between CYP in the study, participants shared their perspective that it was these unique qualities that made a positive difference on their journey to MH recovery and were the key to their success. For example, Frances (Parent) shared:

"It was only through perseverance, through Jack's strength and resilience that he was able to access education at all".

A shared strength amongst CYP across all cases was their desire to return to school. For some this was because of their academic strengths, such as being "*clever*" (Alix, Parent), because they had "*really got [their] teeth into*" (Jess, Parent) studying new subjects, or due to "*a love of learning*" (Karen, Parent) more generally. Similarly, some CYP were motivated by their future career aspirations. For instance, Jack aspired to become a nurse in the future and "*was trying to do better for [him]self*" (Jack, YP). For some CYP an additional motivation for returning to school was their desire to interact with peers in the school community to support their MH recovery. Consider this extract:

"I'm a social person, although I have social anxiety, I really like seeing people speaking to people" (Kris, YP).

This excerpt from Kris also emphasises that seeking social connection was a key supporting factor for Kris whilst also being somewhat of an area of difficulty for school staff to be aware of.

2.17.1.2 Impact of school reintegration experiences

Key patterns of meaning in the data related to participants' mixed school reintegration experiences and the positive and negative impact of these experiences on the educational progress of CYP and the emotional well-being of CYP and their parents. After successfully reintegrating into education, most participants spoke about how CYP were "*really, really thriving and progressing*" (Alix, Parent). For

example, Jess (Parent) also spoke about how successfully returning to education supported Louise holistically in all areas of her life: *“We just had our EHCP meeting for this next year and, looking at the outcomes, we never thought she’d be where she is now”*.

However, initially reintegrating into school was also difficult for all CYP and their parents, particularly if there were environmental and systemic barriers to the return to education. When CYP were turned away from educational settings or perceived that they were treated differently or rejected by staff members or peers due to their MH needs, this had a particularly negative impact on their self-perception. Consider these extracts reflecting this:

“That’s not nice for her to hear, either, because she’s getting back on her feet... they [school staff] just made her feel pretty useless and a bit of a pariah” (Jess, Parent).
“You got no self-worth. Yeah, you, you’re not important to anyone because you’re not doing anything. You’re not bettering your future. You feel like a bum really, you don’t do anything. And then the more that was happening, the worse I was becoming” (Jack, YP).

The extracts above also highlight the crucial role of inclusive educational settings in supporting continued MH recovery and emotional well-being following CYP’s discharge from MH units. The cross-case analysis also highlighted that participants felt they faced resistance from schools which made the reintegration process a particularly challenging experience.

2.17.1.3 Ongoing mental health needs

Across all cases, CYP continued to experience ongoing MH difficulties after they left the MH units, as previously shared in each individual case study analysis. Some CYP shared how they felt *“a bit nervous”* (Zach, YP) about reintegrating into education, whilst for other CYP their MH needs were more debilitating. For example, Jess (Parent) shared that Louise’s initial reintegration into sixth form was unsuccessful:

“She just wasn’t well enough. And it just became apparent that she couldn’t quite... And nobody... You can’t rush it. You can’t push it” (Jess, Parent).

Barriers to reintegration discussed throughout the themes in this section also contributed to the ongoing MH needs of CYP. Although not a focus of the interview questions in this study, some participants also shared that whilst reintegrating into school, CYP continued to navigate some of the harrowing experiences they may have had in the unit. The ongoing MH needs of CYP were exacerbated in some cases where there were barriers to reintegration:

“When I was in hospital, it was horrible...you see people like hurting themselves...and yourself, you’re doing stupid things and being in bad places. And then from that...for you to be sitting at home by yourself, doing nothing when you’re feeling like that...You’re just at home and everything’s going through your head”
(Jack, YP).

These extracts underscored the need for CYP in the study to have continued access to MH support in schools for CYP. Unfortunately, participants in some cases also highlighted issues around CYP’s access to support from MH professionals after leaving the MH units, particularly in relation to waiting for support when transitioning to adult services:

“The mental health services were hit so hard by Covid. I mean, her ride was just awful, awful. So we were transitioning to adult services, so she had nothing but a private psychotherapist who wasn’t in the least bit qualified to deal with Louise’s needs” (Jess, Parent).

The extract above highlights that CYP’s readiness to reintegrate into school does not necessarily coincide with their discharge from the MH unit, as in some cases CYP continued to experience MH needs that required support from professionals. In Louise’s case, her issues with accessing continued MH support, exacerbated by the context of Covid-19, indicated that there was a need for continued MH support in the interim period.

2.17.2 Theme 2: Supporting relationships

A rich theme across the data set, 'Supporting relationships', captured data that reflects the key relationships that supported CYPs' school reintegration. The practical and emotional support provided through some of these relationships was highlighted through the subthemes of social connection with peers and adults and parents as advocates. This section of the report will comment on the common elements of these subthemes across cases.

2.17.2.1 Parents as advocates

Cross-case analysis emphasised the role of all parents as advocates for CYP during the school reintegration process, whether that be through "*arguing with the LA*" (Alix, Parent), communication with educational settings to try to advocate for CYP's rights to return to education, or "*recognising what he needs, and helping push and push and push*" (Karen, Parent) so that CYP received the support and provision that parents felt they needed. Also common across cases was the idea that parents being able to make sacrifices, for example in their careers, was one of the key things that made a difference in the success of CYP's reintegration. Many parents expressed how this was necessary so that they could provide transport to and from school or be there "*on call, ready to come anytime*" (Frances, Parent) in case their child needed them.

The interview data across cases was interpreted to suggest that parents and some CYP felt that there were important issues of equity to be considered when reflecting on the role of parents in supporting successful school reintegration. For example, parents and CYP also reflected that "*there's no booklet*" (Kris, YP) on the process to support families who may be unsure of their rights. Consider these extracts:

"If you didn't have the oomph to do it...more kids miss out" (Karen, Parent).

"It's not something that everybody could do physically, mentally, capacity wise...Even down to like I said earlier, literacy, you know...I remember reading and writing emails thinking what if I couldn't do this? What if I didn't know how to do this? It shouldn't be the case" (Frances, Parent).

2.17.2.2 Social connection with peers and adults

Another rich subtheme across cases highlighted strong, trusting relationships with key adults who facilitated the successful reintegration of CYP through the way in which they “*went over and above and tried their very best*” (Frances, Parent) to provide individualised pastoral support, to foster CYP’s emotional well-being and to give them hope for the future. Consider these extracts:

“When they were actually saying how good, how they want me to have a future, and they’re asking me about what I wanna do when I’m older...and they’re... just kind of filling you with confidence almost...I think if I didn’t have [alternative provision staff members] as like emotional support as well...I wouldn’t have even wanted to go back to the school anyway if they weren’t there” (Jack, YP).

“For her it was [name of staff member] and that knowing where to go if you are in crisis and actually having the right spaces and the right person, who’s not gonna talk down to you and understand what’s going on to the best of their ability”. (Jess, Parent).

Positive peer relationships were a key supporting factor for all CYP, providing emotional and practical support to CYP when navigating the social and academic demands of their return to education. For instance, Jack (YP) valued his peers when he returned to his previous school because, “*it’s just having someone else there like, completely in your corner*”. Similarly, Zach’s (YP) friends were one of the things he really enjoyed about school, and he felt that being encouraged to go outside with his peers helped him to settle into his new school. He had enjoyed rewards in school alongside his peers: “*Just as a special treat, him and his friend went to this bug café*” (Alix, Parent).

In the case of some CYP, they also found it helpful to be in an environment of “*general acceptance*” (Jess, Parent) amongst “*sensitive*” (Jess, Parent) peers who may have had similar experiences or MH struggles to them. For example, Jess (Parent) felt that this shared understanding and sharing “*even just the odd smile*” with students she knew from the unit was helpful for Louise: “*They’re both getting in every day, they know how massive that is, even if the people around them don’t*

necessarily". Karen (Parent) also shared that at the start of Kris' school reintegration journey:

"The initial bit is really useful that...you have a group of people who will understand if you don't want to talk in class, and it's not an issue amongst the other students".

Some participants reflected that CYP found it helpful that their peers were unaware that they had previously spent time in a MH unit when reintegrating into a new school so that they could have a *"fresh start"* (Kris, YP). This was perceived as being supportive in the journey to MH recovery for CYP who wanted to be *"like everybody else"* (Jess, Parent).

2.17.3 Theme 3: Inclusive education

Nestled within the 'Inclusive education' theme are subthemes relating to aspects of the school environment and actions of school staff members that were common across cases. This includes the alternative provision and family-centred planning that was in place in school to support CYP's reintegration. This theme also reflects participants' perceptions of the school culture demonstrated by the attitudes of school staff during the school reintegration journey, within the subtheme of school culture: fear or understanding. Lastly, the subtheme collaboration with external professionals reflects data relating to the role of professional communication with MH and LA professionals during school reintegration.

2.17.3.1 Alternative provision

Across cases, participants commented on provisions and adaptations to the school or classroom environment that supported school reintegration, including for example time with therapy dogs, being allowed to use headphones, access to a safe place in school, like a *"breakout room"* (Alix, Parent), or access arrangements for completing exams in a smaller space. All participants perceived that a school or classroom environment, with fewer pupils and a higher staff-to-pupil ratio was supportive for many reasons. Participants felt that smaller environments were quieter and less overwhelming for CYP who experienced ongoing MH difficulties, had concerns about bullying or had difficulties with managing sensory needs: *"I think it's the crowds and noise, you know, autism and sensory processing has...he just couldn't cope"* (Alix, Parent). Some participants also commented that a more

informal environment with somewhat relaxed rules supported a sense of belonging amongst a school community and building relationships with school staff and peers. For example, Kris (YP) shared:

“I know everyone there. I call the teachers by their first name...it’s such a small community that everyone knows each other and everyone’s just really supportive”.

Similarly, Jack (YP) shared that being educated in a separate building was helpful for him personally due to the more relaxed environment and a higher ratio of staff to pupils supporting him academically:

“Having that place, it was kind of more relaxed and stuff. I still got on with my work. I kind of worked better than I did in the classroom. I got more work done.”

Smaller school environments also meant that CYP some felt that they received more individualised academic support in the classroom, were more able to ask for help in a quieter environment and that *“we could go at my pace”* (Kris, YP).

In most cases, participants also spoke about access to online learning to support the return to education. This option meant that some CYP could continue to access education remotely at a time when they may not have felt ready to return to a physical school site, due to ongoing MH needs or other concerns: *“It’s a school designed for people that have been bullied...that’s why it’s online”* (Kris, YP). However, some participants felt that there were negative aspects to online learning, as CYP were missing out on the opportunity to develop friendships and to socialise with their peers, in addition to downsides that impacted parents of this vulnerable group of students: *“From a supervision point of view, someone had to be with Kris all the time while he was here”* (Karen, Parent).

2.17.3.2 Family-centred planning or unheard voices

This subtheme captured data extracts relating to the supportive nature of listening to CYP and their parents as a vital part of CYP reintegrating into school, as *“every kid is different”* (Jack, YP). Most CYP experienced a gradual reintegration back into education at first, which in many cases was perceived to be supportive and in line with the views and wishes of CYP and their parents, for example, Alix (Parent)

shared that this enabled Zach (YP) *“to get used to being in that environment again, so it wasn’t such a shock doing it you know, Monday to Friday after the hospital stay”*. However, in the case of some CYP, this wasn’t what was best for them personally. Participants commented on how an absence of person-centred planning, taking into consideration the views of CYP and their parents, negatively impacted their reintegration experiences:

“No one listened to me that was in a position of power to do something. You know, for me and my parents it felt like we were screaming at a brick wall, and nothing was coming back, not even an echo” (Kris, YP).

“They weren’t listening to me, it was like my voice was not heard.... My mum’s voice weren’t (sic) heard...and it was kind of like, it’s like I could just shout and no one would pay attention” (Jack, YP).

Each of these extracts in this section highlight the power imbalance between the CYP and school staff involved in their reintegration, who did not seem to have heard the voices of CYP and their family, by keeping them at the centre of the decision-making process so that it could be as successful as possible.

The cross-case analysis also emphasised common person-centred reintegration processes and procedures that supported CYP’s school reintegration. For example, in most cases, a school staff member visited CYP in the unit towards the end of their stay. This also supported multi-agency communication and planning for their reintegration, enabling CYP’s relationships with school staff, who could begin to understand their experiences in the unit. For example:

“When she went in to spend the day with him in school, in the hospital, I think she realised it was a very different environment and I think she saw Zach and how he responded more positively and I think that was enough for her to say, you know, this is what’s right for this child, not mainstream” (Alix, Parent).

2.17.3.3 School culture: fear or understanding

Cross-case analysis indicated that participants’ perceptions of the school culture as either promoting exclusion and fear or inclusion and understanding among

school staff and peers, somewhat determined the success of CYP's return to education. Across cases, participants spoke about the "*massive resistance*" (Karen, Parent) and "*closed doors*" (Jess, Parent) from school staff when it came to allowing CYP to reintegrate back into school due to various "*boundaries and barriers*" (Frances, Parent) in school. Participants attributed some of these barriers within the school culture to "*fear*" (Karen, Parent), or a "*massive safety concern*" (Frances, Parent) amongst school staff, because they were afraid of the young person being "*too difficult, too high risk*" (Michael, Parent), a danger to themselves or others in school, and that school staff therefore "*had no intention of meeting [their] needs*" (Jess, Parent). This was also noted by some CYP, who felt they were treated differently or discriminated against by peers and staff when reintegrating into school due to their MH needs. This meant that some CYP were isolated from their peers which may have impacted their educational progress, ability to connect with peers and their MH recovery:

"He'd got to the point where he wasn't in the classroom, he was in a separate classroom with his one-to-one TA all the time" (Alix, Parent).

Participants also shared their perception that stigma and a lack of understanding amongst peers resulted in a breakdown of friendships, negative comments or bullying from peers due to their stay in a MH unit:

"When you come back from a place like that...The way the kids were at the school, like I remember a kid saw a cut on my arm, so he put fag out on my head...and like, kids would take the mick out of my arms. Like I remember someone passed me blade and told me to cut myself with it" (Jack, YP). Conversely, CYP and parents also spoke about the important role of an "*accepting, compassionate and supportive*" (Michael, Parent) school culture, particularly amongst staff members. Where school reintegration had been more successful, most participants attributed this to the level of training and understanding of MH needs and how best to support them. For example, Kris (YP) compared his perception of the level of staff training between staff in different educational settings:

“All the teachers at [name of independent online provision] had specialist training for mental health and specialist training for bullying and learning difficulties so they... it was sort of like a hospital but a school. They were sort of healthcare professionals in their own sort of way” (Kris, YP).

Also included within this subtheme are key patterns of meaning relating to the practical support provided by understanding school staff members, for example through advocating for CYP’s rights to education and adjustments in the classroom, coordinating their access to work from teachers or setting learning targets. Consider these extracts for example:

“You think, go back to the EHCP, have another read of it. And then I think [pastoral member of staff] just slapped him [laughs] and was like stop it! And then [SENDCo] went to see him...and she just sort of said, you really can’t do that...and it stopped” (Jess, Parent).

“But like teachers, that kind of did understand and they like, realised how important it was for me to go back to school...they kind of, really pushed for it” (Jack, YP).

2.17.3.4 Collaborating with external professionals

All participants emphasised the importance of multi-agency collaboration and communication with external professionals, particularly between school senior leaders, teaching staff and medical professionals from the MH unit: *“I know all mental health is different...but the key thing really is just to listen to the medical staff”* (Frances, Parent). Across all cases, MH professionals from the MH units had an important role in advocating, or *“fighting”* (Karen, Parent) with school staff, for the YP’s access to appropriate educational provision. This was particularly highlighted through data previously discussed in Jack (YP) and Zach’s (YP) individual case analyses. Participants spoke about how communication between stakeholders supported person-centred reintegration processes and ensured the appropriate provision could be in place in school, based on the knowledge and understanding of the medical professionals. Although in many cases, participants felt that this communication and collaboration could have been improved, so that there was *“more support from the hospitals in that discharge phase, and a bit more forethought*

and planning as to what's needed" (Michael, Parent) in terms of the paperwork and support required to be in place in school, ready for CYP's reintegration. Some participants also highlighted that it is important for school staff and senior leaders to be part of this communication:

"He listened to the doctors and... he developed the safety plan, from listening to what the doctors were saying...so that was a really positive thing. And the fact that the head of year came too, it should have meant that things had then filtered through to the top" (Frances, Parent).

2.17.4 Theme 4: Wider systems factors

The theme 'Wider systems factors' captured patterns of meaning across the data that reflected the influence of external factors outside the school environment, within the LA, the MH unit, or more widely. The subtheme education as a part of recovery reflected key patterns relating to the value of education and the importance of continuing education whilst in the MH unit. Access to education and the reintegration journey of all participants was influenced somehow by the pandemic, captured within the subtheme the impact of Covid-19. Formal documentation: Funding and equity underscored data relating to issues highlighted by participants in relation to EHCPs and risk assessments whilst the subtheme support and guidance for parents includes data relating to the role of wider systems in this area.

2.17.4.1 Education as a part of recovery

The perceived importance of education and the role of education in MH recovery stood out as a shared cultural value for individuals across all systems involved in the school reintegration process, including parents and CYP. For example, parents commented that they put education "*front and centre*" (Michael, Parent) of CYP's recovery, as it could provide "*structure*" and "*a sense of purpose*" (Frances, Parent) for CYP. Patterns in the data also emphasised the importance of CYP continuing to access education in the MH unit to support swift school reintegration. In some cases, this was highlighted as the key to success, compared to their peers on the unit who may not have been able to access the same level of education:

“I know so many people, I’ve met hundreds of people in-patient and I’m one of the only people I know that’s been discharged successfully...but the one thing that was different between me and them, was education”. (Kris, YP).

However, participants also felt that the value of the role of education in MH recovery needed to be shared by multi-disciplinary professionals, including medical professionals in the units and school staff, to facilitate effective communication between settings about continuing access to learning that CYP may be missing from school.

2.17.4.2 Formal documentation: Funding and equity

The CYP across all four cases each had EHCPs, which all parents perceived as *“crucial”* (Frances, Parent) in ensuring the provision was in place to support their child:

“Once we had the EHCP, we could then begin pushing and Louise's rights to get back into education were clear. But until that point, none of the sixth forms would talk. None of them” (Jess, Parent).

Participants also shared that they had received conflicting opinions from different professionals either in school, CAMHS or the LA, about whether their children would be eligible for an EHC needs assessment:

“Even though the hospital had advised in their ending notes that he should have one [an EHCP] she said no. So if she's saying no, it's very difficult because nobody else can apply for one” (Frances, Parent).

This extract suggests that school staff may not always have shared with parents their right to request an EHCNA from the LA. It also seems as though there may have been a misunderstanding or uncertainty amongst school staff around whether SEMH needs would be best supported through having an EHCP:

“We were also told repeatedly by the school and CAMHS that he wouldn’t be able to access the EHCP because he didn’t have a learning difficulty” (Karen, Parent).

In all cases, participants referred to the EHCP providing essential funding for provision and adults in schools, as well as funding transport to and from school. In two cases, CYP had successfully reintegrated into small, fee-paying independent educational settings, after previous unsuccessful attempts to return to other school settings. This was hugely successful for these CYP; however, it raises issues of equity of access to supportive, specialist provision for all vulnerable CYP regardless of their socio-economic status, particularly if the LA or parents cannot fund the placement. This quote from Kris (YP) underscores this:

“They’re both really expensive, but I don’t think that’s unjustified because it’s such a good environment for me. I just wish it was available for everyone”.

Zach’s (YP) school place was funded by the LA, and Alix (Parent) expressed concerns over how this funding could perhaps be used more equitably to support many CYP:

“My child costs (the LA) quite a lot of money to send to a private school, whether he could have coped in a mainstream if he’d other professionals there like therapists...and school nurses...and speech and language therapists. I think I’d rather throw money at having a professional in the school and helping lots of children” (Alix, Parent).

2.17.4.3 A lack of support and guidance for parents

Across all cases were key patterns of meaning in the data relating to the supportive role of the EP, the LA and SEND professionals during school reintegration when they became involved with the families through the EHCNA process and in advocating for CYP’s rights to return to education. Moreover, parents and CYP shared how they valued that EPs were able to build relationships with the families quickly and could provide emotional and practical support through listening and advocating for the young person. Despite this, participants across cases emphasised that they would have valued further support and involvement from EPs before school reintegration had begun:

“Educational psychologists in hospitals, because the transition starts in-patient, doesn’t it?” (Kris, YP).

“It would have made a massive difference if she’d [the educational psychologist] been involved before because I think then also, it’s an external person from the LA saying to the school, ‘these are the problems, these are his strengths, these are what he needs help with, and what you need to do. And I think, support for us’.”
(Karen, Parent)

Participants also shared how successful reintegration was hindered by some of the decision-making within the LA, including the timeliness of decisions made and the educational settings that the LA felt would be suitable:

“So initially they (the casework officer) wanted him to go back to a different school...that was the other side of [city name], that he’d never met...and they said that like the week before the end of term. And we said we can’t, we can’t do that! They’ve never met Kris before. We’ve got no time to go and meet them. We can’t get him there” (Karen, Parent).

“I had a meltdown thinking, what am I gonna do to help her now?” (Jess, Parent).

The quotes above all underscore a lack of support and services for parents when preparing for CYP’s school reintegration, particularly during the interim period between inpatient care and reintegrating successfully into school.

2.17.4.4 The impact of Covid-19

The Covid-19 pandemic affected CYP’s and parents’ experiences of school reintegration. For example, participants shared how multi-disciplinary meetings with parents, professionals and CYP were *“all on Zoom”* (Jess, Parent) or held *“over the phone because it was still Covid times”* (Alix, Parent). There is a sense that it was important for these meetings to continue to support multi-disciplinary communication under the circumstances and that virtual meetings with professionals during these times were actually more supportive as it *“takes away all that level of stress”* (Jess, Parent) that face-to-face meetings may create for some CYP, particularly those with MH needs. Participants also spoke about how the pandemic contributed to CYP’s ongoing MH needs and negatively impacted CYP feeling able to return to school, for

example as emphasised in Louise's individual case study. In addition, participants felt that CYP's journey to MH recovery was affected by the circumstances surrounding the pandemic as they "*didn't really have any proper therapy over lockdown*" (Kris, YP) or have continued access to education in the onsite school.

2.18 Discussion

Contributing to the limited, existing literature on school reintegration for CYP following their time spent in a MH unit, this research aimed to provide insight into the experiences of school reintegration from the perspective of CYP and their parents (RQ1). The study also aimed to explore what supported CYP's school reintegration (RQ2) and what could be improved about the process of school reintegration (RQ3) from the perspectives of CYP and parents. Several themes were captured in the interview data from parents and CYP in four case studies using Reflexive TA before a cross-case analysis of all case studies was conducted. Following this cross-case analysis, four themes were identified: 'Individual and family factors', 'Supporting relationships', 'Inclusive education' and 'Wider system factors'. In this discussion, the findings from the cross-case analysis of case studies in relation to each of the research questions will be presented in the context of the existing literature and the psychological theory underpinning this research. Due to the overlapping nature of the findings in respect of each of the RQs and the complex nature of this topic, an integrated discussion of the findings will be presented to discuss participants' school reintegration experiences (RQ1), alongside the factors that supported school reintegration (RQ2) and the factors that could be improved about the process (RQ3) from the perspectives of CYP and their parents. The implications for school staff, LAs, and EPs will be presented, before discussing the strengths, limitations, and future research directions. These will be expanded upon further in the subsequent reflective chapter.

2.18.1 Supporting CYP's successful school reintegration

In consideration of RQ1, although all CYP in the present study were eventually able to reintegrate into school successfully, CYP had mixed experiences of school reintegration, with findings reflecting the negative and positive aspects of their experiences. In all cases, there were initial barriers or delays to reintegration, for example, the absence of person-centred planning and stigmatisation of MH needs. Participants described this as a very difficult and stressful experience, which

had a detrimental effect on the well-being of CYP and the initial success of the reintegration. These findings partly captured within the subthemes of 'Impact of reintegration experiences' and 'School culture: fear or understanding' are consistent with the mixed or negative experiences of school reintegration found in previous research gathering CYP's perspectives on school reintegration (e.g., Preyde et al., 2018; Marraccini & Pittleman, 2022). Conversely, CYP in the present study who were supported to successfully reintegrate into school had more positive experiences of the process, which contributed towards their ongoing MH recovery and their hope for the future. According to Lazarus and Folkman's (1984) transactional model of stress, we may perceive a situation to be more positive if we consider that we have sufficient resources or coping strategies available to support us through a challenge. Findings from the present study suggest that there were various supporting factors in the systems around CYP (Bronfenbrenner, 1979) that enabled CYP to remain resilient during the stressful time of reintegrating into school, which ultimately resulted in successful reintegration and more positive appraisals of their experiences (Ginsburg & Jablow, 2015; Lazarus & Folkman, 1984).

In respect of RQ1 and RQ2, and in line with recent findings by previous researchers (e.g., Williams, 2021), findings from the present research suggest that where CYP felt competent in their own strengths, abilities, and recent academic achievements, this seems to have supported them to reintegrate successfully, as well as enabling them to feel more positive about their school reintegration and give them hope for the future. The findings within the subtheme 'Skills and strengths of CYP' also link with Ginsburg and Jablow's (2015) seven C's framework of resilience, which posits that competence and confidence in one's own unique strengths (for example, academic or social skills) can support resilience in CYP. When considering RQ1 and RQ2 further, CYP were best supported to reintegrate where they had continued to access meaningful education or to achieve qualifications whilst in the MH unit, also reflected in the subtheme 'Education as a part of recovery'. This finding from the present study provides further support for Williams' (2021) study, particularly when considering how valuable it was for Kris to complete some GCSEs whilst in the unit, in readiness for the next stage of his academic journey following his discharge. Reintegration for CYP in the present study was also most successful where CYP were motivated and able to continue with subjects that they enjoyed and

to pursue activities linked to their strengths when they returned to education, whilst being supported by school staff to reach individual academic goals and targets, at a pace that suited them. This support to reach their academic goals, experience a sense of success and connect to their interests seems to have fostered enhanced self-efficacy for CYP that successfully reintegrated. They may have had a greater belief in their ability to be successful in their learning and education (Bandura, 1977), which represented a protective factor in their reintegration. Furthermore, findings indicated that both CYP and parents perceived that returning to education to pursue academic goals gave CYP hope for the future and further supported their MH recovery. The literature has suggested that an individual's ability to identify, to be supported to find pathways towards, to meet their goals and experience a sense of agency can powerfully foster a positive experience of hope and motivation to act (Colla et al., 2022). The findings from the present study suggest this sense of hope was a powerful and influential factor in their reintegration.

Whilst some CYP in the present study were motivated to return to education for academic reasons, in some cases CYP wanted to return as they sought social connection instead, mirroring the findings of previous research gathering the perspectives of CYP (Iverson, 2017; Marraccini & Pittleman, 2022). Participants in the present study felt that social connection was important to support their MH recovery. Concerning RQ1 and RQ2, and as Marraccini and Pittleman (2022) also reported, findings from the present study suggest that successfully reintegrating into school was a particularly positive experience for CYP in instances where they felt that they were able to reconnect with their peers and form friendships. The literature has noted that CYP with SEMH difficulties, those with SEND and in challenging circumstances, often experience particular difficulty building a sense of belonging (Sellman, 2009), which is also relevant to the CYP in this research. For CYP that experienced a sense of success in connecting with peers and developing a sense of belonging, this served as an influential protective factor. This is in line with literature highlighting the importance of a sense of belonging for the well-being of CYP (Department of Education and Skills, 2019). However, findings from the present study also indicated that some CYP may benefit from additional support from school staff to foster connections with their peers when returning to school, depending on their individual preferences, strengths and needs. Findings captured within the

subtheme 'Social connection with peers and adults' also reflect those of Iverson (2017), as some participants also reported that CYP felt supported by feeling as though they belonged amongst sensitive, understanding peers and knowing that some of their peers may have had similar or shared experiences of previous MH difficulties. The findings also highlighted that it is important for CYP to be supported by school staff who combat stigma around MH needs through also modelling their unconditional positive regard for CYP. Participants spoke about CYP's positive relationships with supporting adults and feeling as though school staff had empathy and understanding for CYP, for example as demonstrated by visiting them in the MH unit and providing pastoral support during reintegration. When considering Ginsburg and Jablow's (2015) seven C's framework of resilience, these positive, trusting relationships with peers and adults may have been a source of connection for CYP to enable them to feel more resilient during their reintegration, whilst also supporting their sense of belonging to the school community (Ozer et al., 2008).

In consideration of RQ1 and broadly supporting the work of other researchers (e.g., Preyde et al., 2018; Iverson, 2017), CYP's experiences of school reintegration were impacted by CYP's ongoing MH needs, as captured in the subtheme 'Ongoing MH needs'. For some CYP this meant that they were not yet ready to return to education or were readmitted to a MH unit, which were challenging times for CYP. However, with respect to RQ2 and in line with the seven C's framework of resilience, where CYP were supported by parents and professionals to develop coping strategies, this enabled their successful reintegration (Ginsburg & Jablow, 2015). Some CYP were supported by accessing external support for their MH from medical professionals, by taking up yoga or by utilising some of their own skills and talents as coping strategies (e.g., juggling). Then again, when reflecting on RQ3, what could be improved about school reintegration, within the subtheme of 'School culture: fear or understanding', participants commented on a need for improved access to MH support in schools, either from external professionals such as EPs or by school staff accessing additional training. This may also be achieved through improved opportunities for communication and collaboration between school staff, medical professionals from the MH unit and/or EPs. This highlights the importance of factors at the mesosystem level, for example, the interaction and communication between the home, school environment and relevant professionals (Bronfenbrenner, 1979). In this instance, the findings suggested there was a powerful impact of effective

communication and collaboration on the reintegration of CYP. The research also found that directly including the CYP was a key consideration and supporting factor, by including them in planning and communication between home, school, and key professionals (the microsystem level). This is mirrored by the findings of previous research, which also emphasised that the involvement of the young person during the planning process is a key feature of successful reintegration, as this contributes to the young person developing feelings of safety, control, and confidence in returning to education, knowing that the plan is focussed on their needs and has their best interests in mind (Williams, 2021). Taking a person-centred approach when planning for the return to school by involving the young person in discussions about their future aspirations, including subjects they would like to continue and life beyond school, has been identified in previous research to contribute to the young person feeling happy with their reintegration plan and motivated to reintegrate with their preparation for adulthood in mind (Williams, 2021). Ginsburg and Jablow (2015) assert that CYP feeling of a sense of control over events in their lives contributes to their improved confidence, competence, and ultimately resilience in challenging circumstances. In the present study, where school reintegration was most successful, the views and wishes of CYP and their parents were kept at the heart of the planning process. This was captured within the subtheme 'Family-centred planning or unheard voices'. Findings highlighted the importance of professionals within schools taking each school reintegration on a case-by-case basis, considering CYP's individual strengths and needs and keeping them and their family at the centre of the decision-making process so that it could be as successful as possible. However, it was clear from the findings that hearing the voices of families through person-centred planning did not occur consistently and across all cases, and there seemed to be an absence of consideration of the families' views. Thus, this subtheme relates both to RQ2, what supported school reintegration and also to RQ3, what could be improved about school reintegration. This finding is also supported by the previous doctoral research study by Williams (2021), who also asserted that support for person-centred planning is something that EPs could support. Findings from the present study also have implications for professionals working within LAs, as there also appears to be scope for developing the person-centred planning skills and understanding of MH needs amongst professionals within the LA to further promote successful school reintegration. Bristow's (2013) research into the use of

person-centred planning tools with vulnerable pupils has shown that these tools can be effective in enabling connections between families and school staff so that the voices of families can be heard. This was not only valuable in supporting the reintegration process but also in promoting social justice and ensuring the CYP was placed at the centre of the process (Children & Families Act; DfE, 2014).

2.18.2 Parents as advocates: A need for support

Parents were found to be a crucial part of this process of lifting up and eliciting the voice of CYP. Regarding RQ1 and RQ2, in line with previous research (e.g., Rager, 2015), findings from the present study indicate that parents played a particularly crucial role in facilitating CYP's school reintegration. As the subtheme 'Parents as advocates' draws attention to, parents in all cases in the present study strongly advocated for CYP's rights to access education and provided emotional support as they continued their journey to MH recovery. This finding supports the work of other research with parents (e.g., Blizzard, 2016; Rager, 2015; Vanderberg et al., 2023) as it emphasised that the school reintegration experience was also particularly challenging for parents where they encountered barriers from schools to supporting CYP to reintegrate. In addition to the emotional challenge of supporting a child with significant mental health challenges, the present research found that parents expressed a number of challenges relating to the capacity and willingness of schools to support the reintegration of the CYP.

For CYP who were continuing to struggle with ongoing MH difficulties, their parents' feelings of stress may have also contributed to a tense home environment, further impacting the recovery of CYP (Bronfenbrenner, 1979). When considering Lazarus and Folkman's (1984) transactional model of stress, parents seemed to appraise school reintegration as a more positive experience where they felt that they had sufficient resources, for example, knowledge of the education system or tribunal process or access to funding as also reflected in the subtheme 'Formal documentation: funding and equity'. In line with previous research (Blizzard, 2016), the subtheme 'Person-centred planning or unheard voices' emphasised parents' reports that they felt well supported and had more optimism for the future when they perceived that they had been listened to by inclusive school staff members. These factors may have also contributed to parents feeling more determined and empowered to support their child's reintegration into school while continuing their

journey to MH recovery (Lazarus & Folkman, 1984). However, when reflecting on RQ3, what could be improved, it is somewhat concerning that parents played such a crucial supporting role in CYP's reintegration, as the sacrifices that parents may have to make in their private lives and careers to sustain a high level of support for CYP may not be feasible or appropriate for all parents. The degree to which parents can support school reintegration may also depend on differences in socio-economic status, understanding of school reintegration/education in general and their literacy levels. Findings reflect those of Blizzard et al. (2016) who also concluded that parents would benefit from additional support for the challenges and pressures they face when advocating for their child, as reflected in the subthemes of 'A lack of support and guidance for parents' and 'External advocates'. As Rager (2015) and Blizzard (2016) also found in their research gathering parental perspectives, participants in the present study commented on the lack of communication between home and school and guidance about the next steps following their child's discharge from the MH unit before the school reintegration period. In some cases, a lack of communication and guidance from professionals seemed to have resulted in parents feeling somewhat isolated during the early stages of the reintegration process, where they felt that they did not have the support of school or unit staff, and were not in contact with the LA or an EP. This may have further contributed to parents' appraisals of the school reintegration experience as being more negative, in relation to RQ1. Therefore, these findings emphasise that there is a need for additional support and guidance for caregivers and close family members e.g., siblings, during the process of school reintegration, as this can be a challenging, uncertain and stressful time for families. There may be scope for EPs to work alongside other professionals within the LA and in schools, to promote the need for parents to have access to the appropriate advice, guidance or to be signposted to services available to support them during the interim period of transition between the healthcare and education sectors, and when reintegrating into education.

2.18.3 Enabling inclusive educational settings

The research also found that inclusivity and school culture impacted on the reintegration process and participants' appraisals of the experience. With respect to RQ1 and RQ2 and captured within the subtheme of 'School culture: fear or understanding', findings emphasised that a caring and inclusive school culture was

an important supporting factor in enabling successful school reintegration for CYP in all cases. Findings supported previous research into supports for successful reintegration (Williams, 2021), as participants commented on the presence of kind, accepting and empathetic school staff who were flexible in their approach to welcoming back CYP and were happy to adjust timetables or academic expectations. Consistent with previous research (Clemens et al., 2011), where reintegration was successful, key adults in school also advocated for CYP, for example by requesting work from subject teachers and coordinating reintegration paperwork, in addition to providing academic and pastoral support. Mirrored by the only previous study conducted in the UK (Williams, 2021), all CYP in the present study reintegrated into smaller educational settings, either through accessing an alternative provision unit on the main school site or by attending smaller school settings. As participants in Williams' (2021) study also reflected, this may have meant that school staff may have had more time to dedicate to supporting CYP academically and pastorally. As captured within the subtheme 'Alternative provision', smaller settings may have also enabled school staff to provide more bespoke provision for CYP. This again relates to Ginsburg and Jablow's (2015) seven C's framework of resilience, as the smaller educational settings and the larger number of staff to CYP ratio may have enabled CYP's feelings of confidence and competence in their academic achievements. It is also acknowledged that in two cases, CYP successfully reintegrated into independent educational settings, and so 'Funding and equity' may also have had an impact here. These wider macrosystem factors relating to funding, equity and LA considerations will be further explored in the implications section. There was an indication in the findings that a number of factors relating to the wider macrosystem, such as wider societal, cultural or ideological factors, impacted upon the reintegration process (Bronfenbrenner, 1979). In relation to RQ1 and RQ3, and consistent with the previous literature (e.g., Savina et al., 2014; Preyde et al., 2018), the present study found that in most cases participants felt that they were at first battling against a school culture of discrimination, stigma, and fear due to the MH needs of CYP. Findings reflected within the subtheme of 'School culture: fear or understanding' suggest that this experience was particularly challenging for both parents and CYP and indicates that the culture within schools is something that could be improved. There are several possible explanations for this finding. Given the current climate in the UK education system, school staff may have

felt pressure to ensure that they are able to meet attendance or academic results targets, which may have influenced or overshadowed their views of inclusion. Alternatively, school staff may have held the belief that individuals are able to control their symptoms or behaviours and that these are therefore punishable by social rejection, e.g., exclusion from school or isolation from peers (Savina et al., 2014; Weiner, 1988). In line with previous research into the views of school professionals (Tisdale, 2014), school staff may have also believed that CYP were not yet ready to return to school and were concerned about keeping them and other CYP safe. An absence of multi-agency communication or trust between school and hospital staff when planning for CYP's reintegration may have contributed to this (Rager, 2015), highlighting the potential impact of wider attitudes, beliefs and communication between the systems and significant adults around the CYP. This also adds weight to participants' comments that there were training and resourcing issues in schools, as perhaps school staff did not feel that they had the knowledge, competence, or resources to be able to appropriately support CYP when they returned to school. This also corroborates the findings of Williams' (2021) recent study, further suggesting the perceived capacity and confidence of schools to support the reintegration process is a key area for consideration. Therefore, the findings in the present study highlight a role for EPs or other external professionals to challenge educational settings and to promote a more inclusive approach, for example through additional training.

Furthermore, in consideration of RQ1 and RQ2, findings in the present study captured in the subtheme of 'School culture: fear or understanding' suggest that the negative experiences of CYP and their parents and the MH needs of CYP were also exacerbated by feelings of stigma amongst peers in the school culture. This finding corroborated those of previous researchers (Iverson, 2017; Marraccini & Pittleman, 2022; Preyde et al., 2018), who also found that CYP didn't feel that they could share with some peers where they had been whilst they were absent from school, as they were worried about peers' responses, and in some cases, they did receive negative comments. This may have contributed to an absence of CYP feeling a sense of belonging in school which has been linked to difficulties with CYP's self-regulation and anti-social behaviour (Baumeister & Leary, 1995). This has implications for school staff, who also have a responsibility to model unconditional positive regard for

all students and to promote inclusive attitudes amongst CYP's peers in the school community in order to reduce the impact of stigma in the school system (Bronfenbrenner, 1979). These findings further highlight the potential wider (macrosystem) cultural and societal factors, for example, stigma and attitudes towards MH, which impacted participants' experiences of reintegration via a lack of perceived acceptance and understanding from those around them.

Furthermore, in relation to RQ1 and RQ3, school reintegration could have been improved by ensuring access to quality and meaningful education was maintained both whilst in the MH unit and whilst reintegrating into school. When CYP were placed on significantly reduced timetables or were not able to access learning in class with the rest of their peers, this was a negative experience for CYP. Therefore, in consideration of RQ3, findings from the present study suggest that being supported to continue working towards and achieving academic goals at a pace that suits CYP when returning to school is an important factor that could be improved. According to the seven C's model of resilience, this also has the potential to promote CYP's confidence and competence in academic strengths in addition to supporting their sense of contribution, meaning and value in their life (Ginsburg & Jablow, 2015). Vanderberg et al.'s (2023) research found that effective communication between school and hospital that promotes continued access to academic work whilst in hospital, may support CYP with the academic aspects of school reintegration. However, they assert it is important that this work is appropriately pitched so as not to cause additional stress for CYP. The current research findings reinforce the importance of fostering a continued sense of engagement and competence in their learning, suggesting that a lack of opportunity may disempower CYP and impact their confidence to re-engage.

2.18.4 The influence of the pandemic

Uniquely in this study, and in part consideration of RQ1, participants also reflected on their mixed perceptions of how the Covid-19 pandemic impacted CYP's reintegration into school. In line with previous research considering the impact of the pandemic on the MH of CYP (e.g., Pisano et al., 2020; Panchal et al., 2021), whilst in most cases, participants perceived that the circumstances of the pandemic had a negative impact on their experiences of school reintegration, there were some positive outcomes too. Negatively, some participants felt that the pandemic

prevented their access to education whilst in the unit, which subsequently affected CYP's academic progress and their readiness to resume academic work when reintegrating into school, as previous research has also reported (e.g., Iverson, 2017).

However, most participants also commented on how the circumstances of the pandemic resulted in improved access to technology for online or remote learning during their stay in a MH unit and whilst reintegrating into school. In consideration of RQ2, online learning was particularly supportive for CYP in the study who were experiencing difficulties returning to school due to negative peer relationships and for one YP who balanced remote learning with accessing external MH support. Improved access to online technology because of the pandemic also meant that CYP could interact with professionals virtually, which one parent commented works better for some CYP. Panchal et al. (2021) assert that because peer relationships and social connection are important protective factors for adolescents, isolation from peers during periods of online learning during the pandemic may have prevented this and contributed to the negative impact of the lockdown measures for some CYP (Ellis et al., 2020). However, as Smith et al. (2021) posit in their contradictory theories of feelings of belonging in the online world, CYP's feelings of loneliness in online spaces may depend on the number of friends CYP feel they have. Therefore, providing opportunities for CYP to engage with online learning but to also maintain social connection with peers is an area that could be considered for improvement in the future as part of person-centred planning, in respect of RQ3. The current findings suggest that blended or online learning could present advantages and also challenges for the reintegration of CYP depending on their unique context and preferences.

2.19 Implications

Keeping in mind the points raised in the discussion section above, the following sections will consider the potential implications of this research for school staff, EPs and LAs. Reflecting on the findings of the present study, exploring the perspectives of a small sample of CYP and their parents, the researcher has tentatively devised a 'FRESH START' model that suggests the possible implications for school staff, EPs and LAs, presented in Table 2 below.

Table 3 *Model of possible implications for school staff, EPs and LAs, based on the research findings of the present study*

Implication	Suggested related actions	By whom?
Family-centred	<ul style="list-style-type: none"> • Ensure regular communication with parents when planning/preparing for and during school reintegration. 	School staff, LAs.
	<ul style="list-style-type: none"> • Keep the views and wishes of parents and CYP at the heart of reintegration planning (i.e., using person-centred planning/reviews). 	School staff, EPs, LAs.
	<ul style="list-style-type: none"> • Consider whether parents would benefit from a support group/network to share experiences and to support with stressful experiences. 	School staff, EPs, LAs.
	<ul style="list-style-type: none"> • Ensure parents are aware of their rights to apply for an EHCNA and share information with parents about this process. 	School staff, EPs, LAs.
Relationships	<ul style="list-style-type: none"> • Foster trusting, positive relationships between school staff, CYP and parents. • Consider whether CYP would like/benefit from support to develop positive connections with peers. 	School staff, EPs.
Education	<ul style="list-style-type: none"> • Ensure ongoing communication with MH unit to support CYP's continued access to appropriately pitched education whilst in the unit. • Consider whether CYP require provision to support with educational outcomes 	School staff, EPs, LAs.

	when returning to school.	
	<ul style="list-style-type: none"> Carefully consider which school setting and/or provision would be most appropriate to meet the needs of CYP. 	School staff, LAs.
Strengths-based	<ul style="list-style-type: none"> Build on CYP's strengths to support reintegration planning and goal setting. 	School staff, EPs.
Healthy minds	<ul style="list-style-type: none"> Ensure access to MH support/psychoeducation in schools for all CYP. Referrals to external MH support if needed (e.g., therapeutic work with an EP or other external professionals). 	School staff, EPs.
Safety	<ul style="list-style-type: none"> Ensure appropriate risk assessments are in place in school, informed by collaboration with professionals from MH unit, with actions agreed with CYP and parents. 	School staff.
Trauma-informed/training	<ul style="list-style-type: none"> All school staff supporting CYP should access training around understanding and supporting MH needs and/or trauma informed practice. Consider whether all CYP in school would also benefit from increased awareness of MH needs to reduce potential stigmatisation. This training should be reflected in school policies. 	School staff, EPs.

Advocates	<ul style="list-style-type: none"> ● Consider which school staff members and external professionals will be advocating for CYP’s rights and needs in school, in addition to parents. ● This may involve allocating a designated coordinating person in school, or requesting support from the link EP. ● EPs can play a role in advocating for CYP, promoting awareness of MH and working to reduce stigma in schools through training, supervision, mentoring, etc. (Atkinson & Kenneally 2021). 	School staff, EPs, and LAs.
Responsive	<ul style="list-style-type: none"> ● School staff carefully monitor CYP progress and make reasonable adjustments to provision where necessary. ● School staff (with parental permission) should inform link EP and/or LA of CYP at risk of admission to a MH unit for potential EP involvement. 	School staff, EPs, and LAs.
Teamwork	<ul style="list-style-type: none"> ● School staff should seek out multi-agency communication and collaboration with professionals from the MH unit when planning for reintegration. ● This may be supported by an EP through joint consultation work or joint planning. 	School staff, EPs.

2.20 Strengths of the study

This study shared the voices and experiences of a marginalised group of CYP presenting with a range of MH needs and their parents. The area of focus of the study has been referred to as an “emerging niche area” (Tougas et al., 2023, p.795)

of study and there are very few previous studies exploring school reintegration from the perspectives of CYP and their parents from an Educational Psychology perspective. Research conducted in the context of school reintegration in the UK, is particularly under-researched with only one previous doctoral thesis located in this area from the UK (Williams, 2021). In addition to the cross-case thematic analysis highlighting common themes across all participants, analysis of individual case studies was also conducted to capture the complexities of the experiences of participants in each case. The findings from the present study have the potential to inform EP practice in supporting this group of CYP and their parents, in addition to guidance for school staff, EPs and LAs when planning for school reintegration. To the researcher's knowledge, this is also the only study that has also considered the perspectives of CYP and parents on how the circumstances of the Covid-19 pandemic impacted school reintegration experiences, which has been called for in previous research (Williams, 2021). This has also contributed to the understanding of how the role of online learning has supported this vulnerable group of CYP and how it could be utilised in the future.

2.21 Limitations of the study

The findings of the present study were based on analysis of interview data from responses to semi-structured interview questions. For ethical reasons, interviews were not conducted during CYP's reintegration but after at least one school term had lapsed. In some cases, CYP had very recently reintegrated in the previous term but in other cases, more time had lapsed since the reintegration. This may have meant that the findings could be biased by the retrospective nature of the study. The reliability of findings could have been enhanced by checking the researcher's own interpretation of the interview data with participants following analysis. However, due to the potentially sensitive nature of the discussions, for ethical reasons, this was decided against to avoid any discomfort for participants. Alternatively, the researcher could have engaged in a reflexive process of sense-checking ideas or the meaning-making of some interpretations by collaborating with another researcher, which Braun and Clarke (2021) assert contributes to a richer understanding of the data (Byrne, 2022). However, it was also acknowledged that reflective TA does not intend to reach one single consensus of meaning, rather that

the researcher's active and thoughtful (yet subjective) process of analysis contributes to the production of knowledge (Braun & Clarke, 2021; Byrne, 2022).

The study was also somewhat limited by the small, homogenous sample of participants, and the age range of CYP that the researcher was able to recruit. This limits the generalisability of the 'FRESH START' model to a more varied population. This may have been because the focus of the research was on 'successful' school reintegration experiences and as some participants were accessed through gatekeepers within schools. Some participants shared that they knew of many CYP who had not yet been able to successfully return to education and that they were the only CYP they knew who had been able to do so. Including the views of other professionals involved in the process, for example, teaching staff or other professionals, may have also added to the findings of the study.

Due to the small number of participants recruited, the views of CYP and parents were analysed together through taking a multiple perspective case study approach. Taking this approach enabled the researcher to explore in-depth the context of each individual case in order to gain a rich understanding of their individual stories and perspectives. However, taking this approach may have detracted from the voices and perspectives of CYP and parents as separate groups of participants. This has implications for future research, which should aim to recruit a larger number of CYP and caregiver participants.

2.22 Future research directions

Future research in this area is warranted to greater understand the potential role of EPs in supporting school reintegration. Future research could further explore the views of a larger number of CYP under the age of 18 who have reintegrated into school, supported by visual means such as drawing or card sorting activities. Research could also follow the journeys of CYP as they reintegrate into education, for example through using photo voice methodology, or video or audio diaries to capture their experiences. Participatory action research could also be employed, for example with 'expert by experience' groups of CYP, to support and empower CYP to share their experiences of school reintegration to inform further action for school staff, EPs, and wider professionals. Future research may also wish to explore further how siblings, peers and teaching staff experienced and supported the school reintegration process. Finally, exploring the feasibility and usefulness of the 'FRESH

START' model was not within the scope of the current study. Future research may wish to explore the relevance of this with a range of CYP, parents and other stakeholders.

2.23 Conclusion

This study set out to explore CYP's school reintegration experiences following time spent as an inpatient in a MH unit, from the perspective of CYP and their parents. The second aim of the study was to explore if anything supported CYP to reintegrate into education and what could have improved this process. The study identified four main themes, highlighting the supporting factors and potential improvements for future practice that could be implemented across systems around CYP. These findings have implications for EPs, other professionals working within LAs to support CYP, and school staff in supporting CYP and their families to enable successful school reintegration.

Reflective chapter

3.1 Introduction

My Educational Psychologist (EP) training and thesis journey began in September 2020, during the unprecedented times of the Covid-19 pandemic and associated social-distancing and lockdown measures. Conducting research as a relatively inexperienced researcher in this context was a learning journey in how to proactively develop my “research resilience” (Rahman et al., 2021, pg. 1) and adaptability through an ongoing process of critical reflection on my research practice. From the outset of narrowing down a research topic and designing the project, through to recruiting participants and collecting data, reflecting on my research practice, and developing contingency plans supported me to be flexible and to adapt my approach to the project where necessary. As researchers, we have an ethical responsibility to be self-reflective when conducting research (Code of Human Research Ethics; BPS, 2021). Reflection is also a necessary part of the qualitative research journey to ensure that decisions made by the researcher throughout the process are legitimate and valid (Mortari, 2015). Furthermore, reflection supported me to question and consider the values I brought to the research which shaped my interpretation and construction of the research findings (Mortari, 2015). This reflective account sets out to provide insight into my decision-making process throughout my research journey, as shaped by my values and prior experiences, to enhance the transparency, accountability, and validity of the research (Mortari, 2015). Consideration is also given to the contributions of this research on my personal and professional development as well as thoughts around the dissemination of the research.

3.2 Choosing a research topic

My interest in person-centred practice and the mental health (MH) of CYP grew in my role as an assistant psychologist in a Local Authority (LA) Educational Psychology Service (EPS). As part of this role, I accompanied a qualified EP on a visit to a medium secure inpatient MH unit to meet a young person (YP) as part of an Education, Health, and Care Needs Assessment (EHCNA). In addition to shadowing the EP gathering the YP’s views about their upcoming reintegration into education and the community, I also observed a multidisciplinary meeting with professionals

from the unit, including a clinical psychologist, teaching staff from the onsite school and other MH professionals on the ward. Subsequently, in my first year of doctoral EP training, I spent some time with some fellow trainee EPs (TEPs) on placement in a secondary school, where we designed and delivered training for teaching staff to support students with anxiety, with a particular focus on supporting students returning to school following the period of lockdown. Each of these experiences, in addition to a short placement with the local Mental Health Support Team (MHST), inspired me to consider future opportunities for EPs to work alongside multi-agency professionals to support the MH of CYP. I was curious about whether there could be a potential role for EPs, outside of the statutory EHCNA process, in supporting CYP returning to education following an extended absence from school or following time spent in an inpatient MH unit.

When joining the LA where I was placed for my second and third year of doctoral training, I spent time reviewing the most recent Special Educational Needs and Disabilities (SEND) Strategy documentation specific to the LA where I was on placement ([REDACTED] County Council, 2019) and speaking to the senior EP in my team about research priorities within the LA. I also spent time familiarising myself with the Local Offer and the types of educational provision in the LA, discovering that there were three inpatient units served by an onsite LA hospital school. These initial scoping exercises indicated a misalignment between health services and LA SEND services in providing a joined-up offer of support at transition points between services. Historically, there had also been critical outcomes for CYP within the LA when transitioning from inpatient MH units back into education, with a few CYP tragically taking their own lives shortly after reintegrating into school. Therefore, this was identified as an area where there were potential opportunities for EPs to support systemic change through joint working, to support CYP to make successful transitions back into school.

When embarking upon my search of the existing literature in this area, I initially found it difficult to locate much relevant research when using search terms including “transition” and “inpatient unit”. Literature that initially emerged in my search at this stage seemed to focus largely on the perspectives of clinical or health professionals, perhaps reflecting a more medical model of mental health (e.g., NICE, 2017). One doctoral thesis (Gill, 2014) in the field of clinical psychology was located which gathered CYP’s experiences of inpatient care and their discharge into the

community in general. However, there seemed to be a dearth of literature that considered transitions into school or hinted at the role of an EP. This made me begin to consider whether this was actually a viable area of study for a TEP or if I was straying “out of my lane”. Only mildly deterred, I soon realised the error of my searching ways when stumbling upon the term “school reintegration” and discovering that was the term most commonly used by researchers in the literature. This enabled me to discover much more relevant literature also in the field of school or educational psychology, albeit mostly in an international context. Even so, much of this literature was from the perspective of MH professionals and there were still limited studies that focused on gathering the voices of CYP and their parents. Therefore, in keeping with my value of person-centred practice, I felt compelled to focus on gathering the under-represented voices of CYP and their parents to gain their perspectives on their experiences of school reintegration.

3.3 Values as a researcher

Throughout my research journey, I reflected that my axiological position (i.e., my values, core beliefs and previous experiences in roles working with CYP) had an impact on not only my decision to undertake the research but also the decisions I made during the process (Carter & Little, 2007). This included the focus of my enquiry and the direction of my research questions. Stemming from my undergraduate studies of psychology, where I took a module in Positive Psychology, I feel that it is part of my role as a scientist-practitioner not only to focus on overcoming barriers and respond to problems but also to consider how to facilitate the well-being of CYP, families and school communities to enable them to flourish (Joseph, 2017; Boniwell & Popovic, 2013). In my training to become a TEP, working in a solution-oriented (O’Hanlon & Weiner-Davis, 1988) and strengths-based way has become an integral part of my everyday practice when working with CYP, families and school staff. Ensuring equality of access to education, resources and support and promoting social justice has also increasingly become a core belief and a personal responsibility of mine, particularly during doctoral training. Furthermore, my role in supporting CYP means that it is important to me to listen to the voice of the child, particularly when it comes to making decisions that affect them, and to be an advocate for working in the best interest of CYP in line with the United Nations Convention on the Rights of the Child (United Nations, 1989).

3.4 Epistemological stance

Our epistemological standpoint as researchers influences our perspective on what it is possible to know and shapes the design of our research. On this occasion I felt it was appropriate to approach the research from a critical realist perspective, which assumes that there is an observable reality, i.e., the process of school reintegration, key supporting factors and elements that could be improved about the process. From a critical realist standpoint, I felt that exploring the common features of these factors and features of their experiences could further inform an understanding of the reintegration process. In doing so, I considered that this would hold practical implications for how CYP and their families are supported in future school reintegration, particularly in the context of the UK. However, critical realism also acknowledges the interpretations and experiences of participants are influenced by their social contexts. Through additionally acknowledging the unique experiences and circumstances of participants by gathering and shining a light on the voices and experiences of CYP and their families, as Botha (2021) also posits I felt that taking a critical realist stance would support a values-based approach, in that it “may provide a road map for the reinvigoration of social action and justice” (pg. 2).

3.5 Research design

As my research was concerned with the experiences of participants and consideration of the meanings of these experiences for future practice related to school reintegration based on these unique insights, a qualitative methodology felt most appropriate for my study (Willig, 2013). With retrospect, by taking the epistemological standpoint of critical realism, this had the potential to lend itself well to the use of mixed methods, as some previous researchers in this field (e.g., Marraccini et al., 2022) had selected. Designing and using a quantitative measure, similar to the School Reintegration Questionnaire used by Marraccini et al. (2022) in their research with professionals, may have supported me to triangulate findings from interview data. This may have also enabled me to further understand the mechanisms within the laminated reality (i.e., the real, the actual and the empirical; Gorski, 2013) of my participants (Pilgrim, 2014; Botha, 2021). In designing a quantitative measure appropriate for examining the school reintegration process from the perspective of CYP and parents, and taking a mixed methods approach, this may have also added weight to my research findings to support my aim of social

justice and change (Botha, 2021). However, ultimately, I felt that taking a mixed methods approach would detract from the important opportunity to conduct an in-depth exploration to give voice to the underrepresented voices of CYP and their parents in this area. Furthermore, I considered that any quantitative measure would be based on existing research and theory and may limit potentially more rich and nuanced findings to those that may have already been observed (Willig, 2013).

In addition to my own values as a researcher, the framing of my project within the paradigm of Positive Psychology was partly due to the ethical considerations I had in mind when designing my research. Initially I had envisaged 'following' CYP and their parents longitudinally through the school reintegration process, using creative research methods such as audio or video diaries. However, instead I chose to focus on the experiences of CYP who had been able to 'successfully' reintegrate into school because I acknowledged that discussing the experiences of school reintegration could potentially bring up memories of challenging experiences for participants.

3.6 Refining my research questions

With all of this in mind, it felt important to incorporate these underpinning values into the development of my project and formulation of research questions. For this reason, I chose to focus on the experiences of CYP and parents of these CYP who had successfully reintegrated into school to inquire about 'what worked', considering the contributing factors in the systems around them that supported CYP's successful school reintegration (Harker et al., 2017). However, I also acknowledged that this may have been a challenging time for CYP and their families. Therefore, I also hoped to also inquire about factors that could have been improved about their experiences, with the hope of considering possible solutions for CYP's reintegration in the future (Harker et al., 2017). This led to the development of my three research questions:

1. What were the experiences of school reintegration following time spent in a MH unit, from the perspectives of CYP and their parents?
2. What supported CYP's reintegration into school, from the perspectives of CYP and their parents?
3. What could have been improved about reintegrating into school, from the perspectives of CYP and their parents?

Initially, I had hoped to gather a larger pool of CYP and parent participants so that I could separate each research question into the perspectives of the two groups of participants. However, I revisited my initial research questions as participant recruitment proved to be more challenging than I had first anticipated. I did not feel that I had enough participants for this separation of participant groups to be meaningful or helpful to address my research questions and aims. In addition to the logistical challenges I faced, on reflection, I felt that exploring both perspectives together in this way provided useful context through which to answer my research questions in greater depth. With retrospect, revisiting my research questions in this way also supported me to ensure there was coherence between my methodology and analysis.

3.7 The struggles of participant recruitment

Early on in my research journey, I was introduced by the Principal EP in my placement LA to the headteacher of the onsite LA hospital school, that provides education to CYP with complex mental and physical health needs including CYP in inpatient MH units. I canvassed the feasibility of my study with the headteacher, who was enthusiastic about my interest in contributing to research in this area and the potential implications for practice that this could have for CYP and their families. After a discussion about ethical guidelines and GDPR protocol, I left the meeting feeling reassured that my study was indeed feasible and that there was potential to gather an adequate number of participants for my research. It was agreed that after gaining ethical approval for my study and this method of sampling for participants, the school would be able to share with me a list of schools where CYP had previously reintegrated, so that I could then approach gatekeepers within these schools for support with my recruitment. Unfortunately, shortly after this time, the headteacher left the school, although I did not realise this for several months, leaving me bereft of the gatekeeper to my gatekeepers. This was my first lesson in research resilience as I had not at this stage considered alternative methods of recruitment. On reflection, this was perhaps an error in my judgement as a novice researcher around the most effective methods of recruitment, also leaving me with a smaller pool of potential participants. I contacted the new headteacher of the alternative provision with the support of the school's link EP to again share information about my study and to request the same support that the previous headteacher had offered in principle.

The next stage in the journey for recruiting participants then involved reaching out to Special Educational Needs and Disabilities Coordinators (SENDCos) or headteachers of schools to share information about my study, and to request their support in disseminating my participant information sheets to parents/carers in their schools/colleges who they deemed to be eligible. As my participant recruitment began at the start of the academic year, this may have meant that staff members were too busy and were difficult to reach due to pressures on their time. Directly reaching the appropriate contacts in large post-16 settings also proved to be difficult due to the large numbers of staff. After contacting each school up to three times, unfortunately many of the schools responded that they did not have eligible participants. In retrospect, and when considering the sensitive nature of my research, I wonder whether my position as a scientist-practitioner not already known to the school may have had an impact on the willingness of school staff to support the project, in addition to pressures on their time at this time of the year. With my research resilience in mind, whilst collating responses I had begun to receive from school staff over the first half of the autumn term (see Table 3), I considered alternative methods of participant recruitment. Following an amendment to my ethical approval, I reached out to some local parent/carer forums in the Eastern Region and requested that they share my research flyer on their social media pages. This generated two expressions of interest which potential participants chose not to pursue further. In the end, most of my participants were gathered through word of mouth via EPs who knew me personally or professionally.

Table 4 Responses received from schools/colleges during participant recruitment

Responses received	Number of educational settings
No response after contacting 3 times	7
Educational setting reported no eligible participants	7
Any potential participants have since moved to a specialist provision	2
Educational setting did not feel that any potential participants have “successfully” transitioned	1
Educational setting did not have the time to support the study	2
Educational setting declined to support the study as they felt that it would be too emotionally difficult for families	1
Educational setting declined to send out information – no reason given	2
Educational setting reported they had shared information with families but no contact was made with the researcher	1

3.8 The interview process: Ethical considerations

With very careful consideration of the potentially challenging nature of some of the experiences of participants, every effort was made to reduce potential emotional distress for participants at every stage of the project, including the interview stage. When gaining informed consent for the study from CYP and their parents, even though most CYP in the study were over the age of 16, I felt it was still important to gain parental consent due to the vulnerability of CYP. This was something I also discussed and checked verbally with the parents and CYP themselves before commencing interviews. In consideration of the sensitive nature of the topic, in addition to the circumstances of the recent Covid-19 pandemic, a choice of virtual or in person, socially distanced interviews was offered to participants, to support them to feel comfortable and supported in their chosen space. If participants chose to take part in interviews via Microsoft Teams, CYP were safeguarded by the presence of a parent, either in the same room, or within earshot of the interview. Before each interview I also ensured that I was familiar with the local safeguarding policies and procedures in case any safeguarding concerns were to arise and made participants aware of my safeguarding responsibility. When designing interview questions, I carefully considered the sensitive wording and positive framing of questions. I also chose to interview the parent first (if this was preferred and agreed by CYP and parents) so that the parent had an opportunity to inform the researcher of any important considerations (ethical or otherwise) prior to interviews with the young person.

As I was initially hoping to recruit CYP participants of a range of ages, including of primary age, and I had previously envisaged using more creative research methods (e.g., audio/video diaries) in the early stages of my study, I felt that the additional use of visual methods would further support CYP participants to reflect upon and to share their experiences (Miles, 2000). In the participant information sheet/consent forms, participants were invited to bring along a drawing or photograph of something that supported them, or to write down a few things beforehand and to share these notes in the interview if they wish to (Margolis & Pauwels, 2012). This was an optional part of my study and was not intended to be a part of the process of analysis. One of the YP who shared her views in the study via her mum, was a creative YP who enjoyed studying art, so I hoped that this option might also support her to share her views more directly in a non-threatening way.

However, none of the CYP in the study chose to take part in this part of the study. In hindsight, were I to carry out a similar study again, I may have placed greater emphasis on the use of visual methods, particularly as it may have further supported younger CYP to communicate their views. On reflection I felt that the use of visual methods, perhaps face-to face, may have supported me to build rapport and to engage more effectively with my youngest participant, Zach, to gather richer data about his perspectives on his school reintegration experiences.

The focus of my study was on retrospective, 'successful' experiences of school reintegration rather than exploring reintegration experiences as they happened (or that may have been unsuccessful). Despite my study focusing on successful reintegration experiences, with hindsight, I am not sure that I fully appreciated how challenging school reintegration had been for some participants prior to commencing the study until my first interview with Frances. I felt moved by the challenging time that Jack and Frances went through whilst trying to reintegrate into school and the lasting impact that these experiences and feelings of stigma and discrimination had on them as a family. Although it was not a focus of my research or interview questions, it was clear that the experiences of CYP on the MH unit during their inpatient hospitalisation, and the events that may have led up to CYP's inpatient MH stay, also continued to affect participants and was something they mentioned during our interviews. It was clear that this was a topic that was emotive and felt very important to CYP and their families. This felt challenging for me in my dual role as scientist-practitioner, as I was speaking with families within the context of the research only, rather than for the purposes of consultation or joint-problem solving. However, I used research supervision to reflect on my interview experiences and ensured that I followed the debriefing protocol as I had outlined in my ethical application.

On reflection, I wonder whether my position as scientist-practitioner, in my dual role as a TEP on placement in the LA and as a researcher, may have also influenced how I was positioned by the participants in my study and the areas they chose to place greater emphasis on during the interview and equally the things they chose not to share. For example, in my interview with Alix, we spent time discussing her experiences of a tribunal that took place prior to Zach's inpatient stay and her perspectives on the role of the EP at this time. This was not the focus of my study or my research questions. However, I felt mindful of the importance of attuned listening

in allowing the parent to share their experience of this, as it was clearly a difficult experience that perhaps contributed to the overall picture of Zach's reintegration. Although not all this discussion was relevant to the present study, gathering the voice of parents contributed to my professional development as it supported me to better understand the perspective of this parent on wider issues important for my future role as an EP, such as tribunals. Whilst I was mindful of ways in which my dual role may have influenced elements of my study, including the interviews and reflexive analysis process, I also felt that my teaching background and experience as a TEP was useful as I had some understanding of topics (e.g., the statutory assessment process) that participants mentioned.

3.9 A case study approach

As mentioned, I had hoped to recruit enough participants to conduct reflexive thematic analysis (TA) with a group of CYP and a group of parents. Due to the smaller number of CYP and parents I was able to recruit in the end, in discussion with my research supervisor, I decided to take a case study approach to my research. This enabled me to share the voices and stories of participants in each case, by conducting an in-depth analysis of interviews in each case before conducting a cross-case analysis of all cases to search for commonalities across cases. At this stage, after some of my interviews had already been conducted, I contemplated whether an alternative method of analysis, such as Interpretive Phenomenological Analysis (IPA) would be more appropriate for my study due to the smaller sample size (Pietkiewicz & Smith, 2014). IPA is also concerned with how individual participants make sense of and construct their experiences (Smith & Osborn, 2003). However, IPA is not just a method of analysis but an approach to research (Smith & Osborn, 2003). At this stage, I had already designed the study (i.e., aims of the study, my research questions, interview questions, etc.) through a critical realist lens, with the aim of discovering patterns of meaning across my participants to support me to support social change and to arrive at suggestions for actionable steps of change. Therefore, I felt that TA was most appropriate, given my underpinning theoretical stance, values, and the design of the project. Furthermore, the flexible guidelines of TA mean that researchers can knowingly 'break the rules' to combine TA with case-study approaches in a hybrid fashion (Braun & Clarke, 2021).

3.10 Reflexive thematic analysis

Reflective TA was a relatively new process of analysis for me as a reasonably novice researcher, as I had used quantitative methods for my psychology undergraduate studies. I had previously used TA for a small-scale research project in the first year of my TEP training to analyse short responses from a questionnaire. However, for the current study, I had a much larger volume of data to transcribe, analyse and write up. In contrast to quantitative methods, the absence of strict rules that accompany a more positivist approach to analysis also felt quite daunting for fear of 'getting it wrong', either misinterpreting participants or not sharing the most important parts of their stories. I felt a great sense of responsibility in wanting to do justice to the stories of the families who had taken part in the study, particularly as they shared such emotive experiences with me that were such an important and challenging part of their lives.

Whilst I enjoyed the process of creating familiarisation doodles whilst immersing myself in and transcribing the interview data, I felt mixed emotions as I listened back to the audio recordings of the interviews. I was struck by feelings of frustration at the sense of injustice and unfairness coming through in some of the more difficult stories shared by participants. However, I was touched by how proud some CYP and their parents were of CYP's strengths and their ability to overcome their struggles with MH to return to education or to move on to work. I felt more hopeful when hearing stories of the professionals who had empathised and supported CYP and their families. In some interviews, I also felt incredibly moved by the YP who thanked me for conducting research on this topic and for "caring". Some CYP shared that they didn't want other CYP to go through the same difficult experiences as them and hoped that taking part in my study would support CYP in the future:

"Just thank you to you, really, for doing what you're doing because it does make a difference. Because it shows me that somebody's listening and somebody's interested. I only want to help people that have been in my shoes or people that are going to be in my shoes cause I've been there. I really have; it's horrible. And no one listened to me that was in a position of power to do something. You know, for me

and my parents, it felt like we were screaming at a brick wall, and nothing was coming back, not even an echo” (Kris).

“I don't know if Mum said this, but also like, thank you cause like...maybe in like a couple of years' time or whenever if you're doing that job it will help... the difference is there may be parents that aren't as supportive as well, and it would take a lot on the teachers' side of it to help...I had mates from hospital. They weren't allowed back into school...It's actually a really big thing. So you're like, you're doing a good job preventing things like that as well” (Jack).

Listening back to powerful moments in the interviews, like the extracts above, reinvigorated my determination to continue with the study in moments where I may have been overly self-critical or doubted the value of my contribution to the research area or to the role of EPs.

In the subsequent stages of analysis, due to the subjective nature of reflexive TA, I was acutely aware that my own values as a researcher may have impacted the decisions made throughout my analysis, for example, the key things that stood out to me and the conclusions I drew from these findings (Braun & Clarke, 2021). Of course, the language that I used when posing questions and the language used by my participants when describing their perspectives on experiences also impacted the meaning-making of these experiences (Willig, 2013). These were thoughts that I returned to throughout my analysis as I progressed from familiarisation with the data to coding and the forming of themes, questioning myself on whether I could have asked further questions, whether extracts had a deeper meaning or if they could be interpreted differently. For these reasons, the rather non-linear process of analysis of my data took much longer than I had originally planned. Furthermore, as most of my interviews were between 50 minutes to 75 minutes long, and I had large amounts of data to work through, the process of developing codes and themes was also very lengthy. Whilst working through my dataset systematically to develop codes, due to the length of interviews, I found it useful to revisit my rounds of coding by starting at the end of interviews and working backwards, and again working from the middle of the interviews backwards and forwards, as suggested by Braun and Clarke (2021). In this way, I could ensure that my data was evenly and thoroughly coded (Braun & Clarke, 2021). I chose to do this using hard copies of the interview transcripts,

applying codes in the margins of the transcripts, and using small post-it notes to support subsequent stages of the analysis.

Clustering codes together to create and refine themes for each case study was another lengthy process which I deliberated over for several weeks as I trialled different candidate themes, checked my themes against the coded extracts and revisited my coding to re-assess some of the miscellaneous codes that did not seem to fit with other potential themes. As it was so important to me to give voice to the participants in my study, I found it difficult not to want to include several quotes from participants on particular topics, as there were so many really powerful extracts. This also led to a fear that my themes might become more like topic summaries of everything said on a particular topic rather than themes created by patterned meaning in the data linked by a central organising concept (Braun & Clarke, 2021). I wondered whether the nature of my research questions around supporting factors/things that could be improved and the underpinning theories I was holding in mind during the analysis (ecological systems theory and solution-oriented practice) meant that some of my initial themes perhaps seemed more surface-level. This is something I reflected upon and held in mind as I developed and reviewed themes by creating thematic maps. Even during the writing stage of my analysis, I continued to refine and revisit my final themes until I was satisfied that they accurately reflected the story of my analysis of each case (Braun & Clarke, 2021), whilst also being mindful of protecting the anonymity of participants as far as possible.

3.11 Cross-case analysis

By combining a case-study approach with reflexive TA, I was able to employ a hybrid approach to TA to support me to answer my research questions. Whilst it felt important to explore each case study on a case-by-case basis due to the varied experiences and circumstances of participants in each case, I chose to conduct an additional cross-case analysis to search for common themes across participants and to further support me to answer the research questions. Other researchers (e.g., McDermott, 2014) have approached cross-case analysis by comparing themes across cases and grouping them into synthesised themes. However, to support a more in-depth understanding of the commonalities across cases, I decided to return to Phase 3-6 of the reflexive TA process, similar to approaches taken by previous doctoral researchers (e.g., Patel, 2022). In doing so, I could cluster codes across all

cases to generate, develop and refine new themes before writing up an analysis of the common themes across all cases. Taking this approach to analysis was more time-consuming; however, I felt it allowed me to conduct a more in-depth analysis of patterns of meaning across cases and to revisit miscellaneous codes from each individual case analysis to search for commonalities.

During the final writing-up stages of analysis, I held in mind the need for me to try to remain objective in my position as a critical realist, considering that the perspectives of participants may not be a direct reflection of reality, but a perspective on this. I also considered that some perspectives may have been biased by the challenging time faced by participants during CYP's reintegration. Despite this, I felt a great deal of empathy for families during the writing up stage, and at times found it difficult to select the most pertinent quotes as I wanted to include so much of their voice.

3.12 Cultural context

In the present study, partly due to the small number of participants who were recruited for the study, demographic information of participants was not collected. However, this research took place in the East of England, a geographical area with a large percentage of individuals who identify as White. This is in line with much of the demographics of participants in the existing research in the area of school reintegration. Where demographic information was collected in some recent studies with CYP and caregivers in the USA, (e.g., Vanderberg et al., 2023; Marraccini & Pittleman, 2022), a large proportion of participants also identified as White. Despite the similarity of the sample in the present study to that of previous existing literature, the homogeneity of the sample may have implications for the relevance and generalisability of the findings and 'FRESH START' model for individuals who identify as belonging to other ethnic groups and may have different experiences of school.

3.13 Dissemination of findings

Now that I have completed the study, it is important to consider ways in which the findings can be disseminated to reduce the gap between research and practice in this area and to share knowledge with stakeholders that can contribute towards organisational change (Chidley & Stringer, 2020; Sedgwick & Stothard, 2021). This will involve a range of dissemination strategies across stakeholders with different

roles in the system to support either an awareness of research findings, an understanding of the theory and wider implications of these findings, or additional support to consider how these findings may contribute to sustainable change over time (Harmsworth & Turpin, 2000). Initially, I will share a summary of the findings with the CYP and parents who took part in the study. I will also share my findings and 'FRESH START' framework with the EPs, Statutory Assessment Caseworkers and other Special Educational Needs and Disabilities professionals in the LA where this research took place to raise awareness. This could also involve contacting parent/carer charities or organisations to share my findings to reach parents who may be going through the process to further support and empower them able to advocate for their children. I also hope to be able to share my research more widely by publishing in the journal Educational Psychology in Practice to raise further awareness of the EP role in supporting this key transition. Following this, it would be useful to target specific audiences to support a greater understanding of the findings as a precursor to change (Harmsworth & Turpin, 2000). This could involve joint working with EPs or other professionals who are linked to MH units or work within Child and Adolescent Mental Health Services. This may also include sharing with wider professionals, such as school SENDCOs, the onsite hospital school that initially supported my participant recruitment, other MH unit schools in different LAs or perhaps the MHSTs to problem solve with staff around how findings from the research could be implemented to improve joint-working and planning for CYP's reintegration.

3.14 Conclusion

Completing this project has contributed enormously to my personal and professional development as a TEP in so many ways. I feel that my knowledge of qualitative research methodologies has progressed, particularly in using reflexive TA. Whilst my research journey was at times somewhat fraught due to my tendency to doubt my skills and to be overly self-critical, I feel that research is something that I would like to continue to develop in my capacity as a qualified EP to support organisational change and to promote positive outcomes for CYP. In the future, I hope to find ways to incorporate the use of more creative methods to support this change, perhaps through participatory action research alongside CYP. Conducting interviews with participants has also supported me to have empathy for their

experiences which will stay with me in all my work with families as I progress to a fully-fledged EP. I hope to hold the stories of participants in mind in my work with schools and other systems around CYP, to strive for increased understanding of the MH needs of CYP, improved inclusive practice and more embedded person-centred ways of working particularly during transitions. Through this research journey, I have grown to better understand my values and what is important to me in my role as a TEP, namely working in a person-centred way, gathering the voices of CYP and families and helping them to feel seen and heard. I have developed a greater understanding of a system (Tier 4 inpatient MH units) that EPs sometimes work within as well as a much greater awareness of the stigma experienced by CYP and parents of CYP with MH difficulties. When reflecting on my professional journey up to this point, I can recall deciding at a young age that I wanted to go into teaching to 'make a difference'. During this research journey and my doctoral training to qualify as an EP, I have learnt much more about the importance of promoting evidence-based practice in my role as an EP within systems, to action change, and to strive for social justice to make a difference within systems as a 'necessary irritant' (Stanbridge, 2022).

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Appendices

Appendix 1: Example of semi-structured interview schedule (parents)

Draft interview schedule for Caregivers

Thinking back to your child's transition back into school, what can you tell me about your experiences of this?

Prompts: Did your child return to school on a full-time basis straight away, or was there a period of adjustment/gradual transition?

How did school staff plan and prepare for your child to come back to school?

What supported your child's transition into school?

Prompts: How would you describe the communication with you during the transition period, and between school staff? How did school staff plan and prepare for the transition into school? Were any reintegration meetings held? How were these things supportive?

Was any paperwork or formal documentation such as a support plan/EHCP compiled? What was helpful about this? Did you have any involvement from an educational psychologist or any other educational/SEND services professionals?

Did your child have access to any additional support such as interventions, resources or support from adults?

How did you play a role in supporting your child to reintegrate into school? What strengths or skills did you see your child demonstrate that may have supported their school reintegration?

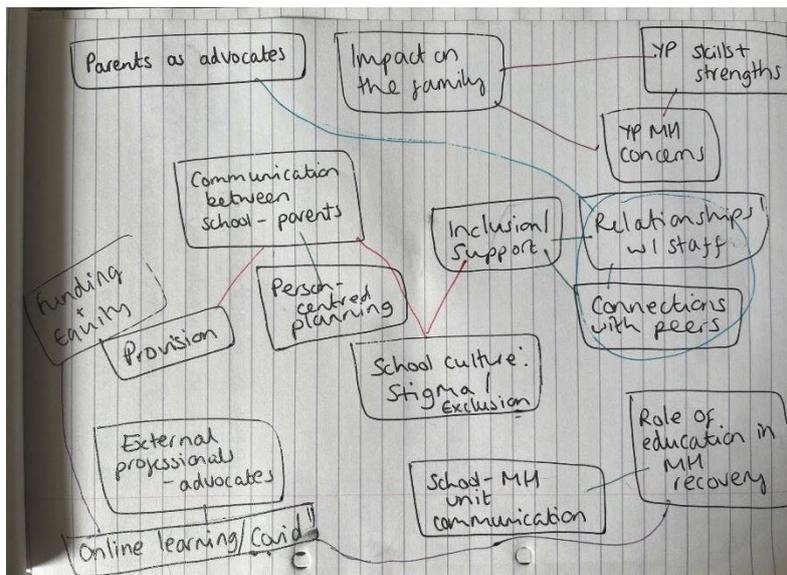
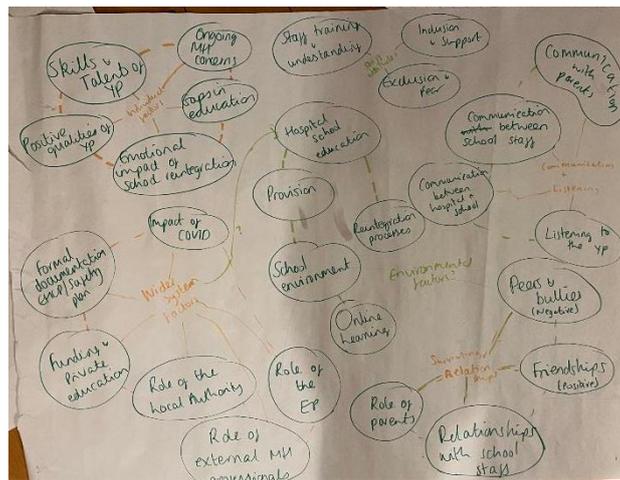
In an ideal world, what could have been better/improved about the process of reintegrating into school?

Prompts: Any support you would have liked to have had for you or your child? Anything that could have been improved? Did you experience any challenges that could have been better supported?

What advice would you give to other parents/carers whose children are going through this process?

Is there anything else that you think would be important for me to know about your experiences of your child's reintegration into school?

Appendix 3: Cross-case analysis



Appendix 4: Ethical approval



University of East Anglia
Norwich Research Park
Norwich. NR4 7TJ

University of East Anglia Email: ethicsmonitor@uea.ac.uk

Web: www.uea.ac.uk

Study title: Supporting school reintegration: The perspectives of children and young people and caregivers

Application ID: ETH2223-0178 (significant amendments)

Dear Sara,

Your application was considered on 26th September 2022 by the EDU S-REC (School of Education and Lifelong Learning Research Ethics Subcommittee).

The decision is: **approved**.

You are therefore able to start your project subject to any other necessary approvals being given.

This approval will expire on **20th August 2023**.

Please note that your project is granted ethics approval only for the length of time identified above. Any extension to a project must obtain ethics approval by the EDU S-REC (School of Education and Lifelong Learning Research Ethics Subcommittee) before continuing.

It is a requirement of this ethics approval that you should report any adverse events which occur during your project to the EDU S-REC (School of Education and Lifelong Learning Research Ethics Subcommittee) as soon as possible. An adverse event is one which was not anticipated in the research design, and which could potentially cause risk or harm to the participants or the researcher, or which reveals potential risks in the treatment under evaluation. For research involving animals, it may be the unintended death of an animal after trapping or carrying out a procedure.

Any amendments to your submitted project in terms of design, sample, data collection, focus etc. should be notified to the EDU S-REC (School of Education and Lifelong Learning Research Ethics Subcommittee) in advance to ensure ethical compliance. If the amendments are substantial a new application may be required.

Approval by the EDU S-REC (School of Education and Lifelong Learning Research Ethics Subcommittee) should not be taken as evidence that your study is compliant with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. If you need guidance on how to make your study UK GDPR compliant, please contact the UEA Data Protection Officer (dataprotection@uea.ac.uk).

I would like to wish you every success with your project.

On behalf of the EDU S-REC (School of Education and Lifelong Learning Research

Ethics Subcommittee) Yours sincerely,

Lee Beaumont

Appendix 5: Example of participant information sheets and consent form

Sara Fance
Postgraduate Researcher

September 2022

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School reintegration: The perspectives of children and young people and caregivers

Study Information Sheet

Hello. My name is Sara.



This information sheet is for you. If you need help to read or understand anything in this form, please ask an adult to help you.

I am doing a project to find out about how you found your experience of coming back to school after you spent some time in a specialist setting to support you with your mental health. I am asking you to be in my study because you have spent time in one of these specialist mental health settings, but now you have transitioned back into school.

I would like to ask you what you think and feel about how it was transitioning back to school. I would also like to ask you if there were any things or people that helped you with this. I am also interested to find out if you think there are any things that could have made returning to school even better for you.

You can decide if you want to take part in the study or not. You don't have to - it's up to you.

This sheet tells you what I will ask you to do if you decide to take part in the study. Please read it carefully so that you can make up your mind about whether you want to take part.

If you decide you want to be in the study and then you change your mind later, that's ok. All you need to do is tell me that you don't want to be in the study anymore.

If you have any questions you can speak to me or your family or someone else who looks after you. You or your family or someone who looks after you can email me at s.fance@uea.ac.uk

What will happen if I say that I want to be in the study?

If you decide that you want to be in my study, I will ask you to do these things:



- You can choose whether you would like to join an online virtual meeting through Microsoft Teams, or whether you would like to meet me face-to-face in your school.
- In our meeting together you and I will talk about your experiences of moving school, what supported you with this and what you might have liked to be different. This meeting will take between 30 minutes to 90 minutes. If you would like to, we could break this time up into up to 3 shorter meetings (up to 30 minutes each).
- If you would like to, before our meeting(s) you might like to write a few things down, or draw some things that happened when you came back to school. You might also like to write or draw a few things that helped you to come back to school, or some things you would have liked to have. You could ask an adult to help you with this, if you need. You can choose if you would like to show these to me in our meeting, or you can keep them for yourself, to remind you. This part is optional, which means you do not have to do this if you don't want to.

You can choose whether you would like an adult to be in the room with you during our conversation, or if you would like them to be in earshot of our conversation.

When I ask you questions, you can choose which ones you want to answer. If you don't want to talk about something, that's ok. You can stop talking to me at any time if you don't want to talk to me anymore.

If you say it's ok, I will record what you say with an audio recorder as well as record the virtual meeting on Microsoft Teams.

If it's ok with you, I might also take some notes of some things you say, to remind me.

Will anyone else know what I say in the study?



I won't tell anyone else what you say to me, except if you talk about someone hurting you or about you hurting yourself or someone else or doing something you should not be doing. Then I might need to tell someone to keep you and other people safe.

All of the information that I have about you from the study will be stored in a safe place and I will look after it very carefully. I will write a report about the study and show it to other people, but I won't put your name in the report and no one will know that you're in the study.

How long will the study take?



Our meeting will take between 30 minutes to 90 minutes. If you would like to, we could break this time up into up to 3 shorter meetings (up to 30 minutes each).

If you decide that you would like to write or draw something to bring with you to our meeting, or to use to remind yourself during our meeting, this should take no longer than 20 minutes.

Are there any good things about being in the study?



By taking part in this study, your views will help adults to understand how to make coming back to school better for other children and young people in the future. You won't get anything for being in the study, but you will be helping me do my research. I will feel very grateful that you have taken the time to share your thoughts and feelings with me.

Are there any bad things about being in the study?



This study will take up some of your time, but I don't think it will be bad for you or cost you anything. I do not think that you will find our conversation upsetting, but if you find talking about your experiences difficult, we will stop the conversation. I will share the contact information of some people who may be able to help you to deal with any challenging feelings you might have after speaking about your experiences.

Will you tell me what you learned in the study at the end?

Yes, I will if you want me to. There is a question on the next page that asks you if you want me to tell you what I learned in the study. If you circle Yes, when I finish the study I will tell you what I learned.

What if I am not happy with the study or the people doing the study?



If you are not happy with how I am doing the study or how I treat you, then you or the person who looks after you can:

- Write an **email** to me on s.fance@uea.ac.uk
- Contact my supervisor s.wilkinson6@uea.ac.uk
- Write an **email** to the Head of School Y.Lebeau@uea.ac.uk

Appendix 6: Example of participant debrief sheet

Sara Fance
Postgraduate Researcher

Faculty of Social Sciences
School of Education and Lifelong Learning

July 2022

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School reintegration: The perspectives of children and young people and caregivers

DEBRIEF SHEET

Thank you for taking the time to participate in this research study. The study is exploring children and young people's experiences of transitioning back into school after time spent in an in-patient facility. I am interested in finding out what supports children and young people's transitions back into school, and what could be improved about the transition process, from the perspectives of children and young people and their caregivers.

It is hoped that the findings from this study will support Educational Psychologists and other professionals to understand how to improve the school reintegration process for other children and young people in the future.

What should I do if feel that I have been adversely affected by taking part in the study?

It is not anticipated that you will have been adversely affected by taking part in this study, but if for any reason you have been affected, you can contact any of these organisations who may be able to help with any difficult feelings you might have after speaking about your experiences.

YoungMinds - <https://www.youngminds.org.uk/parent/> or **0808 802 5544**

You can call the Parents Helpline for detailed advice, emotional support and signposting about a child or young person up to the age of 25.

Opening times: 9:30am - 4pm, Monday - Friday.

Samaritans – Call [116 123](tel:116123) or email jo@samaritans.org

Whatever you're going through, a Samaritan will face it with you and listen without judgment.

Opening times: 24/7

What if I would like to contact you about the study or to withdraw my data?

You can contact me to ask any questions or to withdraw your data at the following address:

Sara Fance
School of Education and Lifelong Learning
University of East Anglia
NORWICH NR4 7TJ
s.fance@uea.ac.uk

If you would like to speak to someone else, you can contact my supervisor:
Dr Susan Wilkinson, s.wilkinson6@uea.ac.uk