

**Exploring Primary School Teaching Assistants' Views on Supporting Children  
and Young People's Mental Health**

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## Summary

This thesis consists of three chapters: a literature review, an empirical paper, and a reflective account of the research journey. Firstly, the literature review examines themes within existing literature relating to the teaching assistant's role in supporting children and young people's mental health. Literature is then narrowed to consider the views of teaching assistants (TAs) in supporting children and young people's (CYP's) mental health (MH). The empirical chapter presents a qualitative study which employed semi-structured interviews to explore the views and experiences of eight teaching assistants within primary schools across the UK. Following analysis of the data using Thematic Analysis (TA), this chapter discusses the findings in relation to the broader literature and considers implications for practice and future research. The final chapter provides a critical account of the researchers' research journey, situated within personal and professional experiences, with a particular focus on the process of designing, conducting, and analysing the current study. This chapter also explores plans for dissemination.

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### **List of Acronyms**

**ADHD:** Attention Deficit Hyperactivity Disorder

**APA:** American Psychiatric Association

**BESD:** Behaviour Emotional Social Disorder

**CAMHS:** Child and Adolescent Mental Health Service

**CYP:** Children and Young People

**DfE:** Department for Education

**DfES:** Department for Education and Skills

**DoH:** Department of Health

**DSM:** Diagnostic Statistical Manual

**EP:** Educational Psychologist

**ELSA:** Emotional Literacy Support Assistant

**MH:** Mental Health

**NHS:** National Health Service

**NICE:** National Institute of Clinical Excellence

**OFSTED:** The Office for Standards in Education, Children's Services and Skills

**SEAL:** Social and Emotional Aspects of Learning

**SEND:** Special Educational Needs and Disability

**SEMH:** Social, Emotional, and Mental Health Needs

**TAs:** Teaching Assistants

**TA:** Thematic Analysis

**TaMHS:** Targeting Mental Health in Schools

**WHO:** World Health Organisation

## **Chapter One: Literature Review**

### **Introduction**

Concerns have continued to grow in recent years regarding the mental health of CYP, with mental health disorders currently impacting 1 in 6 six- to 16-year-olds (NHS Digital, 2021). The 'Transforming CYP Mental Health: Green Paper' (DoH & DfE, 2017) identified that 'children with persistent mental health problem(s) face unequal chances in life' and therefore called for national action in reaction to this social justice issue. In response, the government proposed a new mental health workforce to improve timely access to services (DoHSC & DfE, 2018).

In recent decades fostering mental health has become an integral part of schools' responsibilities which is evident in Every Child Matters (DfES, 2003), underpinned by the Children's Act 2004. The No Health Without Mental Health, The Targeted Mental Health in Schools (TaMHS), and The National Healthy Schools Programme (NHSP) are programmes that took a conceptual framework covering many possible benefits and promoted the adoption of a range of evidence-based practices and interventions within this, rather than focussing on a specific aim of schools' mental health support or a particular type of interventions (Mental Health and Emotional Wellbeing in Schools, 2014). The programmes originated from government initiatives, Department of Health and Department of Children, Schools and Families' Project. Currently, there is no duty on schools to have a separate mental health policy, however there are duties on schools to promote and protect the welfare of their pupils, as set out by the government guidance (DfE, 2018). Whilst very few schools provide mental health policies, it is apparent within the published policies that at least 25 out of 45 (56%) primary schools and 20 out of 45 (44%) secondary schools are providing some form of mental health support. This is either in the form of targeted support for pupils displaying emotional and behavioural difficulties, universal support to promote CYP's self-esteem and resilience, or a combination of both (DfE, 2018).

The focus on schools to support CYP's mental health is emphasised in a variety of Government publications in England (DfES, 2003). These include the publication of 'Transforming Children and Young People's Mental Health Provision: a Green Paper' which built on the national NHS Transformation Programme. Schools are involved in a preventative and early support role; whilst the role of schools in promoting academic attainment is longstanding, there is an increasing need for them to support CYP's holistic development, to ensure they are developing skills to enable them to become adults who are able to succeed in all areas of life (DfES, 2003). Greenberg (2010) proposes that schools have a central role in the lives of CYP and their families, consequently stressing their ideal placement to offer individual and systemic support to promote the development of holistic skills. Additionally, there has been an association recognised between mental health and academic achievement, suggesting that if the mental health of CYP is not at an adequate standard, achievement in school is likely to be affected (Weare, 2015). Furthermore, it has been suggested that mental health difficulties can lead to a range of other difficulties in the school environment, such as school absence and the engagement in risky behaviours (Public Health England, 2015).

School teaching staff such as teachers and TAs are ideally placed to recognise early indications of mental health difficulties, stressing that they 'see their children day in day out, they know them well and are well placed to spot changes in behaviour that might indicate a problem' (Trudgen and Lawn, 2011).

## **Structure of Review**

Within this chapter, the researcher will provide an overview of the literature relevant to the research topic. First, the researcher will explore key terms that will be used in the research. The evidence around the role of schools and of TAs in supporting CYP's mental health will be considered, the existing research base which explores the views and experiences of school staff in supporting CYP's mental health, and the available research that considers the experiences of TAs more specifically. Finally, the researcher will consider the existing research on the general role and experiences of TAs.

## **Literature Review Approach**

Aligning with the qualitative nature of the accompanying empirical research and existing literature in the field, a themed narrative literature review was identified as most appropriate. In allowing for key themes and debates in the literature field of interest to be organised and critically analysed, a thematic literature review situates the empirical study within the existing body of literature to inform and rationalise future areas of research. This approach is most valuable where complex fields, such as mental health, are to be explored (Braun & Clarke, 2013). A thematic approach to structuring a literature review means organising the literature by theme or category (Aveyard, 2018). A systematic literature review was not considered appropriate given a well-defined research question could not be established prior to the review as there are limited studies exploring TA views and perceptions, and the need to first consider several bodies of literature (Kysh, 2021).



As a themed narrative review was conducted, this chapter will be less explicit about the search strategy and the studies included (Bryman, 2012). However, in order to ensure transparency and rigour, details about the literature search including search terms, inclusions and exclusions are outlined below. Literature searches were conducted between August 2022 and January 2024 using library database powered by EBSCO Host, Taylor & Francis, PsychInfo, along with Google Scholar and two key practice journals regarding EP practice in the UK (Educational Psychology in Practice and Educational and Child Psychology).

To explore the national context and policy informing mental health, government legislation was also reviewed. A 'snowballing technique' which involves identifying articles from reference lists (Jalali & Wohlin, 2012) was also used to identify further relevant articles. An initial search was conducted using terms relevant to the research topic e.g., mental health, TAs and experience. This did not generate any relevant studies. A search strategy was developed to enhance the rigour of this literature review using the following key words; "mental health", "teaching assistants", "wellbeing", "support staff", "school". This literature review includes "grey literature" such as government statistics and unpublished theses. Unpublished theses can be particularly helpful when exploring topics which have not been widely researched (Hartling et al., 2017). Unpublished theses were deemed suitable as they were presumably reviewed through the process of external examination. Studies conducted outside of the United Kingdom (UK) were not included. Studies that focused solely on the experiences of parents and professionals (i.e., teachers, SENCOs) were included. Moreover, the stage within school, so primary or secondary education as a search term was excluded from the search criteria. Although the focus of this research is within primary schools, to ensure a breadth of research literature was reviewed, both stages of education were

included. UK based research was the primary focus of this review as the current study took place in UK primary schools. There needed to be some mention of mental health and/or emotional wellbeing of children (e.g., some articles focussed on targeting behaviour, for example of children with ASD). Date limits were not set due to the lack of literature in this area of research.

## **Terminology**

The researcher acknowledges that there are complications surrounding the definition of 'mental health' and the use of various labels within the literature to mental health disorder/difficulties/conditions. The following section aims to define and contextualise these terms. It is acknowledged that language is continuously evolving and that it shapes and reflects one's understandings of one's social environment (Kincheloe & McLaren, 2005).

Mental health difficulties are commonly referred to as 'disorders' in diagnostic manuals (e.g., American Psychiatric Association, 2013) and in research that considers their prevalence. Some have argued that the use of 'disorder' is stigmatising (e.g., in 'autism spectrum disorder'; Baron-Cohen et al., 2009) and that 'condition' is a more appropriate term (Conboy, 2020). Other leading mental health charities, such as the Mental Health Foundation (n.d.) prefer to use 'mental ill health'. Although these views have been reviewed, 'disorder' is currently used most commonly to refer to diagnoses of mental health difficulties. However, to explain the prevalence of mental health, the term 'difficulties' will be used within the current research.

## Definitions

Mental health is a complex area; hence it is important to define the terminology that will be used within the current research. The term teaching assistants will also be defined as this term can cover other roles too.

### Mental Health

Since there is no agreed definition of mental health, there has been a variety of terms that have been used to describe CYP's mental health, for example, 'emotional intelligence', 'emotional and social competence', and 'wellbeing' (Weare & Gray, 2003, p.5). This is also displayed within literature, government policy and guidance and from mental health charities and support services (i.e., Mind, NHS). Mental health can be fluid; for example, Galderisi et al. (2015) suggest that mental health is "influenced by the culture that defines it" (p. 231). Within school settings, staff have mentioned that they have a preference for language that avoids the use of medical terms (Rothi et al., 2008) and writers within the research area indicate concerns about the stigma attached to the term mental health when used within education (Weare & Nind, 2011). This indicates that the language used and the way it is understood may have an important effect. This is also important as the term mental health is progressively used within government guidance and policy in education, in particular with the social, emotional and mental health (SEMH) within the SEND Code of Practice in 2014.

As there are various definitions for mental health, it can be viewed as a reflective change and attitudes towards mental health; mental health is a topic which has historically been influenced by the medical model, whereby the term is often associated with the account of disease and disorder (Humphrey, 2018). This account

has contributed to stigma around mental health, with the construct often being mistaken as being the opposite of, or interchangeable with, mental illness (Mazzer & Rickwood, 2015). However, there have been changes in this view towards recognition that mental health is more than the absence of mental health and an increase in the use of the term mental health. This increase could be seen as a means of promoting the way mental health is more than the absence of mental illness and reduce the stigma associated with the term (Wren-Lewis & Alexandrova, 2021). The World Health Organisation (WHO) provides a widely recognised definition when defining mental health namely that mental health is ‘an integral part of health, mental health is more than the absence of illness’ (WHO, 2004, p. 12). The WHO also acknowledge that it is difficult to provide a single definition of mental health. They suggest the following:

“A state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community” (WHO, 2004).

The three core components of this definition are (1) wellbeing, (2) effective functioning of an individual, and (3) effective functioning for a community (WHO 2004). Whilst some argue that this definition provides an unhelpful focus on productivity, others argue that this change in definition marked an important shift towards a different, more positive, view of mental health (Galderisi et al., 2015). The DfE has only provided an explanation of ‘mental health problems’:

“Short term stress and worry is a normal part of life, and many issues can be experienced as mild or transitory challenges for some children and their families. Others will experience more serious and longer lasting effects. The same experience can have different effects on different children depending on other factors in their life.

For example, it is normal for children to feel nervous or under stress around exam times, but other factors can make such stress part of an enduring and persistent mental health problem for some children. When a problem is particularly severe or persistent over time, or when a number of these difficulties are experienced at the same time, children are often described as experiencing mental health problems” (DfE, 2018b, p.11).

Since the DfE does not hold an official definition of mental health, the above explanation seems to be more relatable for school staff as it consists of normalising exam stress for CYP. Both explanations seem appropriate for the current research to use as part of mental health definition, however the statement that the DfE have provided seems to be more relevant as it is more applicable to school settings than the WHO definition.

### Teaching Assistants

The current research will use the term teaching assistant (TA); it is vital that the term TA also extends to other titles such as ‘Special Educational Needs TA’, ‘Learning Support Assistant’ and ‘Classroom Assistant’. The term TA has been chosen for use within the research as it is the term used by the DfE. There is limited information produced by the DfE in describing the TA role. UNISON et al. states that the term ‘includes staff based in the classroom for learning and pupil support’ and that they should ‘work with teachers to raise the learning and attainment of pupils while also promoting their independence, self-esteem and social inclusion’ (2016, p. 5). Recent research into the deployment of TAs in schools found that TAs were being deployed in three broad ways: whole-class support; targeted in-class learning support, and targeted intervention delivery (Skipp & Hopwood, 2019). The researchers also found

that TAs were also deployed for tasks including additional support for pupils with SEND, wider roles in the school (such as lunch cover or breakfast clubs) and supporting classroom administration. Skipp and Hopwood (2019) also described TAs as members of the school workforce who are “deployed for a wide range of complex and interconnected functions to support teaching and learning”. However, TA deployment varied between schools (Conboy, 2020).

For the rationale of this research, TA will be used to describe a range of role names such as ‘learning support assistant’ (LSA), ‘classroom assistant’, and ‘special needs support staff’ in the same way that it has been used in other research (Tucker, 2009) and in national documents (UNISON et al., 2016).

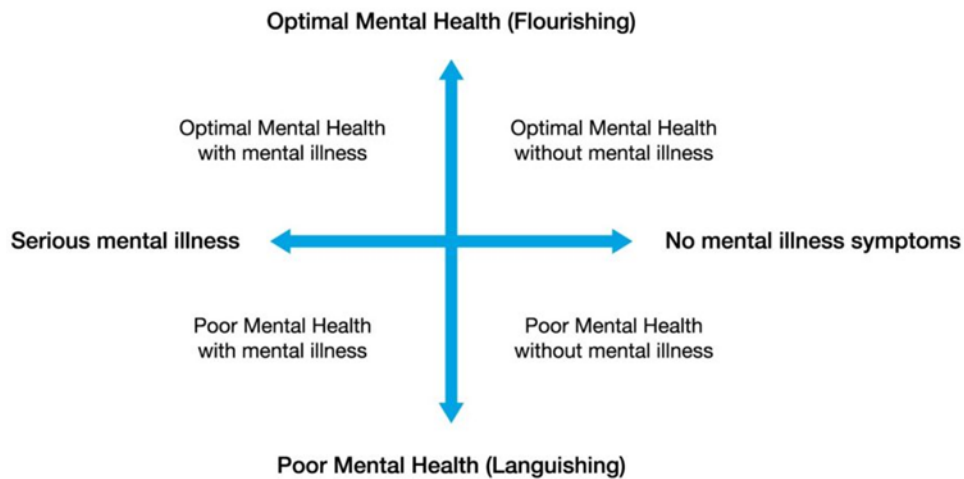
### **The Two Continua Model of Mental Illness and Health**

The literature base suggests that instead of seeking to make clear distinctions between mental health illness and mental health wellbeing, both should exist on opposite ends of a continuum (Bentall, 2003; Ekornes, 2015; Leader, 2011; Keyes, Dhingra and Simoes, 2010; Murphey, and Vaughn, 2013). The idea of mental health as a continuum enables consideration of how mental health exists between mental health illness and mental health wellbeing. To examine mental health, the researcher explored the numerous definitions, theories and frameworks when studying this research area.

Keyes (2002) proposes a two continua model of mental health which suggests that mental health is best viewed as a complete state, i.e., not merely the absence of mental illness but also the presence of mental health. The model is summarised within Figure 1 below:

## Figure 1

*The dual continua model of mental health and mental illness (Keyes, 2014)*



Westerhof and Keyes (2010) describe the relationship between mental health and wellbeing. Within the field of wellbeing research, two distinct traditions are currently identified: one which focuses on hedonic wellbeing, with the other on eudaimonic wellbeing (Keyes et al. 2002; Ryan and Deci 2001; Waterman 1993). Hedonic wellbeing involves feelings of happiness, satisfaction, and interest in life and will further be called emotional wellbeing (Keyes 2007). The eudaimonic wellbeing involves psychological and social wellbeing, meaningful relationships and self-acceptance. Westerhof and Keyes (2010) conceptualised three different components of wellbeing: emotional well-being, psychological well-being and social well-being. These are summarised in Figure 2 below.

## Figure 2

*A Visual Representation of the Three Types of Wellbeing and Their Components, as conceptualised by Westerhof and Keyes (2010)*



The two continua model of mental illness and mental health holds that both are related, but distinct dimensions: one continuum indicates the presence or absence of mental health (salutogenic approach), the other the presence or absence of mental illness (pathogenic approach) (Westerhof and Keyes, 2010). The model is a positive alternative to the traditional models of mental health (Wang et al., 2011). As described by Westerhof and Keyes (2010), mental health is seen as a complete state which encompasses both the symptoms of mental illness and the promotion of positive mental health (Keyes, 2014).

### **Defining Mental Health: The Two Continua Model**

As outlined above, the researcher has decided to use the term mental health. Since mental health can be fluid and interchangeable, the researcher believes that the two continua model helps to rationalise the choice to use the term mental health.



Westerhof and Keyes (2010) highlighted that mental health can be seen as a complete state that relates to, but is distinct from, wellbeing and mental illness and that indicators of positive mental health need to be taken into account as well as indicators of mental illness. Additionally, the researcher has decided to use the term mental health as it helps to explore the research area in more detail, instead of exploring the salutogenic or pathogenic approaches, as the traditional outlook has been justifying mental health as either mental illness or mental wellbeing. Furthermore, the researcher has decided to use the term supporting CYP's mental health as once more, it is vital that the researcher explores the numerous ways that mental health support is provided for CYP. The existing literature provides the available levels of mental health support for CYP which will be outlined later in the chapter.

## **Background Context of Children and Young People's Mental Health**

### **National Context**

There is an increase of poor mental health in CYP across the global and national context. Currently, the number of under 18s referred to CAMHS has risen by 53% since 2019, escalating to over 1.2 million in 2022, according to the data from NHS Digital (YoungMinds, 2024). A leading youth mental health charity, YoungMinds, also report that a large number of CYP are yet to be treated and remain on waiting lists which suggests that more CYP are struggling with their mental health YoungMinds (2024). The youth mental health charity is calling for urgent Government action to address this surge in need with a new plan to introduce more support to CYP (YoungMinds, 2024). The mental health of CYP have global and national relevance as mental health disorders are prevalent in children of all ages (Belfer, 2008). NHS

Digital (2022) highlight that one in six children aged seven to 16 in England has a probable mental health problem. Although this number has remained stable since 2020, this is a significant increase on the one in nine children in 2017 (NHS Digital, 2018). With a sample of 18,029 CYP, the report provides the most recent and generalisable data produced in England (NHS Digital, 2018). It reported that 4.1% of 5- to 10-year-olds and 9% of 11- to 16-year-olds have an emotional disorder. Behaviour (or conduct) disorders were prevalent in 5% of 5- to 10- year-olds, and 6.2% of 11- to 16-year-olds.

There has been a significant increase in the discourse around CYP's mental health within recent years. Humphrey (2018) recognises that the increase may be due to the societal change around talking about mental health disorders, which encourages CYP to discuss their mental health. This rise in figures may be explained in part by greater awareness leading to CYP being more likely to discuss their mental health symptoms or difficulties. The increase of mental health disorders in CYP has also increased the referrals to Child and Adolescent Mental Health Services (CAMHS). YoungMinds reported that the number of under 18s referred to CAMHS has risen by 53% since 2019, escalating to over 1.2 million in 2022, according to data from NHS Digital which was analysed by the mental health charity (YoungMinds, 2024). The increased demand has resulted in high threshold criteria and little or no follow-up for children who do not meet the criteria (Crenna-Jennings & Hutchinson, 2018). The limited available support for all CYP's mental health from the NHS has arguably resulted in schools being cited as a resolution for supporting this (Humphrey, 2018).

## **Factors that Play a Role in Children and Young People's Poor Mental Health**

It has been documented that there are various reasons that might play a role in increasing CYP's poor mental health. Mental Health Foundation (2021) reports that some CYP are more vulnerable to experiencing poor mental health due to social and economic disadvantage, adverse life experiences and poor parental mental health. Hanley et al., (2020) report that the impact of austerity in the UK has had a negative impact on CYP's mental health. The shrinking of the welfare state, including reductions to Local Authority budgets, have impacted social care, children's services and health services (De Agostini et al., 2014). Additionally, the impact of the pandemic and associated measures imposed to reduce the spread of COVID-19 virus have had dire consequences for CYP across the globe (Munir, 2021). These consequences have significantly impacted both CYP's physical and mental health and education. Moreover, these have resulted in vaccine disruptions, poor nutrition, violence against children at home, and exposure to harmful digital technologies (Munir, 2021). Within educational settings, pressures and focus on academic targets have had a negative impact on CYP's mental health, including "increased levels of anxiety, disaffection and mental health problems" (Hutchings, 2015, p. 55). Furthermore, there is an association between SEND and poor mental health, with over half of six- to 16-year-olds with SEND reported to have a probable mental health problem (NHS Digital, 2021). The COVID-19 virus also had a negative impact on CYP's mental health; compounding the worries of CYP and their families due to risk factors such as: food poverty, unsafe home environments, having an identified SEND, technology poverty or difficulty accessing IT for remote learning, (Burke & Dempsey, 2020). Pre-school staff also expressed worries around the social impact for the very young in relation to reduced

contact with their peers, due to the 'social bubble' system implemented by the UK government during the pandemic. The responsibility to make the right choice of cohort within those 'bubbles' fell on staff (Pramling Samuelsson et al., 2020).

Risk factors in the development of poor mental health are wide ranging. Social changes within the 21st century, such as: income inequality, parental conflict and relationship breakdown, parental health, school expectations, cyber-bullying, pressures to have the latest fashion, the perfect body and own the latest technology, can all have a negative impact on young people's mental well-being (Bor et al., 2014; The Children's Society, 2014; Young Minds, 2014a). Studies report the rising numbers of need in relation to self-harm, anxiety, phobias, depression, substance misuse, post-traumatic stress syndrome and attachment, hyperkinetic disorder, conduct, developmental and eating disorders (Wolke et al., 2013; Department for Education [DfE], 2014; Dickins, 2014; Sisak et al., 2014). Within the school environment, the increased testing of pupils is said to contribute to poor behaviour (Milkie & Warner, 2011), with children too often branded 'failures' (National Union of Teachers [NUT], 2014; BBC News, 2015b). Children with additional learning needs are at particular risk of developing mental health problems (Lindsay & Dockrell, 2012; Dickins, 2014). Children exposed to multiple risk factors have a significantly increased risk of developing poor mental well-being (Weare, 2010; DfE, 2014). Mental health problems can lead to school absence, lower educational attainment and are associated with risky behaviours (DoH, 2014). Due to the links between mental health, academic success and life opportunities, schools are considered important settings for promoting mental well-being (Clausson & Berg, 2008; Cushman et al., 2011; Ekornes et al., 2012; WAG, 2012).

## Children and Young People's Mental Health and Education

Mental health difficulties can lead to school absence, lower educational attainment and are associated with risky behaviours (DoH, 2014). Due to the strong links between mental health, academic success and life opportunities, schools are considered important settings for promoting mental wellbeing (Clausson & Berg, 2008; Cushman et al., 2011; Ekornes et al., 2012; WAG, 2012). Thus, the government has placed more importance on schools to promote CYP's mental health. Mental health has been a significant matter for the DfE for the past 20 years as the government has recognised the importance of good mental health for CYP, and the rising prevalence of mental health problems in these age groups. In the past decade, cross-governmental strategies have been published to improve services across sectors, not just those provided by the NHS (Grimm et al., 2022). These strategies have several strands in common, including:

- more provision of mental health and wellbeing support in schools and the community outside the NHS, including a focus on prevention
- improving access to (and reducing waiting times for) specialist CAMHS
- improved crisis care
- extending mental health services beyond age 18, to 25 or 26.

Several Department of Health (DoH) documents identified that schools have a major role in mental health promotion, prevention and early intervention (Department of Health and Social Care, 2011; DoH & NHS England, 2015). This was built upon within the mental health Green Paper (DoH & Department for Education, 2017), where the

government outlined the goal to “put schools and colleges at the heart of our efforts to intervene early and prevent problems escalating”. Subsequently, initiatives promoted schools to directly support CYP’s mental health; for instance, ‘Social and Emotional Aspects of Learning’ (SEAL) which aimed on schools teaching social, emotional and behavioural skills to children (DfE, 2007). Following on from previous initiatives, plans to identify and train a Designated Senior Lead for mental health within schools to develop and implement a whole school or college approach to mental health and wellbeing, thus improving mental health in schools. Further, Mental Health Support Teams (MHST) were introduced in 2018 to provide a new school-based workforce as part of the government’s most recent 5-year plan to support the mental health of CYP. This most recent shift is recognised as responding to a growing mental health crisis. Policy relevant to MHSTs emphasises that access to CYP’s mental health services is persistently problematic with services over-stretched, creating a need to increase prevention and early intervention within universal settings, e.g., schools (DoH & DfE, 2017; Wolpert et al., 2015). Furthermore, guidance has also been provided to schools related to specific issues impacting on schools such as behaviour (DfE, 2018) and attendance (DfE, 2023). Regardless of the reforms and initiatives, the government stance and actions has received criticism from the Health and Social Care Committee (2018) who stated that strategy outlined in the 2017 Green Paper “lacks ambition and will provide no help to the majority of those children who desperately need it” (2018, p.3). Their concerns were for school staff as it will “put significant pressure on the teaching workforce without guaranteeing sufficient resources” (Education and HSCC, 2018). HSCC (2021) indicated that the training of the Designated Senior Lead and the support of MHSTs was not in a timely manner which led to CYPs not receiving the support when they needed it. The HSCC (2022) also recommend that “the Department

of Health and Social Care – in partnership with the Department for Education and all other relevant government departments – must take radical steps to shift the focus in mental health provision towards early intervention and prevention. This must ensure that all children and young people under the age of 25 can receive mental health support as early as possible and no young person is turned away from mental health support for not being ill enough”, which included the faster roll out of mental health support teams, a network of community hubs and digital support.

### **Supporting Children and Young People’s Mental Health: The Key Role of Schools**

Early intervention to identify mental health difficulties in CYP and provide effective support is crucial. The role of schools in supporting and promoting mental health and wellbeing can be summarised as:

1. *Prevention*: creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and equipping pupils and students to be resilient so that they can manage the normal stress of life effectively. This will include teaching pupils and students about mental wellbeing through the curriculum and reinforcing this teaching through school activities and ethos.
2. *Identification*: recognising emerging issues as early and accurately as possible.
3. *Early support*: helping pupils and students to access evidence informed early support and interventions.

4. *Access to specialist support: working effectively with external agencies to provide swift access or referrals to specialist support and treatment (PHE & HM Government, 2021, p7)*”

As described previously, there is evidence that supports the association between good mental health and education engagement and academic achievement. The benefits to preventing mental health problems in CYP from arising, and intervening early where they do, can be significant for schools (PHE & HM Government, 2021). The National Institute for Health and Care Excellence (NICE) advises that primary schools and secondary schools should be supported to adopt a comprehensive, ‘whole school’ approach to promoting the social and emotional wellbeing of children and young people. The DfE also identifies a whole school and college approach to promoting good mental health as a protective factor for CYP’s mental health. Although schools and colleges play a significant role in helping to promote children and young people’s mental health and wellbeing, their contribution should be considered as one element of a wider multi-agency approach (PHE & HM Government, 2021):



### Figure 3

*Eight Principles to Promoting a Whole School or College Approach to Mental Health and Wellbeing (PHE & HM Government, 2021, p. 9).*



As set out by the DfE, a whole school approach to mental health and wellbeing incorporates 8 key principles, which are informed by evidence and practitioner feedback about what works and builds on what many schools and colleges are already doing across the country. The approach focuses on the role of the whole school population to support mental health, with a focus on “wellbeing and mental health involves everyone who works and learns in the school, and in the surrounding community, working together in a joined up, coherent way” (Weare, 2015). The DfE (2018) highlighted that relationships between staff and pupils, and between students, are critical in promoting wellbeing and in helping to engender a sense of belonging to

and liking of school or college. Furthermore, Cemalcilar (2010) outlined that the physical, social and emotional environment in which staff, pupils and students spend a high proportion of every weekday has been shown to affect their physical, emotional and mental health and wellbeing as well as impacting on their attainment and behaviour. This demonstrates the way in which supporting CYP's mental health in schools extends beyond providing targeted support, and that school ethos, environment and the day-to-day aspects of school are also an important aspect (Kimber, 2023).

The Sandwell whole-school approach to wellbeing is another mental health strategy that has been developed by the Sandwell Public Health. The approach is offered to all schools over three years and has been developed and delivered by team of Senior Specialist Educational Psychologists and Research Psychologists. It consists of three key areas:

*Well-being Charter:*

“The Well-being Charter Mark is a structured action research process that supports schools to evaluate and develop their whole-school approach to well-being. It is underpinned by the Ten Element map of Mental Health (Macdonald & O'Hara, 1998) and by the 8 principles that have been recently highlighted by Public Health England research as important to promoting well-being in schools (PHE, 2015). Schools are assessed on the following 8 areas and then supported to develop a bespoke action plan: leadership, curriculum teaching & learning, pupil voice, staff development, identifying needs & monitoring impact, working with parents and carers, ethos and environment and targeted support. Once the action research process is completed

and positive change is evidenced, the “Well-being Charter Mark” is awarded to the school.

### *Well-being Screening Tool*

The well-being screening tool has been developed by Educational Psychologists as part of the whole school approach. Based on a thorough review of existing tools, the survey measures pupil’s subjective well-being in four key areas: emotional, behavioural, social, and school. It can be used as a snapshot of well-being levels within the school and for evaluation of interventions. Further, the results are banded, where pupils fall into lower bands this will enable staff to identify pupils who may need support. The survey also identifies where whole-school approaches to providing additional education around SEMH may be necessary. A pilot has taken place and statistical analysis indicates that the tool is both valid and reliable.

### *Well-being Curriculum*

This is a new social and emotional curriculum for Sandwell as part of the whole-school approach. The curriculum is rooted in psychology and is both thematic and developmental. It comprises of lesson plans that address the 6 key themes of ‘All about me’, ‘Friendships’, ‘Resilience and coping’, ‘Being the best I can be’, ‘Belonging’ and ‘My wider world’. Each of the themes is revisited every two years during primary school, thus allowing young people to build on their thinking and skills as they develop” (UK Parliament, 2014).

The Sandwell Whole School Approach to wellbeing is a school's opportunity to commit to improving the mental health and well-being of everyone in the school community. Public Health England’s report ‘Promoting children and young people’s emotional health and well-being: A whole school and college approach’ (PHE, 2015) looked

specifically at the role of schools in providing high quality universal wellbeing provision. This research highlighted 8 principles that are important when embedding a whole school approach to emotional health and well-being, arguing that if the 8 principles are applied consistently and comprehensively they will help to promote and protect emotional health and well-being. One of the principles described by Public Health England within this report is 'Curriculum, Teaching, and Learning'. They describe how research indicates that school-based programmes of social and emotional learning have the potential to help young people to acquire the skills they need to make good academic progress, as well as benefitting pupil health and well-being. They emphasise the need for any such curriculum to be practical and relevant, as well as being linked to other areas of the curriculum where possible. This document also highlights links to the OFSTED inspection criteria which state that the role of teaching goes beyond the acquisition of knowledge and achievement, but should also promote the child's spiritual, moral, social and cultural development (PHE, 2015). This document also cross-references to current NICE (National Institute of Clinical Excellence) guidelines, which recommend that primary education providers include a curriculum that integrates the development of social and emotional skills (e.g. coping and problem-solving) within all subject areas. These statistics and research provide a clear rationale for the delivery of work in schools that promotes the emotional well-being and mental health of all pupils at a universal level ('Healthy Mind, Happy Me' Guidance Booklet)".

## **Supporting Children and Young People's Mental Health: The Key Role of Teaching Assistants**

Currently, there is a lack of research that explores the role of TAs in supporting CYP's mental health. Despite the paucity of research, it is helpful to explore the themes that emerged when investigating the general TA role in UK primary schools.

### *Clarifying the Nature of the TA Role*

Literature highlights that the TA role has difficulties associated with it (Tucker, 2009). For example, Collins and Simco (2006) reported that TAs often feel like 'spare parts' with teaching staff failing to utilise their skills appropriately. Tucker (2009) highlighted that it is apparent that a degree of role confusion and conflict exists when it comes to describing and analysing specific tasks and functions. For example, the contribution of TAs to inclusion (variously described as special needs support, behaviour management, integration) as to which this aspect of work is regularly defined as central to the role of TAs by managers, teachers and parents (Tucker, 2009). However, Hammersley-Fletcher and Lowe (2011) and Cockroft and Atkinson (2015) suggested that the TA role has changed over recent years. These discrepancies and uncertainties could lead to TAs having a wide range of responsibilities, and staff across schools having quite different experiences (Conboy, 2020).

### *The Role of TAs*

Literature indicates that school practitioners (i.e., TAs) believed that they are well placed to support children's mental well-being (Danby & Hamilton, 2016). Danby and Hamilton (2016) reported that TAs have a dual role with regard to children's wellbeing: to promote understanding of risk factors and to develop resilience among children, as

well as working with parents and specialist agencies to provide early support and intervention for those with more complex needs (Danby & Hamilton, 2016). Literature also suggested that TAs enjoyed their roles and undertook a range of responsibilities (Hammersley-Fletcher & Lowe, 2011; McVittie, 2005). It was recognised that TAs can undertake work such as planning, teaching and assessing (Graves, 2014) and working with both individual pupils and groups (Hammersley-Fletcher & Lowe, 2011; McVittie, 2005). TAs supporting academic achievement was seen as their primary role by children (Wren, 2017).

In addition to TAs supporting CYP's learning, TAs also support CYP's mental health. Groom and Rose (2005) found that for CYP, head teachers saw TAs as having a role in pastoral support, enhancing social skills, lunchtime groups, emotional literacy support and promoting classroom rules and expectations. Consequently, the literature proposes that there are two main roles for the primary school TA. It seems that TAs have an important role in supporting CYP's learning, both in one-to-one and group situations. Additionally, TAs form relationships with CYP that allow them to understand and support their mental health (Conboy, 2020).

### **Supporting Children and Young People's Mental Health: Current Literature on the Views and Experiences of Teaching Assistants**

As the research area of TA views and experiences in supporting CYP's mental health is rather limited, the literature search only identified two pieces of research that predominately explored the current research area: Conboy's (2021) research article that was originally part of a doctoral thesis (2020) and secondly, Kimber's (2023) thesis. Conboy's and Kimber's research will be discussed as part of the literature

review which will give an insight into the views of TAs and their experiences when supporting CYP's mental health.

Conboy (2021) interviewed seven TAs who worked in mainstream primary schools about their views and experiences in supporting the mental health of the children they worked with. Conboy (2021) found the following four themes:

#### Perception and Knowledge of Mental Health

Conboy (2021) found that TAs discussed mental health in relation to terms such as anxiety, worries and low mood. Conboy (2021) identified that some TAs were not comfortable with using the term mental health, and others used the term interchangeably with mental illness. Conboy (2021) also found that TAs saw experience as the most helpful factor to support CYP's mental health. This included experience in their TA role, experience of being a mother, and their own personal experiences; as indicated in other research (Cockroft & Atkinson, 2015). Being a mother was seen by TAs to have developed their skills and understanding of how to support CYP. TAs within Conboy's (2021) study additionally identified wanted more knowledge about mental health which they suggested could be achieved through training. Along with the need of training to increase their knowledge, TAs also expressed that they would like reassurance that they were doing things correctly and guidance on what they need to do.

## How TAs Support Children's Mental Health

Additionally, Conboy (2021) reported that TAs *building* relationships with CYP is a key role when supporting CYP's mental health. TAs also found that having a caring approach with CYPs felt like a parenting role at times. Participants in Conboy's (2021) study referenced TAs having a special relationship with CYP that was different from the relationships that CYP have with teachers. It was explained by TAs that they developed rapport with CYP and that would lead to CYP approaching them more than they would the teachers (Conboy, 2021). TAs highlighted the variety of practical ways in which they support CYP's mental health, such as largely using talking to support CYP, normalising worries and being silent and available support. This shows how relationships are a key feature of the TA role in supporting CYP's mental health.

## Working Within the School System

Conboy's (2021) research also identified a theme related to TA status: TAs experienced difficulties due to their lower hierarchical position within school systems as TAs felt that they were towards the bottom of their school's hierarchy. TAs expressed that being in a lower hierarchical position seemed to result in TAs not knowing information about CYP. Burton and Goodman's (2011) study also reported that support staff in secondary schools felt that their role was undervalued due to their position (Burton & Goodman, 2011). Additionally, TAs regularly mentioned safeguarding as a solution to CYP's mental health difficulties. Conboy's (2021) research highlighted that TAs often saw the solution for issues to be passed onto the safeguarding officer to 'sort things out' which may indicate that passing the information



onto safeguarding channels would solve the problem. TAs regularly mentioning safeguarding as a solution may indicate that due to their position in schools, the responsibility to support CYP's mental health may lie with teachers or SENCos. It is possible that TAs may feel that, due to their lower hierarchical position in schools, the responsibility is on teachers or more senior members of staff.

### The Emotional Experience

The last theme that was identified by Conboy (2021) was the emotional experience of TAs. All TAs suggested that a key element of their role was to help CYP. TAs also reported that although they enjoyed their jobs and found it rewarding, there seemed to be some fear about helping CYP with their mental health difficulties and getting things wrong; this may indicate that TAs supporting CYP's mental health can be an emotional experience for them. The impact of emotional experience was also acknowledged by previous studies (Burton & Goodman, 2011) in secondary schools. In general, research suggests that the topic of 'mental health' can create fear in teachers (Cooke et al., 2016). Tucker argues that societal and community expectations for schools to provide 'care and support (as well as education)' are not always met and that this 'confusing and highly emotional situation generates increasing pressure and persecutory anxiety for those who work in schools' (Tucker, 2015, p.261). The fear that the TAs seemed to experience could therefore be representative of the anxieties that may exist in the school system (Conboy, 2021).

In summary, Conboy's (2021) research provides some insight into TAs' experiences of supporting CYP's mental health within their role. Since there is lack of research exploring TAs' views and experiences in supporting CYP's mental health, Conboy's

(2021) research is the first piece of research that explores this area. As this research was conducted with relatively few participants and only in London, it may not be generalisable to all TAs in the UK. Additionally, participants who took part in Conboy's research were self-selecting and may have had an interest in the area of mental health. Regardless of Conboy's research limitations, many of the themes that have emerged relate to the research base exploring the role of TAs and experiences of other school staff.

A recent unpublished doctoral thesis explored the attitudes, role, and self-efficacy of primary school teaching assistants and their practice in supporting children's mental health. Kimber's (2023) doctoral thesis highlighted the perceived causes and impacts of poor mental health in children, and the way in which teaching assistants saw children's mental health as different to adults. Kimber (2023) found key themes related to the teaching assistant role which included relationships, practical support, a distinctive role, and aspects of support that were beyond the teaching assistant role. A variety of individual, school and educational factors that impact on teaching assistant practice were also highlighted. These included teaching assistant status, systemic factors such as the external pressures on schools, and discrepancies between the sources of knowledge and skills for teaching assistants (Kimber, 2023). Kimber (2023) found that TAs recognised a variety of factors that may impact on a child's mental health, including their home life, special educational needs and the impact of the school environment and that TAs saw children's mental health as different to adults. This was due to their developmental differences in understanding and managing their mental health, and their lower levels of control over the factors that may impact their mental health. TAs described mental health as impacting on children's behaviour in schools, mostly describing externalising and physical behaviours. TAs also saw

mental health and learning as being related, highlighting the impact a child's mental health may have on their ability to engage in learning in school. TAs saw children's mental health as a negative emotional experience, and related this to emotions such as anger, grief and anxiety. Kimber's findings align to the findings of Conboy's (2021) research as TAs discussed mental health in relation to children's emotions and when the TAs discussed emotions, they associated it with negative emotional experiences. This may suggest that TAs may associate children's mental health with poor mental health, linked to the negative connotations of the term (Kimber, 2023).

Furthermore, Kimber (2023) highlighted that TAs saw their relationships with children as being a key aspect of their role in supporting children's mental health and that TAs identified ways in which they provided practical support within their role which supported children's mental health. This included making adaptations, developing children's skills, managing behaviour and supporting families. Kimber (2023) also found that TAs saw their role in supporting children's mental health as distinctive from that of other members of staff. This related to aspects of their deployment which meant they were more available and approachable to children. TAs saw various aspects of supporting children's mental health as beyond their role. This often related to the responsibility associated with this, although the role and responsibilities of TAs was seen as increasing. Kimber's (2023) thesis is also aligning with views of TAs within previous research, who felt that despite changes to TA role and responsibility over time, accountability should be placed with teachers (Cockroft & Atkinson, 2015).

Kimber's (2023) thesis also found that TAs described the way in which the hierarchy within schools impacts upon their ability to support children's mental health, which was also evidenced in Conboy's (2021) research. This related to the quality and nature of the teacher-TA relationship, and the status of TAs in schools. Also, TAs described the

systemic factors that impact on their ability to support children's mental health, including a perceived lack of support from the government and school leadership, capacity issues and external pressures relating the way schools are assessed. Analysis identified different sources of knowledge and understanding between TAs, which impacted on their perceived capabilities in supporting children's mental health. These included life and work experiences, individual characteristics and learning from others. Additionally, the nature of mental health support also impacted on TAs perceptions of their ability to support children's mental health (Kimber, 2023).

In summary, Kimber's (2023) thesis highlights TAs attitudes, views and experiences, and the factors that impact on their practice in supporting children's mental health. Like Conboy's (2021) research, Kimber's (2023) recent research has limitations too. Kimber's (2023) phase one of recruitment consisted of 62 TAs that participated in a survey, with seven participants who were interviewed as part of the phase two; sample size for phase one, which is small in comparison to the population of TAs working in primary schools in the South West, estimated at 44,075 within recent figures (GOV.UK, 2023). The participants were self-selecting for both phases which means that TAs who took part in the research may have had a particular interest in taking part, including an interest or role in supporting children's mental health (Kimber, 2023).

### **Supporting Children and Young People's Mental Health: Views and Experiences of Teaching Assistants**

Research suggests that TAs indeed have a role in supporting CYP's mental health, however the responsibilities can be varied between schools (Littlecott et al., 2018). Kidger et al. (2009) discussed that school staff acknowledged their role in supporting

CYP's mental health. Tucker (2009) additionally highlighted that TAs offer varying degrees of support with different levels of expertise, educational, social care, health and pastoral care.

Bracewell (2011) proposed that both TAs and teachers who participated in the study viewed their role positively and believed 'they had great responsibility for promoting wellbeing'. Bracewell (2011) who conducted an anonymous survey disclosed that certain staff reported their worries in relation to the suitability of their roles. In comparison with teachers' overall scores, TAs' overall scores for suitability were lower. This may indicate that TAs may see their role as unsuitable in supporting CYP's mental health. Furthermore, Tucker (2009) discusses the challenges that the TAs face as they attempt to 'carry out many jobs that were once the sole remit of the teacher' (Fraser & Meadows, 2008). Groom and Rose (2005) did not discuss about the suitability of TAs responsibilities, however, they mentioned that SENCOs and support staff are highly skilled in supporting CYP's mental health as they are highly involved in the provision and inclusion of CYP. Within the literature, suitability of the TA role is limited and not explored thoroughly, nevertheless, it has been identified by several studies that the TA role is challenging, in relation to supporting CYP's mental health or wellbeing (e.g., Lee, 2016; Moran & Abbott, 2002). In summary, research demonstrates that TAs have a key role in supporting CYP's mental health; the challenges that TAs face are also acknowledged as Burton and Goodman (2011) highlight that 'while support staff and SENCOs are key to the inclusion of students with BESD and their skills should be recognised, too great a dependence on these non-teaching staff for the inclusion of BESD students is likely to compromise the education of this underserved populations'. TA role is acknowledged as challenging and stressful (Burton & Goodman, 2011) and there is a likelihood that TAs themselves may hold some concerns about their role.

The TA role identified as challenging and stressful highlights the gap in the literature of TAs own views of their experiences.

## Training

Training seems to be a prominent theme in the research; training is highlighted as an important contributor to effective TA practice, however TAs identified practical barriers that meant they were unable to access training, including the cost of training and that schools were unwilling to release TAs to attend (Cockroft & Atkinson, 2015). Furthermore, Cajkler et al., (2007) reviewed a range of important issues and questions concerning the nature, availability and appropriateness of the training offered to TAs within their systematic review. Research demonstrates that policy on training TAs has not been effectively coordinated with opportunities relatively untargeted (Tucker, 2009). TAs have described the sources of their skill development, which included support from teachers, between colleagues and from external professionals (Cockroft & Atkinson, 2015). Nonetheless, this research used a case study design which meant that the TAs who participated in the study worked at the same school, thus it is difficult to generalise their experiences. However, in wider-scale studies involving a range of TAs from different settings, TAs have previously reported lower levels of satisfaction with the training and development opportunities available to them (Blatchford et al., 2009). From the literature, it could be argued that there is an obvious and evident need for TAs to receive training for supporting CYP's mental health. Shearman (2003) suggested that as TAs were often people from the local community (e.g., parents), they did not necessarily have the skills to cope with the demands of working with children with complex difficulties and they did not always receive training to do this (Conboy, 2020).

## Relationship with CYP

Research (i.e., Conboy, 2021) highlights that relationships are an important factor in TAs role in supporting CYP's mental health; additionally, relationship building was also vital from CYPs perspective in that Tucker (2009) reported children tend to look to the TA for help and support in times of difficulty (Cable, 2003) and the importance of a befriending function emerges. A survey conducted on behalf of the DfE (NatCen, 2017), found that the relationship developed between children and support staff was important to provide effective support for CYP's mental health. Additionally, staff in Burton and Goodman's (2011) research believed that having a nurturing environment with caring adults was important for children with BESD. Another feature of the role related to establishing and maintaining relationships were, motivating pupils (Moran & Abbott, 2002); mentoring (Groom & Rose, 2005); and developing confidence and self-esteem (Burton, 2008; Groom & Rose, 2005). The importance of listening, and children having someone to talk to, was also regularly referred to in the literature (Bracewell, 2011; Burton 2008; Groom & Rose, 2005; Kidger et al., 2009). Besides, Littlecott et al. (2018) interviewed staff from four secondary schools and identified that support staff were seen as having a unique role in supporting the mental health of their students. This was due to their status as being different to the class teacher, having more knowledge of children's backgrounds and home circumstances, and having more capacity to spend time with children one-to-one. They saw this as key to providing mental health support to children. This proposes that TAs may, by the nature of their role in schools, be in a unique position to support CYP's mental health than other staff members such as teachers.

## Working with Parents

TAs working in collaboration with parents in supporting CYP's mental health was a theme that emerged in several studies. Groom and Rose (2005) highlighted that parental involvement is important for including pupils with SEBD but do not specifically name TAs' role in this. Burton and Goodman (2011) described in detail the role of support staff in liaising with parents; their research which was completed in a secondary school found that communication between parents and school is recognised to be particularly important in a child's education as it is known to be positively linked with attainment and wellbeing (DCSF, 2007). Support staff mentioned that they were more accessible and approachable when compared to teachers.

#### Teaching Assistant Status in Schools

TA status in schools was also a noteworthy theme within the literature as several studies highlight that TAs roles are undermined or undervalued. Burton and Goodman (2011) research suggest that support staff who participated in their study often reported feeling unappreciated in their roles and raised concerns over not being treated with the same respect as teaching staff. The support staff in Burton and Goodman's research reported that there was a sense among the support staff that their role is not perceived by other staff as being important and that there was little understanding of how difficult their roles actually were. This was also prominent within Bradwell and Bending's (2021) research, where although TAs felt needed by teachers, they discussed their lack of voice. In other research, TAs wanted more recognition for what they did, stating that they had a lot of responsibility and often worked in excess of their contracted hours (Cockroft & Atkinson, 2015; Roffey-Barentsen & Watt, 2014).



## **Supporting Children and Young People's Mental Health: The Key Role of Teachers**

Research on TAs' views and experiences in supporting CYP's mental health has been limited; instead, most of the research has explored teachers views and experiences in supporting CYP's mental health. Regardless, TAs and teachers work together in classroom settings and tend to work closely to support CYP. It is acknowledged that teachers view in supporting CYP's mental health is not closely linked to the research topic, however, in exploring this specific literature area will help to understand the current research in exploring TAs views and experiences around supporting CYP's mental health.

Teachers play a crucial role in CYP's mental health, as they create supportive classroom environments, implement targeted support, and develop secure, trusting relationships which offer support and guidance (Myers & Pianta, 2008; Roffey, 2008; Stoll & McLeod, 2020). Hattersley (2023) reported that Hanley et al. (2017) recommends teachers adopt an ecological approach when promoting CYP's mental health, considering issues within multiple contexts and systems whilst also considering the impact of local and national policies and practices. This, however, could create confusion around role boundaries, as it may be unclear where the teacher's responsibility ends and other professionals should step in (Hattersley, 2023). This has led to a call from school staff for clearer boundaries and role definitions (Mælen et al., 2018), to create clarity around teacher responsibility. Furthermore, Hattersley (2023) suggests that teacher mental health must also be considered, as teachers' capacity to support CYP's mental health is likely to be linked to their experiences of occupational stress which impact their ability to support children (Kush et al., 2021). Kidger et al. (2010) recommend teachers are part of a school culture which encourages them to

seek guidance and support for their own mental health to enhance their capacity to support children.

### Environmental Factors

Hattersley's (2023) study found that teachers discussed the complex interaction of societal, economic and cultural factors which impact CYP's mental health, and how the multiple environments that CYP inhabit can have both a positive and negative impact. For example, teachers discussed their belief that children who live in disadvantaged areas encounter environmental stressors linked to poverty which adversely affects their mental health. They also shared their sense of responsibility to create a safe, inclusive classroom environment to support CYP's mental health. The current school system was seen as potentially damaging to the motivation and self-esteem of those CYP who do not experience academic success. It was suggested that teachers strike a delicate balance between providing a good education and putting excessive pressure on CYP which risks creating a sense of failure. Two teachers discussed the potential positive and negative impact of diagnostic labels. On one hand, they felt a diagnostic label is the key to creating empathy and helps the teacher make sense of a child's needs. On the other hand, children with a label could be viewed as defective which could be stigmatising for the CYP. Regularly using mental health language in the classroom was seen as positive, as this could reduce stigma and normalise experiences. Some teachers considered the prevalence of mental health language in society and considered how overexposure to mental health language and labelling could create anxiety and develop vulnerability in CYP (Hattersley, 2023).

## Relational Approach

Teachers recognised the fundamental role relationships play as a protective factor for CYP's mental health Hattersley (2023). Teachers described implementing a relational approach, based on trust, acceptance and understanding, and utilising the power of talk as a tool to encourage discussion to address mental health difficulties. All teachers discussed the vital role they play in early intervention of mental health difficulties. They discussed how developing a community of supportive, nurturing relationships around CYP, both inside and outside school, is a significant protective factor for CYP's mental health.

## Emotional Experiences of Teachers

Teaching has been described as a "profoundly emotional activity" (Kinman et al., 2011, p.1), and previous literature suggests that this is a key theme for school staff when exploring their role in supporting CYP's mental health. Within their research, Kidger et al. (2010) found that teachers' felt their own mental health needs were often neglected; this was due to the emotionally draining nature of teaching, and additional pressures such as paperwork, targets, inspections and lack of time.

Hattersley (2023) explored the impact that teachers can have on CYP's mental health, through the range of support they might provide, as well as their attitude towards mental health. They considered the emotional impact this can have on teachers and the pressures they face when supporting children's mental health. This was linked to areas of support teachers could be offered, such as training, coaching and supervision. Teachers described how they must value supporting mental health and

understand the link between mental health, behaviour and learning. They felt teachers should be open to developing their knowledge and awareness of mental health problems. Teachers also considered how they often feel consumed by the role and unable to “switch off”, as they feel it is their responsibility to solve CYP’s mental health problems, despite not possessing enough mental health knowledge. This can create anxiety, as they are torn between classroom responsibilities. The role of the teacher was regularly conceptualised as “unmanageable”. Furthermore, teachers feel pressure to appear strong, steady, and resilient, which can lead to difficulties with their own mental health. It was highlighted that emotional support and validation is crucial to address the mental health problems teachers experience. They also recognised their need for more tailored training and support linked to everyday classroom situations, delivered through “coaching” rather than generic training. One teacher felt that coaching to have difficult conversations with children could improve their confidence and the support they feel able to offer (Hattersley, 2023). Due to the interviews being conducted at the end of a difficult year for teachers, due to the ongoing impact of the COVID-19 pandemic, which could have affected how teachers perceived and discussed CYP’s mental health. Additionally, the participant sample was four teachers which may not be generalisable for all teachers. Nevertheless, this research provides some insight into how the experiences were viewed by the teachers.

## **Rationale**

Research indicates that TAs have a significant key role in supporting CYP’s mental health in schools, even though there is a lack of government guidance or recognition of the role. With teachers’ roles dominated by the pressure to meet government curriculum targets (Galton & MacBeath, 2008), the responsibility of effectively

including this group of CYP falls heavily on support staff, along with SENCOs. TAs experiences and views in supporting CYP's mental health are often lacking in the literature which means there is limited knowledge around how TAs see their role and the implications that affect their practice. Additionally, TAs' views in relation to CYP's mental health are underrepresented in the current research undertaken in the UK when compared to the views of teachers and parents. Research demonstrates that TAs largely work with CYP with SEND (Skipp & Hopwood, 2019). Research again demonstrates that CYP with SEND are more likely to experience mental health difficulties (NHS Digital, 2018) which may mean that TAs are working directly with CYP with mental health needs. The current research therefore emphasises the need to explore TAs' experiences and views in supporting CYP's mental health. Since there is a higher rate of mental health disorders experienced in adolescents, the commonness of disorders in younger children in England seems to be increasing (NHS Digital, 2018). As the mental health difficulties in CYP are on the increase, early intervention and prevention are vital in supporting CYP's mental health especially in primary schools. As a result, the current research aims to explore the views of TAs in supporting CYP's mental health in primary schools and examine the factors that might contribute TAs practice. The outcome of the current study will contribute to the shared knowledge of understanding the contributing factors to TAs practice in supporting CYP's mental health. Accordingly, the outcome of the study will also benefit professionals such as EPs and schools as it will enhance their knowledge on how to best support school and support staff who are supporting CYP's mental health.

## Chapter Two: Empirical Paper

### Abstract

Concerns have continued to grow in recent years regarding the mental health (MH) of CYP (children and young people), with mental health disorders impacting 1 in 6 six-to-16-year-olds (NHS Digital, 2021). In recent decades, fostering mental health has become an integral part of schools' responsibilities which is evident in Every Child Matters (DfES, 2003), underpinned by the Children's Act 2004. School teaching staff such as teachers and Teaching Assistants (TAs) are ideally placed to recognise early indications of issues with mental health, stressing they 'see the children day in day out, they know them well and are well placed to spot changes in behaviour that might indicate a problem' (Trudgen & Lawn, 2011). Previous research has emphasised teacher's voices on supporting CYP's mental health, there is however a lack of research in the UK which elicits the voices of TAs when supporting CYP's mental health. The present study explored the views of eight TAs in their role of supporting CYP's mental health in UK mainstream primary schools. Semi-structured interviews were conducted which were analysed using Thematic Analysis (TA). Although each participant had their own unique experience, five main themes emerged from the analysis: 'experiences of working within the systems', 'defining children and young people's mental health and teaching assistants' own mental health', 'how teaching assistants support children and young people's mental health', 'partnership with parents' and 'training'. The findings highlight the key contribution of TAs in supporting CYP's mental health and the factors that impact this. The findings also demonstrate that the factors that impact on the practice of TAs, also impact on their role in supporting CYP's mental

health. Overall, the participants believed that they supported CYP's mental health in a variety of ways and explicitly referenced the close relationships that they formed with CYP. These findings are relevant to educational professionals (including EPs and schools), so that they are better equipped when supporting CYP's mental health. Key implications and areas for future research are identified.

## **Introduction**

### National Context

Research has found that the scale of mental health difficulties in the UK for CYP is potentially higher than previous estimates as mental health disorders currently impact 1 in 6 six- to 16-year-olds (NHS Digital, 2021). The 'Transforming CYP Mental Health: Green Paper' (DoH & DfE, 2017) identified that 'children with persistent mental health problem(s) face unequal chances in life' and therefore called for national action in reaction to this social justice issue. In response, the government proposed a new mental health workforce to improve timely access to services (DoHSC & DfE, 2018).

The increase of mental health disorders highlighted by NHS Digital (2021) is reflected in an increase of referrals to Child and Adolescent Mental Health Services (CAMHSs) (Crenna-Jennings & Hutchinson, 2018); research highlights that CAMHS often lacks the funding to respond to needs of CYP's mental health (House of Commons Health Committee, 2014). Increased demand in CYP's mental health support has resulted in high threshold criteria and little or no follow-up for CYP who do not meet the criteria (Crenna-Jennings & Hutchinson, 2018). The lack of available support for all CYP's mental health from the NHS has arguably resulted in schools being cited as a resolution for supporting this (Humphrey, 2018).

## Defining Mental Health

There are complications surrounding the definition of 'mental health' and the use of various labels within the literature to refer to mental health e.g., disorder/difficulties/conditions. Mental health difficulties are commonly referred to as 'disorders' in diagnostic manuals (e.g., American Psychiatric Association, 2013) and in research that considers their prevalence. Some have argued that the use of 'disorder' is stigmatising (e.g., in 'autism spectrum disorder'; Baron-Cohen et al., 2009) and that 'condition' is a more appropriate term (Conboy, 2020). Other leading mental health charities, such as the Mental Health Foundation (n.d.) prefer to use 'mental ill health'. Although these views have been reviewed, 'disorder' is currently used most commonly to refer to diagnoses of mental health difficulties. However, to explain the prevalence of mental health, the term 'difficulties' will be used within the current research. Additionally, rather than attempting to make clear distinctions between 'mental health difficulties' and 'mental wellbeing', the present study assumes that both exist on the opposite ends of a continuum (Ekornes, 2015; Murphey, Barry & Vaughn, 2013).

## Defining Teaching Assistants

Similarly, defining teaching assistants has its own complexities. The current research will use the term teaching assistant (TA) as the term extends to other titles such as Special Educational Needs TA, Learning Support Assistant and Classroom Assistant. The term TA has been chosen for use within the research as it is the term used by the DfE. There is limited information produced by the DfE in describing the TA role. UNISON et al. states that the term 'includes staff based in the classroom for learning



and pupil support' and that they should 'work with teachers to raise the learning and attainment of pupils while also promoting their independence, self-esteem and social inclusion' (2016, p. 5). Recent research into the deployment of TAs in schools found that TAs were being deployed in three broad ways: whole-class support; targeted in-class learning support, and targeted intervention delivery (Skipp & Hopwood, 2019). The researchers also found that TAs were also deployed for tasks including additional support for pupils with SEND, wider roles in the school (such as lunch cover or breakfast clubs) and supporting classroom administration. However, TA deployment varied between schools (Conboy, 2020).

### Mental Health and Education

Schools are named as being a setting for early intervention for CYP's mental health (Durlak et al., 2011) and guidance and initiatives stress the importance of a whole school approach (Weare, 2015). NHS Digital (2018) reported that when parents had concerns or worries about their child's wellbeing, almost half contacted a teacher for help, indicating that many parents also believe that schools have a role to support CYP's mental health (Conboy, 2020). The area of mental health has become an area of importance for the Department for Education (DfE) over the past 20 years and continue to do so, as there are increasing numbers of mental health difficulties experienced by CYP.

There is a lack of information about the role of support staff (i.e., TAs) in relation to mental health in schools. NHS Digital (2018) stated that two thirds of children with a mental health disorder had contact with a 'professional service' in the past year because of concerns about their mental health as an available support; teachers were

the most frequently named source (48.5%). Only one quarter of children received help from a mental health specialist. With long waits for CAMHSs (Care Quality Commission, 2018), it is likely that teachers and support staff are supporting CYP's mental health in their absence. Indeed, research suggests that teachers and support staff describe a societal expectation that they will support students' wellbeing (Shelemy et al., 2019). It seems that both the government and families are asking, and to some extent relying upon, school staff to support CYP's mental health (Conboy, 2020). It is therefore significant to consider research into school staff's views and experiences of mental health in the classroom to better understand this area.

### The Key Role of Schools and TAs

As research highlights that schools are the most suitable settings that provide CYP with mental health services, it is suggested that they are convenient and accessible for CYP and families (Bringewatt & Gershoff, 2010; DfE, 2014b; DoH, 2014a). The DfE (2014b) advises schools to promote mental health and resilience for all CYP and to utilise appropriate resources in order to identify and respond to mental health difficulties on time. There is a wealth of evidence which demonstrates direct causality between social and emotional skills and psychological and academic outcomes (Gutman & Schoon, 2013). Therefore, universal programmes such as the SEAL programme have been implemented in schools to promote mental health (Humphrey et al., 2010). The research indicates that preventative strategies such as SEAL are the most cost-effective way of improving mental health outcomes (Brown & Taylor, 2008). Research also indicates that TAs are believed to be well placed to support children's mental well-being (Danby & Hamilton, 2016). Additionally, research suggested that TAs enjoyed their roles and undertook a range of responsibilities (Hammersley-

Fletcher & Lowe, 2011; McVittie, 2005). It was recognised that TAs can undertake work such as planning, teaching and assessing (Graves, 2014) and working with both individual pupils and groups (Hammersley-Fletcher & Lowe, 2011; McVittie, 2005). TAs supporting academic achievement was seen as their primary role by children (Wren, 2017). In addition to TAs supporting CYP's learning, TAs also support CYP's mental health. Groom and Rose (2005) found that for CYPs, head teachers saw TAs as having a role in pastoral support, enhancing social skills, lunchtime groups, emotional literacy support and promoting classroom rules and expectations. Consequently, the literature proposes that there are two main roles for the primary school TA. It seems that TAs have an important role in supporting CYP's learning, both in one-to-one and group situations. Additionally, TAs form relationships with CYP that allow them to understand and support their mental health (Conboy, 2020).

Recent government initiatives have highlighted an emphasis on both primary and secondary schools to promote the mental health of CYP; this has become a priority for the DfE (2018c) and continue to do. Past research has focussed on the experience of teachers approaching the mental health needs of CYP and there is a lack of research into the perspectives of other staff members, such as TAs on this topic.

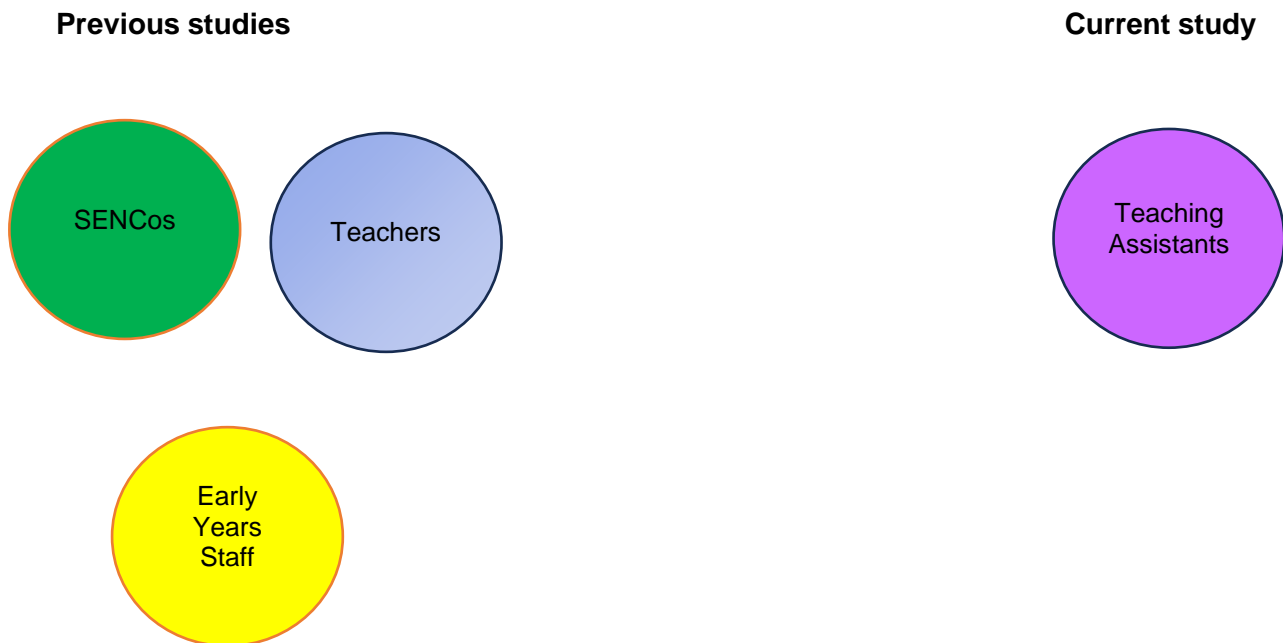
Given the national context of the current research, it is paramount that the researcher examines the experiences of this underrepresented group.

## **Aims and Rationale for the Current Study**

The national and political interest in CYP's mental health and the variety of evidence supporting the advantages of early intervention and education, provides a clear rationale for the exploration of TAs' views in relation to CYP's mental health. TAs' views about CYP's mental health are underrepresented in the current research undertaken in the UK when compared to the views of teachers and parents. This research thus aimed to address this shortcoming. Therefore, the current study aims to explore the views of TA's in supporting CYP's mental health within primary settings. The purpose of undertaking this research is to develop an understanding of how TA's view their role in supporting CYP's mental health and to reflect on future implications for primary settings and EP practices in relation to the promotion of mental health for primary children.

## Figure 4

### *Aims of the current study*



Three main aims for the current study were identified following a review of the literature. The first aim was to elicit TA's views in relation to supporting CYP's mental health. The second aim was to explore how TA's conceptualise mental health. This includes their knowledge, beliefs, attitudes and understanding of mental health in the context of primary education. The final aim is to explore what current and future training opportunities are required in this area.

The central research question that this research seeks to answer from the perspectives of the TAs was:

What are the Teaching Assistants' views on supporting children and young people's mental health?

Sub-questions:

1. What do the Teaching Assistants understand by the term 'mental health'?
2. What training/support have Teaching Assistants received to help them in supporting children and young people's mental health? What kind of further support/training would they like to see?

These questions have purposely been kept wide. This is in line with the researcher's ontological and epistemological position (constructivism), as well as the aim of this research, which is to hear and empower the experiences of the TAs, in their own words.

### **Theoretical Frameworks**

There are several psychological theories and concepts which are relevant to the current research. However, the following theories were identified as particularly suitable: Ecological Systems Theory and Attachment Theory.

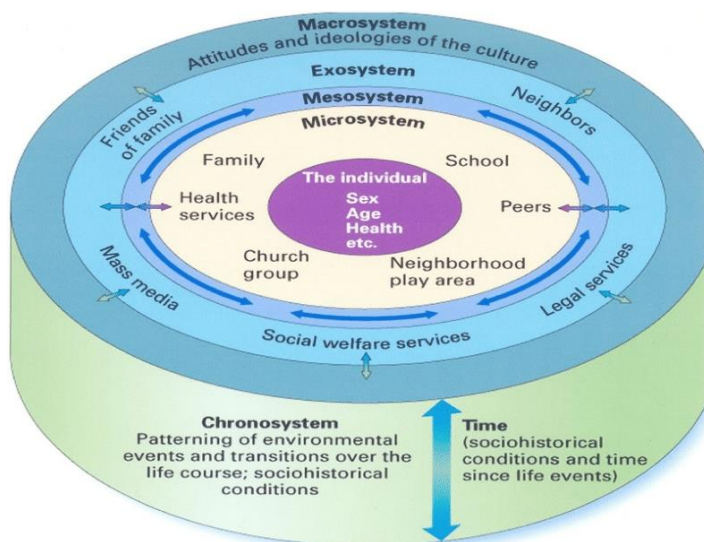
### **Ecological Systems Theory**

Bronfenbrenner (1979) argued that 'conception of the developing person, of the environment, and especially of the evolving interaction between the two' (p. 3) impacts CYP's development over time. EST (as illustrated below) suggests that there are several interconnected concentric environmental systems around a child or young person

(Bronfenbrenner, 1979). The closest concentric system to the individual is the microsystem, which refers to the individual's immediate settings such as family and school. The following system is the mesosystem which represents the relationships between the microsystems such as the relationship between family and school. The exosystem describes structures which indirectly influence the child or young person such as their parents' workplace. Although the child is not part of this structure, it still may have an indirect impact on them. The macrosystem encompasses attitudes and ideologies of culture. Finally, the chronosystem describes environmental changes over the lifetime. Although the current research intends to focus on TAs' views on supporting children and young people's mental health, it is accepted that mental health is influenced by influences and events that occur within CYP's microsystems (such as school and family).

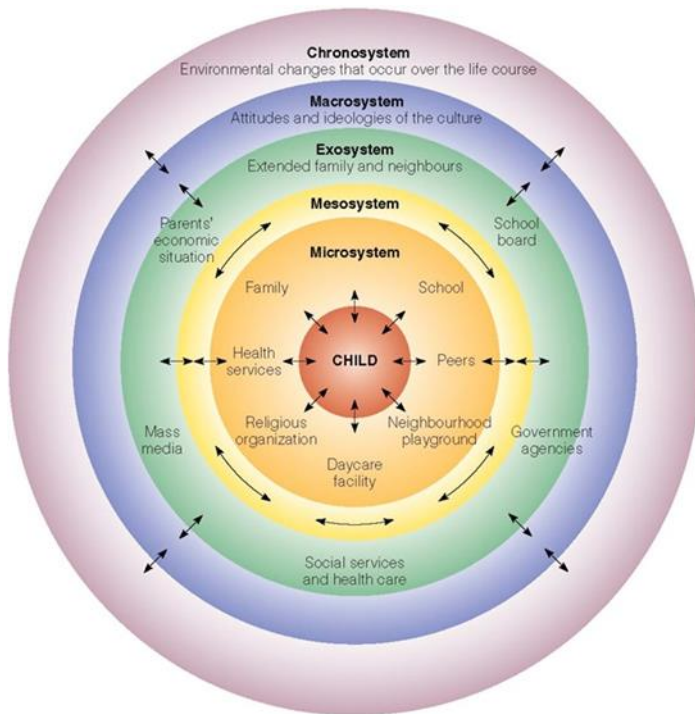
**Figure 5.1**

*Bronfenbrenner's Ecological Systems Theory (1979)*



**Figure 5.2**

*Bronfenbrenner & Ceci's Bioecological Model of Human Development (1994)*



The ecological view has been suggested as a valuable method in understanding CYP's mental health, considering the bidirectional relationships and impact between the systems around the CYP (Leduc et al., 2022). Much of the recent literature has used Bronfenbrenner's (1979, 2000) ecological systems theory (EST) (Figure 5.1), and Bronfenbrenner and Ceci's (1994) bioecological model of human development (Figure 5.2), to enable a holistic understanding of the difficulties around CYP's mental health. As demonstrated in Figure 5.1, the EST focuses on the systems around the individual and the bidirectional relationships between the systems impacting the individual and each other. Figure 5.2 demonstrates how Bronfenbrenner and Ceci's (1994) model can be used to illustrate how these systems may impact each other when considering the concept of CYP's mental health. It shows the significant impact of systems on the individual and each other. The use of this approach enables the perspective to be shifted from a 'within child' problem to a consideration of the close links with, and impact of, the systems and environments around the child. Additionally,



whilst these theories include the systems around the child, they do not disprove the important cognitive and individual factors that can impact mental health, more they reflect the responses to these factors widening how they can be addressed. Using the EST model to understand CYP's mental health can allow the systems to collaborate and work together to promote positive responses. It can enable school staff and those around the CYP to consider the multiple factors on each level that not only have a negative impact. Bronfenbrenner's EST (1979) has been used to structure the literature review due to the perspective of some of the older literature, and as it provides a framework to understand CYP's mental health which is influenced by the interaction between different systems surrounding CYP's mental health. The latest EST model places additional emphasis on the role of individual cognitive and bioecological factors, alongside environmental systems. The bioecological model considers the dynamic relationship between the CYP's developmental processes and the external systems, making it more suitable for interpreting the complex, real-life experiences of CYP with mental health difficulties. By incorporating both individual and systemic factors, this later version of the EST suggests a greater exploration of how specific variables within these systems may influence CYP's mental health.

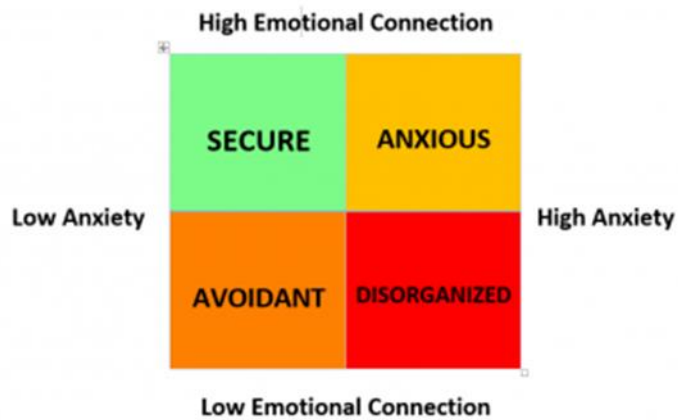
### **Attachment Theory**

Attachment theory might help to understand TAs' relationships with CYP. It may also explain how being a parent and taking up a parental role, could assist TAs in their support of children's mental health. Attachment theory depicts the initial relationships that develop between an infant and their carer (Bowlby, 1980). Having experienced

this attachment with their own children, TAs may feel they are developing similar relationships with CYP in school. Bowlby (1998) postulated that parents act as a secure base that helps a child make sense of their world, while simultaneously providing a place for the child to return to where their emotional and physical needs will be met. In a school environment, TAs might potentially act as this secure base to help a child make sense of their learning environment while simultaneously meeting the emotional and physical needs of the CYP. Additionally, Geddes (2006) explained that an element of attachment theory is that adults help children to process their emotional experiences; having sensitive attunement to the child's emotions and helping them regulate stress. The close relationships and attachments that TAs develop with children may allow them to support this effective attunement. Finally, attachment theory can be applied to the concept of TAs as a silent support; the idea that TAs could provide emotional comfort for the child with just their presence. Attachment theory describes that once a child has embedded an attachment figure in their experience, and knows that they will return, the child can hold the carer 'in mind' (Geddes, 2017, p.39). In the role of a silent support, a TA could provide a comforting attachment that the child can hold in mind during their school day; knowing that they can return to this secure base when needed (see figure 6 for the attachment styles model).

**Figure 6**

*Bowlby and Ainsworth's Four Attachment Styles Model*



## Methodology

### Ontological and Epistemological Stance

Ontology refers to the way reality is understood while epistemology addresses how knowledge comes to be known, therefore, both inform how research is designed, and interpreted (Richards, 2003). Carter and Little (2007) argue that the researcher's ontological and epistemological stance is a fundamental component of research as it plays a direct and key role on the methodology chosen, and in turn, the methods used to gather data. Ontology is concerned with the nature of reality whereas epistemology is concerned with the nature of knowledge (Willig, 2013). There are several ontological and epistemological positions which a researcher may adopt. These positions are on a continuum from absolute realism (objectivism) through to absolute relativism (and subjectivism) (Willig, 2013). Constructivism was adopted as the ontological and epistemological position for this research. Constructivism is founded on the premise that an individual's understanding is based on their life, which affects the meanings that they ascribe (Creswell, 2009). Individuals construct their own understanding of the

world through interactions between their existing beliefs and experiences (Ültanir, 2012). The aim of this stance is to explore personal perspectives rather than a general, universal view (Cohen et al., 2018). Creswell and Plano Clark explain that researchers with a constructivist worldview aim to understand a phenomenon 'through participants and their subjective views' (2007, p.22). Further, they state that 'when participants provide their understandings, they speak from meanings shaped by social interaction with others and from their own personal histories.' (Creswell & Plano Clark, 2007, p.22). Constructivism posits that learning is an active, constructive process. The individual is an information constructor and that individuals actively construct or create their own subjective representations of objective reality. New information is linked to prior knowledge, meaning that mental representations are subjective. This therefore means that constructivist researchers do not necessarily accept a shared understanding of the same experience or event. As mentioned above, constructivist stance points that individuals create their own worldviews or constructs of a phenomena. Constructivists argue that within research, there are many participants (and a researcher) therefore there are many realities (Robson & McCartan, 2016). Constructivism therefore provides the basis for the current research so that the researcher could explore the complex elements that are involved in understanding individual TAs' views around CYP's mental health. With the constructivist stance, the individuals' (the TAs') own beliefs, as well as their current and past experiences, were explored together.

### **Qualitative Methodology**

The researcher, from an ontological and epistemological position in constructivism, chose a qualitative design to employ qualitative methods in order to explore the research questions. A qualitative design allows the researcher to closely explore and

examine the data within a specific context. Other research designs were considered, such as action research, however a qualitative design allowed the researcher to investigate the research questions which focused on exploring concepts (mental health) within a specific context (primary schools), within a currently limited area of literature. More specifically, Thematic Analysis (TA) was selected. TA is considered to be theoretically flexible and seeks to produce common themes from the data, while recognising that different perspectives of a shared reality exist, shaped by cultural, social and historical experiences (Willig, 2013; Braun & Clarke, 2006). This approach was chosen by the researcher to analyse the interview data in order to “provide a rich and detailed, yet complex, account of data” (Braun & Clarke, 2006, p.78). Additionally, TA has been chosen as it intended to explore the experiences of primary school TAs and their views when supporting children and young people’s mental health. This is an under-researched area therefore an exploratory approach was essential. TA provided the opportunity for participants to speak extensively about their experiences. Moreover, TA is supportive to the epistemological and ontological positions of this research. Through exploring and interpreting TAs’ views in this way, it allowed for a constructivist approach which considers that the individual’s experience of their role in supporting children and young people’s mental health is based on their own previous and current experiences.

TA can provide flexibility for recognising and recording patterns within qualitative data which can be seen as an advantage; however, this advantage can be easily perceived as a disadvantage (Braun & Clarke, 2006, 2022). TA has been criticised for its subjectivity and vulnerability to researchers with preferred outcomes (Braun & Clarke, 2006); this means that a researcher can interpret the data as they would like. To avoid having

a preferred outcome, the researcher followed the guidance of Braun and Clarke (2006) which had a detailed explanation of how the analysis was carried out. The researcher also read the transcriptions numerous times before noticing any patterns which were highlighted within the data. These patterns were coded and post-it notes were used to construct the initial themes and subthemes; the identified themes represent the analysis of the data of the research and anonymous illustrative quotes have been included. An example of one of the coded transcripts can be found in Appendix 8.

## **Participants**

### **Recruitment**

The recruitment process for the current study involved advertising the study on social media platforms such as Facebook groups for Teaching Assistants, Educational Psychology UK Doctoral Applicants, and SENCos. Initially the researcher tried recruiting via the Local Authority by sending emails asking the Educational Psychologists to forward the advertisement of the study (see Appendix 4 for the research advertisement) to school headteachers, however there was only one response from a TA who was from a special school; the researcher then re-applied to ethics for the research to be national. Once ethics was approved, the researcher posted the study (with the consent from the platform administrators) and received significant interest to the study. Purposive sampling was employed in the research as a means to recruit participants. Purposive sampling is a technique widely used in qualitative research for the identification and selection of information-rich cases for the most effective use of limited resources (Patton, 2020). This is appropriate for the practice of thematic analysis, the

research question, and the epistemological and ontological position of the research. Participants were recruited based on the basis that they could provide a perspective on the particular phenomenon being studied (Smith et al., 2009); namely, the lived experiences of being a TA. This sampling method is particularly suitable for exploratory research (Neuman, 2006). Table outlines the participant inclusion criteria

**Table 1**

*Participant inclusion criteria and justification*

<b>Participant inclusion criteria</b>	<b>Justification for criteria</b>
1) Participants currently working in a primary setting in England.	Participants needed to be from one country to further support homogeneity by enabling a relatively matched socio-environmental context and job role, rather than the specific school environment.
2) Participants do not have to have a specialist post working within mental health schools.	It is assumed that due to the high prevalence of mental health conditions within schools, the majority of TAs working within English schools will come into contact with CYP's experiencing mental health difficulties.
3) Teaching Assistants roles were recruited as part of the research.	The participants chosen were TAs in mainstream primary schools. A TA can be referred to by various role titles, therefore participants could include those working in a supporting classroom role but under a different job title (e.g., ELSA's).

## **Participant Characteristics**

In total, eight teaching assistants took part in this study (see table 2 for further information about the participants' characteristics). Although the sample size may appear small, Smith et al. (2009) guidance suggests that the optimal number of participants for doctoral research is between four and ten. All TAs were recruited from social media who showed interest when they saw the advertisement of the research; all participants were from different areas of England. Each participant in this study was given a pseudonym of a name of their own choice that they would like to use.



**Table 2** Participants' Characteristics

<b>Name (pseudonym)</b>	<b>Job Title</b>	<b>Number of Years in Role</b>	<b>Type of School</b>	<b>Location</b>	<b>Training on Mental Health</b>	<b>Length of interview (in minutes)</b>
Sarah	SEN TA	Over a year	Primary	South West England	No	58
Erik	TA	3 years	Primary	London	Level 2 Children and Young People's Mental Health course	63
Ayla	TA	3.5 years	Primary	London	No	50
Lillie	TA	10	Primary	West Midlands England	Mental Awareness course	37
Rachel	HLTA, Senior Mental Health Lead, Attendance Officer and Safeguarding	18 years	Primary	Northwest England	Mental Health First Aid, Senior Mental Health Lead training	28
Elizabeth	TA	17 years	Primary	West Midlands England	Children's Mental Health course	60
Chloe	SEN TA, HLTA	17 years	Primary	East Midlands England	Mental Health Awareness course, Mental Health First Aid course	38
Heather	TA	20 years	Primary	Eastern England	No	36

## **Data Collection**

### **Semi-Structured Interviews (SSI)**

For data collection, semi-structured interviews were employed. This method of data collection fits well with thematic analysis as it invites “participants to offer a rich, detailed, first-person account of their experiences” (Smith et al., 2009, p. 56). This is key given the lack of research which centres the voices of teaching assistants and their experiences of working with CYP’s mental health. SSIs were chosen because they give a voice to the teaching assistants thereby empowering them (Humphrey & Lewis, 2008), enable the researcher to build rapport with the participant (Cridland et al., 2014) and allow the participant to direct the interview thus providing them with agency (Huws & Jones, 2015). An interview schedule was created in order to elicit the views of teaching assistants in a non-judgemental way (Pavlopoulou & Dimitriou, 2019). This was achieved by devising open-ended, short and neutral questions. In line with recommendations by Smith et al. (2022), the interview schedule included different types of questions such as descriptive, contrast and evaluative questions.

Once the interview schedule was created by the researcher, it was discussed and reviewed with the research supervisor which included a series of questions exploring three key areas: how TAs’ conceptualise mental health, TAs’ views in relation to supporting CYP’s mental health and current and future training opportunities in this area. Exploring these three areas enabled the researcher to obtain a holistic and rich picture of participants’ views and experiences. With semi-structured interviews there is flexibility when moving between pre-determined questions (Zhang & Wildemuth, 2009),

they therefore allow for flexibility within data collection. Additionally, this approach allows the researcher to use non-verbal information to guide the interview; for instance, if a participant is feeling uncomfortable with a certain topic (Smith et al., 2009), hence mental health can be a triggering subject.

At the beginning of the interviews, the researcher explained the purpose and structure of the interview. Participants were encouraged to direct the conversation and prompt questions were only used when further information was required. The researcher also tried to expose the obvious as suggested by Smith et al. (2022) by asking seemingly obvious questions rather than inferring/assuming. Moreover, one of the last questions in the interview schedule gave participants the opportunity to add anything that they deemed relevant to the interview. The considerations outlined above enabled participants to share their voices and experiences, while attempting to reduce the researcher's influence as much as possible.

Semi-structured interviews were used to obtain data from participants. One-to-one interviews provided the researcher with the opportunity to build rapport with the participants with the aim of acquiring rich information (Reid et al., 2005). With semi-structured interviews there is flexibility when moving between pre-determined questions (Zhang & Wildemuth, 2009), they therefore allow for flexibility within data collection. Additionally, this approach allows the researcher to use non-verbal information to guide the interview; for instance, if a participant is feeling uncomfortable with a certain topic (Smith et al., 2009). It can be said that the quality of data produced in semi-structured interviews depends on the rapport that is established between the inter-

viewer and interviewee. Willig (2013) states that the ambiguous nature of semi-structured interviews can disrupt the rapport that is built in the interview; for instance, during actions that make the researcher's role apparent (e.g., attending to the recording device). The researcher was aware of this during the interview process, analysis and interpretation. This was taken into consideration by being reflexive about the researcher's impact on the interviews. Additionally, it was believed that the researcher's experience of working with this client group in the Trainee EP role would facilitate the ability to build rapport with participants. The researcher planned time at the beginning of the interview to inform the participant that the interview hoped to elicit their experiences and that their opinions were important; hence, the interviewer would 'say very little' (Smith et al., 2009, p. 64). The researcher hoped that this transparent nature of the interview process would further help to build rapport.

All participants were interviewed via the online platform Microsoft Teams using a video call recorded to enable accurate transcription to be completed following data collection; thus, this provided flexibility in terms of their working hours as a teaching assistant and agreeing on a time that worked for them. Interviews were conducted between September 2023 and December 2023. The length of the interviews varied between 28 minutes and 63 minutes. However, on average, interviews lasted 46 minutes. All interviews were audio- and video-recorded which were then deleted following successful transcription.

## **Developing the Interview Schedule**

To develop an interview schedule, the guidance in Smith et al. (2009) was followed. Smith et al. describe that 'an interview is largely to facilitate an interaction which permits participants to tell their own stories, in their own words. Thus, for the most part, the participant talks and the interviewer listens.' (2009, p. 57). Therefore, interviews should be led by the participant with the interviewer encouraging the participant to explore their experiences. To facilitate this, it is suggested that interviews start with a question that encourages the participant to recount a descriptive episode or experience (Smith et al., 2009). Additionally, questions should be open; they should not be leading or make assumptions about the participant's experience. Following this guidance, an interview schedule was created to elicit participants' views (see Appendix 7 for a copy of the interview schedule).

## **Conducting the Interviews**

Originally, information to schools was sent via email for TAs to participate. However, since there were no responses, the researcher decided to adopt a national recruitment strategy. Once the study was advertised via social media platforms, the researcher started to receive interest from many TAs nationally. TAs were reminded their involvement was voluntary and that they could withdraw from the study in the moment, or if they decided to withdraw after the interview, they could do so up until December 2023. Approximately an hour was allocated for the interviews and the last 10 minutes were dedicated to debriefing the participants about who they could speak to if they wanted to speak to someone about their own mental health. During the interview, the re-

researcher used skills acquired from her role as a TEP and Low Intensity Cognitive Behavioural Therapy Practitioner to remain aware of participants' emotional states. When participants shared difficult experiences, the researcher adopted an empathetic stance and gave the participants an opportunity to process their experiences. Research suggests that qualitative research interviews can be therapeutic for participants and help them make sense of their experiences (Rossetto, 2014). It was not necessary to stop the interviews at any point, however, individual participants did become emotional due to the emotive nature of the study around CYP's mental health and thus a moment was needed to re-regulate their emotions and provide the necessary signposting, if needed.

### **Data Analysis**

The research question looks at the views and experiences of the TAs on supporting CYP's mental health as a whole. With sub questions looking at the definition of mental health and training and support. Findings are integrated into one data set to provide an overview of their understanding of the CYP's mental health. Therefore, consideration of the process of coding the data across the semi-structured interviews was thought about prior to the initial stages of analysis. Due to having an overarching research question, which the two sub research questions feed into, it was decided coding and analysis of the data as one set would be appropriate. This would enable the feeding of the views of the TAs into the themes developed, meaning the two sub research questions would support each other in addressing and answering the overarching research question and the study's aim.

The interviews were transcribed and analysed using thematic analysis. Thematic analysis was used as it values the researcher as taking an active role within the analytic process, this enables the researcher to reflect on their interpretations throughout (Braun & Clarke, 2022). Thematic analysis positions the researcher as a subjective analytic resource, as they engage with the theory, data, and interpretation. The researcher gathers meaning and knowledge through a subjective process and is viewed as having a role within the analysis and is therefore a resource for knowledge production (Braun & Clarke, 2022). Transcripts were analysed using Braun and Clarke's 'Six Stage Thematic Analysis' (2022), the six-stage approach views the process as phases which are guidelines to follow, rather than a set of linear rules, the phases allow for a unidirectional approach to data analysis, allowing for reflection to be used throughout the process of constructing themes.

**Table 3** Six Phases of Thematic Analysis (Braun & Clarke, 2022)

Phase of Analysis	Description
1. Familiarisation with the dataset	Consists of repeatedly reading through the transcripts to identify analytic ideas or insights
2. Coding the data	Initial ideas identified are coded to arrange them into meaningful groups
3. Generating initial themes	Collation of codes into meaningful groups that would make up themes
4. Developing and re-viewing themes	Reviewing of themes i.e., checking that the themes work in relation to the initial codes identified
5. Refining, defining, and naming themes	Consists of naming the themes and therefore understanding what each theme is about and what aspect of the data the theme relates to
6. Writing up analysis	Interpretation of the data and discussion on how the themes identified contribute to the overall research questions

### *Preparation before starting the analysis*

After each interview, the researcher wrote down her initial thoughts and impressions in a research diary (see an extract from research diary in Appendix 9). These extracts aided reflexivity during the later stages of the analysis process. The interviews were transcribed verbatim.

Phase 1 involved the researcher immersing herself in the data. Initially, this was achieved by listening to the recording while reading the transcript for the first time. Subsequently, the transcript was read and re-read multiple times. This promoted active engagement with the data and ensured that the participant became “the focus of



the analysis” (Smith et al., 2012, p.82). The researcher also went through the transcripts to ensure that it was captured correctly by Microsoft Teams.

Phase 2 involved each transcript being coded individually (see Appendix 8 for the process). Codes were assigned based on the content of the transcripts, with ideas beginning to be grouped together. Following coding of each transcript there was a process of returning to the first one and re-checking the original codes. This enabled the identification of further codes which were then added, along with helping the process of beginning to draw links between transcripts (Braun & Clarke, 2022).

Phase 3 was the placing of codes into meaningful groups, with groups then being linked together to form more coherent ideas, which linked to the research questions. Following this there was a process where the groups of codes placed together based on their shared meanings supported the identification of sub themes. This helped the generation of an overall theme for those sub themes. This led into phase 4 and 5 where themes were reviewed and refined, ensuring the sub themes underlying them linked together in a coherent and meaningful manner. The researcher was aware interpretation of the data could be influenced by their own views. This awareness prompted the researcher to use the Braun and Clarke’s 15-point checklist for good reflective thematic analysis (2022) ensuring the coding process was thorough, and that time was taken (having breaks from the analysis and coming back to the process to build in reflective time) to review the codes identified before moving on to the development of themes.

## **Ethical Considerations**

This research was conducted in accordance with the ethical guidance set out by the School of Education and Lifelong Learning Research Ethics Committee at the University of East Anglia (see Appendix 1 for ethical approval). The research received ethical approval from UEA's Research Ethics Committee in June 2023.

The ethical proposal was further informed by the BPS Code of Ethics and Conduct (2018) and the BPS Code of Human Research Ethics (2021). To facilitate informed consent, participants were given electronic access to the research information sheet (see Appendix 2). Within this they were made aware of the voluntary nature of their involvement, with the option to withdraw their data up until the point of data analysis. In line with GDPR regulations (2018), all interview and transcript data were stored within password protected OneDrive files on a password protected laptop, with all identifiable participant information removed. Particular attention was paid to respect, trust, informed consent, confidentiality and the reduction of potential harm due to the nature of the study.

## **Informed Consent**

Before conducting the interviews, potential participants were provided with a comprehensive information sheet which outlined what the study would involve. This enabled participants to fully consider their participation before agreeing to take part in this study. Prior to conducting any interviews, the researcher obtained written consent from participants. At the start of each interview, the researcher summarised the information sheet for the participant in order to reiterate the aims and purpose of the study as well

as seek additional verbal consent (including consent for the recording of the interview). Throughout the interview process participants were reminded that they had the right to withdraw at any time. In fact, participants were given multiple opportunities to ask questions, raise concerns and withdraw from the study. By reiterating these key issues throughout the interview process, the researcher hoped to allow adequate time for participants to fully process and understand this information. Thus, obtaining informed consent was seen as an ongoing process, rather than a one-off event (Usher & Arthur, 1998; Lewis & Porter, 2004).

### **Confidentiality**

Participants' data was handled in accordance with the General Data Protection Regulation Act (2018) and the University of East Anglia (UEA) Research Data Management Policy (2019). Participants' data, including personal and contact details, were only used for purpose that participants and their parents agreed to, and will be destroyed upon completion of the doctoral programme. Audio-recordings were encrypted and stored securely in the university's OneDrive, and transcripts were fully anonymised to ensure confidentiality. During the transcription process, participants were referred to by pseudonyms and all of their personal information was removed.

### **Duty of Care**

The researcher recognised that the topics being explored during the interview i.e., CYP's mental health which could potentially cause some distress or discomfort for participants, particularly if they had negative experiences relating to their own mental

health. Accordingly, to reduce any potential for psychological harm, distress or discomfort, participants were advised, at the beginning of the interview, that they could take a break or end the interview at any time. Additionally, at the end of the interviews, participants had a wellbeing check-in to see if they needed any support; they were provided with a debriefing sheet (see Appendix 3) which included contact details of key support organisations for the participants, if they wished they needed any emotional support. Lastly, the researcher adhered to the duty of care and safeguarding procedures defined by the Health and Care Professions Council (HCPC) (HCPC, 2016).

### **Quality of Research**

Braun and Clarke (2022) suggest a series of strategies to assess and demonstrate the validity of thematic analysis research. These measures are reflexive journaling, allowing plenty of time for the analysis, gaining insights from others (e.g., peer, supervisors), naming themes carefully, drawing inspiration from good, published examples and demonstrating quality through an audit trail. Although there has been a shift away from critiquing qualitative research under the same parameters as quantitative research (e.g., replicability), there remains an importance for such research to demonstrate its quality (Tracy, 2010). Various criteria for qualitative research reframe reliability and validity with an aim to instead achieve trustworthiness within the data collection and analysis process (e.g., Tracy, 2010; Lincoln & Guba, 1985). Within the context of thematic analysis, Braun and Clarke (2022) move away from these 'universal' criteria, that seek credibility, transferability, dependability, and confirmability of data, with acknowledgement that they remain in some alignment with a positivist epistemology,

and instead suggest quality research is achieved through immersion, creativity, insight and thoughtfulness regarding the data.

To maintain quality within the current research, the researcher followed a theoretically informed thread throughout the research decision making process, aligned with constructivism epistemology and engaging in an ongoing process of reflection to monitor personal biases (dependability and confirmability; (Lincoln & Guba, 1985). Reflexivity is further discussed in the researcher's reflective chapter but was promoted by bracketing interviews, making use of a research diary, engaging in thought-provoking conversations with both the research supervisor and peers and reflecting on own preconceptions (see Reflective Chapter for further discussion on this).

## **Findings**

This section outlines the interpretative findings of the current study. Before describing the analysis, contextual information for each participant will be provided to assist the reader's understanding of the data, the interpretation, and the findings. It should be noted that, when considering this section, the reader will bring their own fore-conceptions thus adding an extra layer of interpretation to the participants' and the researcher's sense-making process (Smith et al., 2022).

### **Contextual Information About Participants**

#### **Sarah**

Sarah, an agency TA in a primary school, has been supporting children and young people with special needs. Since Sarah is an agency TA, she has worked in many schools, however she has been in her current setting for the past 9 months. Sarah hasn't received any mental health training but has mentioned during her interview that she would like to receive training to further increase her knowledge and be more helpful. As the interview continued, Sarah seemed to be more open about her experiences.

#### **Erik**

Erik is the only male participant that has shown interest in the study. Erik has been a TA for the past 3 years. His role includes supporting the teacher in class and supporting children and young people who have additional needs. He has received level 2 children and young people's mental health course. Erik was really interested in the study and had lots to say about his experiences and thus rapport was built quite quickly.

**Ayla**

Ayla has been a TA for 3.5 years; she supports the class teacher and children in her current setting; she also acts as a lunchtime supervisor. Ayla hasn't received any previous training in mental health. Rapport seemed to build quickly with Ayla, and she appeared eager to help with the research.

**Lillie**

Lillie has been a TA for 10 years in the same setting and supports both the class teacher and children; she also delivers interventions for children who need extra support in her school. Lillie has received the mental awareness course. Lillie was open and keen about her own experiences as a good rapport was built during the interview.

**Rachel**

Rachel has been a HLTA for 18 years and has roles as a senior mental health lead, attendance officer and safeguarding. She has received the mental health first aid and senior mental health lead training and thus has lots of experience in supporting children and young people. Rachel was very open and helpful during the interview as she mentioned that she was happy that there is interest in TAs views in supporting CYP's mental health.

**Elizabeth**

Elizabeth has been a TA for 17 years and has received the children's mental health course to support her knowledge around helping children and young people's mental health. She supports the children in her class and provides group work. Elizabeth seemed eager to support the research as she provided lots of insight.

## **Chloe**

Chloe has been a SEN TA and HLTA for 17 years; she was really interested in the study as she mentioned that she is 'glad that someone is exploring the topic'. Chloe had a nurturing approach and therefore the interview flowed quite naturally. Chloe has received the mental health awareness and mental health first aid courses.

## **Heather**

Heather has been a TA for 20 years and has a role as ELSA. Heather provides interventions and nurture groups as part of her role. Heather has not received any mental health training. She was interested in the study and provided lots of insights into her role in supporting CYP's mental health for the past 20 years.

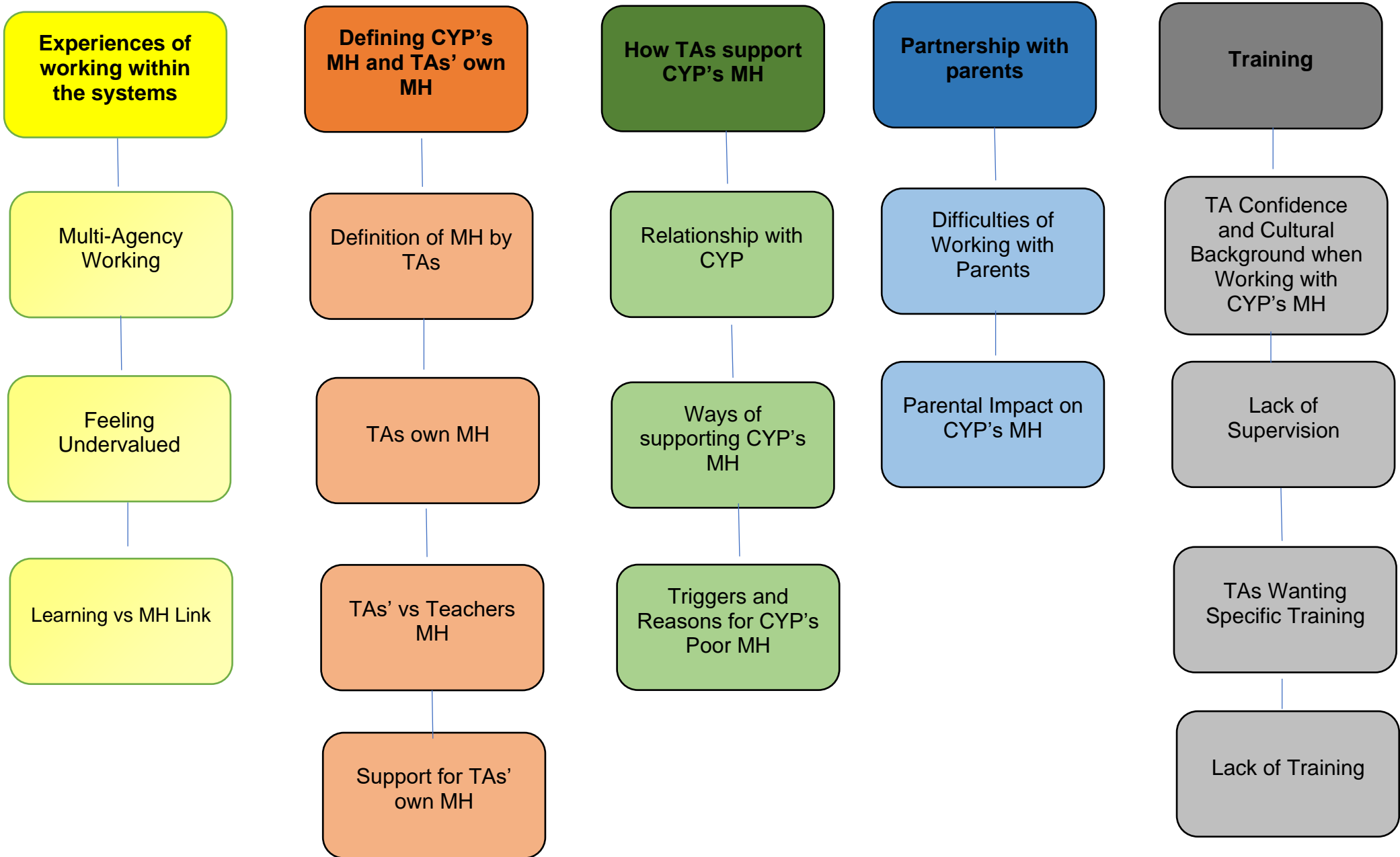
Five themes were identified through thematic analysis (see Figure for a visual representation):

Themes 1, 3 and 4 relate to the views of TAs on supporting CYP's mental health. They address the factors which may help or hinder in supporting CYP's mental health. Theme 2 relates to how TAs define the term 'mental health', and Theme 5 relates to the training and support the TAs have received and the training and support they would like to see in the future.



**Figure 7**

*Thematic Map Illustrating Themes and Subthemes*



## Theme 1: Experiences of Working within the Systems

This theme was generated from how the systems around TAs impacted their experiences in supporting CYP's mental health. The subthemes identified were:

- Multi-Agency Working
- Feeling Undervalued
- Learning vs Mental Health Link

### *Subtheme 1: Multi-Agency Working*

TAs expressed that working with others such as SENCOs, SLTs, EPs and other agencies (such as CAMHS) can be helpful in supporting CYP's mental health:

*"We often get SLT involved, and they will come and have a talk and might talk to the parents, see if there's anything going on home... we have a psychologist that comes in. She comes in every single Monday, and she sees a certain group of children... so we have external agencies come in" (Lillie)*

This excerpt illustrates the importance of asking for support from the SLT team, EP and external agencies to support the CYP's mental health. Lillie expressed that as a TA when she feels overwhelmed with not knowing how to support a CYP or whether the CYP's difficulties are a complex one, they tend to seek support from other professionals or external agencies. Lillie also added that as a school they tend to follow a protocol which is called 'three houses' which is in line with safeguarding protocol

whereby safeguarding processes are put into place alongside support to understand how the CYP is feeling.

Elizabeth also mentioned that working with professionals helps to support CYP's mental health:

*"And OK, it's not always possible to solve it, but we can certainly get things in place to try and help that you know. And there's lots of, you know, teams who get involved, such as people like yourself, educational psychologists and other practitioners. We've got inclusion leaders in our school. They're almost like social workers" (Elizabeth)*

On the other hand, some participants found it frustrating when having to wait for a long time to receive support for CYP's mental health, when the CYP's needs are deemed too complex for the school:

*"And for me that is my biggest frustration. We've got one little boy at the moment who lost his father a year ago and lost his mother this year. So, he's now an orphan and it has taken me six months, if not longer to get outside agencies to then support him in a better way than what I can. I'm only trained to a certain degree, but with professionals of a highly trained in bereavement and things like that and I just feel we've done everything we can and he now needs a more professional. I think I found that part of it really frustrating" (Rachel)*

Rachel's quote describes the need for multi-agency work to support the needs of CYP around their mental health. She described that she wants to reach out to external professionals such as CAMHS in this case, but that the waiting times for services are too long for CYP to receive the support they need.

### *Subtheme 2: Feeling Undervalued*

Most of the participants mentioned that they felt undervalued due to various reasons such as hierarchy, working long hours, taking work home and being stretched with CYP's mental health needs:

*"So, I do think that they [TAs] are undervalued group of people, but I think it's getting harder. I mean, we are a lot of staff down because as TAs have left, we've not been replaced" (Heather)*

Heather discussed how the TA role has been undervalued, as she has been in the profession for 20 years. She also highlighted that CYP tend to approach TAs rather than teachers when they are experiencing any mental health difficulties; Heather links this to teachers being busy working with a class of thirty children which can lead to CYP approaching teachers less often as they know that their teachers are busy.

Sarah's description of being undervalued was similar to Heather's description:

*“So yeah, and a lot of times I had to call for support and we’re really short staffed, a major issue with I think a lot of schools have, mainstream and specialist, that are really short staff. We don’t have enough TAs” (Sarah)*

Sarah described the difficulties of the profession and that it can be challenging for TAs to be understaffed which can cause major challenges when working with CYP in the long term. She also added that being micromanaged by senior staff can cause TAs to feel undervalued:

*“You’re not exactly helping us or guiding us. You’re micro-managing us and obviously like all the struggles that comes with not getting enough pay and being so overworked”*

Sarah’s quotes demonstrate how the hierarchal systems leads to TAs feeling undervalued within their role and the challenges it can cause to their role.

Elizabeth discussed how parents not informing the TAs about a CYP’s mental health needs can lead to TAs feeling not as important as other staff:

*“You know, because sometimes parents won’t always tell us what’s going on home”*

Elizabeth highlighted how she tends to find out important information from home much later on. She discussed how she worked with a CYP who was very upset as their grandmother had passed away quite recently; Elizabeth informs how this important information was not relayed to her as they were trying to unpick the situation with the

CYP. This demonstrates that TAs are not seen as important as class teachers, although TAs tend to be the main figures that CYP tend to approach in school when they are feeling upset, stressed or overwhelmed.

### *Subtheme 3: Learning vs Mental Health Link*

All of the participants agreed that there is a link between learning and mental health:

*“And that kind of links in with mental health and mental wellbeing. But mainly I would say it’s not a main focus. I think the main focus as TAs keeping children safe, so kind of seeing how best to keep them safe within the school but also supporting them with their learning and development” (Erik)*

As emphasised by Erik, all participants viewed that there’s a strong association between a CYP’s learning and mental health in that if a CYP is experiencing a particular mental health difficulty, it would be a challenge for the CYP to be ready to learn in a school environment. Erik continued to discuss during the interview that *“certain schools are always good in promoting best grades and results, best behaviour, but with other schools I think are more taking a relaxed approach”*. Erik’s quote highlights that whilst there is a link between learning and mental health, there is also a difference in schools’ approaches in promoting learning and mental health.

Lillie also highlighted that she feels mental health is more of a priority than learning when working with CYP’s mental health:

*“Their mental health comes first. If children haven’t got a good state of mind, they’re not going learn and I don’t think learning is important then. You’ve got to look after their wellbeing first and foremost” (Lillie)*

By stating that the CYP should be taken care of first, Lillie prioritised their mental health need over their learning need and that if a CYP is experiencing a mental health need, then he/she wouldn’t be able to focus on their learning. Lillie also described that CYP need regular breaks such as mental health breaks during school time to support their mental health as they focus and sit for longer periods of time and expect them to concentrate on their work.

## **Theme 2: Defining Children and Young People’s Mental Health and Teaching Assistants own Mental Health**

This theme was generated from how the TAs defined mental health and how working with CYP’s mental health triggered discussion around TAs’ and teachers’ own mental health. The subthemes identified were:

- Definition of Mental Health by Teaching Assistants
- Teaching Assistants’ Own Mental Health
- Teaching Assistants’ vs Teachers’ Mental Health
- Support for Teaching Assistants’ Own Mental Health



### *Subtheme 1: Definition of Mental Health by Teaching Assistants*

For Ayla, mental health was summarised as:

*“Personally, I think it’s just, first of all, it’s being happy with the environment you live in. So, your social environment, to be happy where you are and obviously feel like you are happy in your home, in your school”*

Ayla’s quote emphasises that to have a good mental health is to have a good social environment. She added that knowing the triggers for mental health difficulties will help to have an idea of a good mental health. Ayla continued to discuss during the interview that peers in the social circle could have a huge impact on a CYP’s mental health. Furthermore, Ayla shared her personal experience of bereavement during her childhood as part of the interview, emphasising how difficult the experience was for her. She highlighted the reflection, that this experience gave her an insight into knowing how triggers were part of her own mental health which she keeps in mind when working with CYP’s mental health.

For Chloe, viewing mental health as the general wellbeing of CYP:

*“It’s the wellbeing, the whole wellbeing of the child and how everything can affect them. And yes, we’re there to educate the children, but we’re also there to support them with everything else as well. So, we’re looking at the child as a whole rather than just somebody that needs to learn maths or English. So, I see the mental health for the child as the total wellbeing”*

Chloe's quote illustrates that TAs view the CYP's mental health as whole, as part of their wellbeing. TAs recognise that they support CYP with their education but that they also support them with their mental health which are all interconnected.

### *Subtheme 2: Teaching Assistants Own Mental Health*

It was apparent that supporting CYP's mental health was an emotional and exhausting experience for the TAs:

*"It is mentally exhausting, and we do have quite a tight knit team in schools, so if anything, that happens, we always have a debrief. We always have a bit of event we do together and we've got our safe spaces in the school staff room where we can go and fluff and you know, do whatever we need to do then sort of process what's going on. And our headteacher, his wonderful at supervision and talking through things that have happened. But of course, it affects you" (Rachel)*

Rachel's statement displays the emotional aspect of the TA role and that most participants mentioned that they tend to think about the CYP at the end of the school day. Some participants have mentioned that having experienced a mental health difficulty themselves has helped to influence their work when working with CYP's mental health:

*“Yeah, I’ve suffered with mental health. I’ve got a son who’s autistic and a son and daughter who both suffer with their mental health. So I think that helps because I understand from my own point of view, you’ve been through it, you tend to understand it a little bit more and you can recognise the signs a bit more. So I think that’s helped.*

*And then at school it’s helped me” (Lillie)*

Lillie’s experience of going through mental health difficulties has helped her own work with CYP’s mental health in that she explains that she feels she is more relatable when working with them. Lillie was very open with her own experiences about health as a good rapport was built during the interview.

In contrast, some TAs have been triggered when working with CYP’s mental health:

*“...it can affect, and it has affected members of staff quite, quite badly. We had one member of staff who had PTSD because she was violently abused by a previous boyfriend and that flared up when she was hit by a child” (Chloe)*

Chloe’s quote demonstrates that working with CYP’s mental health can be a challenge sometimes and that sometimes TAs’ mental health can be triggered due to the subject being an emotive atmosphere.

### *Subtheme 3: Teaching Assistants vs Teachers Mental Health*

For some participants, TAs mental health was not prioritised when compared to teachers' mental health. Lillie expressed her frustration about this:

*“You just don’t have time, and I think as well a lot of management in schools think about the wellbeing of the teachers but forget the wellbeing of the TAs and we are doing a lot more. We’re doing a lot more than teaching” (Lillie)*

The quote highlights the need for supporting teaching assistants’ mental health as much as teachers’ mental health; Lillie continued to express that she tends to turn to her own teaching assistant group if she needed support for her own mental health. It appeared that teaching assistants often felt alone without the support they needed for their own mental health when supporting CYP’s with their mental health.

#### *Subtheme 4: Support for Teaching Assistants Own Mental Health*

It was apparent that having support for TAs’ own mental health was important as supporting CYP’s mental health can have a toll on TAs’ mental health:

*“The staff work as a team and if a TA is working with one of the children that shows challenging behaviour and they’re having a particularly rough day, we know to check in on them. We’ll decide if you want 5 minutes, you go make yourself a cup of tea and I’ll have him for 10 minutes” (Chloe)*

For TAs it was significant to receive mental health support when they felt overwhelmed with working with CYP’s, even if it was to have a quick break during school time. TAs acknowledge that knowing there is support for them when it is needed, helps them to keep motivated when working with CYP:

*“I love being at school. For me personally, it’s just that side of things and another thing would be I’m lucky because the place I work at is very supportive and all the staff are very good and it’s quite a nice environment” (Ayla)*

Ayla highlights the importance of working in a school environment that supports her too in terms of her mental health. Moreover, Ayla describes that if she didn’t receive the support at her school, it would make her feel ‘worse’ when she most needed the mental health support.

### **Theme 3: How Teaching Assistants Support Children and Young People’s Mental Health**

This theme covers how the TAs talked about supporting CYP’s mental health. Participants considered their relationships with children and the importance of having a caring approach. The TAs also discussed the different strategies they used with children.

The subthemes identified were:

- Relationship with Children and Young People
- Ways of Supporting Children and Young People’s Mental Health
- Triggers and Reasons for Children and Young People’s Poor Mental Health

*Subtheme 1: Relationship with Children and Young People*

TAs suggested that building a good rapport and relationship along with trust helped to support a relationship when working with CYP. For example, Elizabeth discussed the importance of building a relationship with the children she works with:

*“And I found and had a good rapport with him [child], but I had to build that up” (Elizabeth)*

Other TAs also mentioned that building relationships was significant so that CYP could approach adults for support:

*“First and foremost, it’s about building a rapport with them because nobody is really going to open up to you unless they know they can trust you, especially if they’re coming from a background where they don’t get support from their own family members, from their own parents. So, for me, first of all, it’s building that rapport for them and letting them know what my role in their lives is that if they need to talk, I am here to listen” (Sarah)*

Sarah highlighted the need for building a rapport with the CYP even before beginning the work with them. She addresses the priority of relationship with CYP. Similarly, Ayla mentioned that building relationships with CYP was an essential part of her role when working with CYP’s mental health:

*“I mean, obviously they come first. Ermm and safeguarding. Making sure they’re happy, like I said and you know, feel safe where they are and we’re always have an open ear. So we’re listening, always looking for ways to possibly help them when they need so those kind of things are very important” (Ayla)*

### *Subtheme 2: Ways of Supporting Children and Young People’s Mental Health*

During the interviews, it was evident that the TAs used lots of different tools to support CYP’s mental health. For example, Erik discussed mindfulness:

*“And then obviously we’ve introduced mindfulness. So, for positive mental health. So instead of them [CYPs] come in from break time and they’re just getting on with their work, we kind of take 5 minutes just breathing. So, everyone’s in the zone ready for learning” (Erik)*

Erik discussed since there is a strong association between learning and mental health, it's important to support CYP with their mental health by just taking a 5-minute mindfulness break. This was a common observation in the interviews with TAs suggesting lots of different ways they support CYP with their mental health. For example, Heather suggested approaching in an empathetic manner tends to support CYP with their mental health:

*“So, it’s just staying calm, letting them work through it, allowing them to regulate themselves again and then sit there and chatting to them and trying to support them”*

*(Heather)*

This response indicates that TAs tend to support CYP with co-regulation of their emotions as a way of supporting them; by giving CYP some space to reflect and talk them through with their emotions, it is reported by the TAs that this has a positive impact on their mental health.

Chloe discussed that nurture groups, meeting and greeting CYP and social stories in her school provides a way of supporting CYP with their mental health:

*“And so, we take children out and we do like positive reflection, depending on what’s happened. We’ve got social stories. We’ve got a nice small tent in the nurturing room. We’ve got a tent space which is a nice private little space” (Chloe)*

As described as above, the response Chloe gave demonstrates the variety of tools they use as a school to support CYP and that once the CYP is in a calm state, positive reflections are utilised to support them.

### *Subtheme 3: Triggers and Reasons for Children and Young People’s Poor Mental Health*

For all TAs, the CYP’s family background or homelife was seen as being one of the main contributing factors to CYP having poor mental health:



*“Yeah, I think it’s a number of things. It is a challenging environment, but I also think the support a child is missing. So sometimes I work with parents and carers, there isn’t much support at home and I find sometimes that kind of rolls in with the school...” (Erik)*

Erik describes that a home environment can have a major impact on a CYP’s mental health. He highlights that the child’s outside life impacts their behaviour at school which can have a knock-on effect on their mental health.

Another contributing factor was the academic pressures that CYP are experiencing. Lillie highlights how academic pressures can be a trigger for poor mental health:

*“...and I think it’s a lot of pressure in schools to put pressure on kids. It’s data, data and data. That’s all it is and that’s where the pressure comes from” (Lillie)*

As described by Lillie, she points out that there is too much emphasis on CYP to do well academically and that there is less emphasis on CYP’s mental health which can have a negative impact on mental health overall. Similarly, Heather also highlighted that academic pressures could play a contributing role in CYP’s mental health:

*“I think for me there are several different issues. I think we are in a situation where academic results are everything, it’s such a tick list, it’s very much achievement based and I think these children are relaxed when self-regulated”*

## **Theme 4: Partnership with Parents**

This theme covers how the TAs talked about the difficulties working with parents and the parental impact on CYP's mental health when supporting CYP's mental health.

The subthemes identified were:

- Difficulties of working with parents
- Parental impact on CYP's mental health

### *Subtheme 1: Difficulties of Working with Parents*

Most of the TAs identified that sometimes they find that working with parents can be difficult. For example, TAs mentioned that parents not wanting to work with the school to support a CYP's mental health by not informing that there has been a significant event in their life:

*"You know, because sometimes parents won't always tell us what's going on at home" (Elizabeth)*

Elizabeth points out that parents not informing a CYP's situation at home can have a negative impact on their presentation in school in terms of their mental health. Similarly, Ayla also commented:

*"I've seen teachers who have done it saying to a parent that your child has a possible difficulty, and the parent is sometimes... the parents just cannot accept it. And*

*that's when you start struggling because then you can't get the support in place for the child because you need the parents on board. So those kinds of things I think is when it becomes harder when a parent and the school just can't work together. I think it makes it harder for the kid because the kid doesn't get the support they need"*

*(Ayla)*

Ayla's quote demonstrates how parents not accepting CYP's difficulties can lead to a breakdown of relationship with the school. TAs acknowledge that it can be therefore quite difficult to collaboratively work in partnership to support CYP's mental health.

#### *Subtheme 2: Parental Impact on Children and Young People's Mental Health*

Chloe discussed how parental involvement can have a positive impact on CYP's mental health:

*"We do coffee mornings. And nurture group has a snack in the afternoon and afternoon tea where the parents come in. So we tried to include parents within the school so they can see what we're doing as a school" (Chloe)*

Chloe's quote demonstrates that TAs are being inclusive in involving parents in supporting CYP's mental health as part of the school approach; she highlights that by providing coffee mornings and speaking to parents, this helps to support to engage parents and school to be collaborative. On the other hand, some TAs discussed how parents can have a negative impact on CYP's mental health by not giving consent to the school so that they could commence a specific intervention to support a CYP's mental health:

*“The parents being on board is a big one because you can’t do anything with the child unless the parent says ‘yes’, there has to be consent there and sometimes you’ll talk to parents, and they’ll say ‘no’” (Lillie)*

Sarah also mentioned:

*“So, like we had a kid who ran away from home because his parents were separated and obviously that had an impact on his mental health. He [father] was an alcoholic; it didn’t work out”*

As highlighted by Lillie’s and Sarah’s discussions, families who have poor mental health can negatively affect CYP’s mental health. There is variety in the experiences of TAs in how parents impact upon CYP’s mental health.

## **Theme 5: Training**

This theme covers how the TAs talked about the current and future training they would like to see in the future. The subthemes identified were:

- Teaching Assistant Confidence and Cultural Background when Working with Children and Young People’s Mental Health
- Lack of Supervision
- Teaching Assistants Wanting Specific Training
- Lack of Training

*Subtheme 1: Teaching Assistants' Confidence and Cultural Background when Working with Children and Young People's Mental Health*

In relation to TAs' confidence around working with CYP's mental health, most of them felt that they were confident when working with CYP:

*"I would say I'm fairly confident in my ability to support them with the training I've had, but also through my education and I think I would say I'm quite happy to support them with their mental health or whatever their needs are. I think it's a very important area I think because I think a lot of people don't realise how much of a knock-on effect it can have on a child and their learning" (Erik)*

Erik describes that with the training and education he has received, he feels confident with supporting CYP's mental health and their needs. It seemed clear that some TAs were feeling confident when supporting CYP's mental health. In contrast, some TAs were feeling underqualified when supporting CYP's mental health:

*"I do worry, especially the lad who'd lost his mum. I did feel underqualified in dealing with. I mean yes and no. I put a mum hat on and did what I would have hoped that somebody would have done with my children when they were young. If it had happened, I think I quite often pull on my 'mum hat' opposed to like a 'TA job hat'"*  
*(Heather)*

Heather describes her experience as feeling underqualified when working with CYP's mental health and that she mostly uses her 'mum hat' opposed to her 'TA job hat' when she works with CYP.

Most of the TAs mentioned that they feel confident when supporting CYP's mental health and that sometimes cultural background can help with bridging the support. For example, Sarah highlighted that her cultural background has helped to build a rapport with CYP that were from similar background:

*"It is diverse, so I'm a Muslim and I'm from Pakistan and there are students who are from India and Pakistan as well. Like they lived here, but their families are from India or Pakistan. And there's some cultural similarities and a lot of times I can understand" (Sarah)*

It seemed from Sarah's quote that TAs can utilise their cultural background to build a connection with CYP so that they are able to support them with their mental health. Likewise, Ayla also had a similar experience of coming from a cultural background which helps her to build a rapport when working with CYP and their mental health:

*"100% because I mean I come from a culture where we're quite close family orientated where you know we're more culturally, we're just like that you know, we have grandparents around all the time and things like that. So, I've got that side of the Mediterranean understanding of how families work. And then I've also got the British understanding of how families work" (Ayla)*

Ayla also seemed to utilise her cultural background to build connections with CYP and their families. She describes that having both Mediterranean and British understandings of how families work, supports her understanding of working with CYP from different backgrounds.

### *Subtheme 2: Lack of Supervision*

Some TAs felt that supervision would be beneficial as they are short-staffed and that having the space would be beneficial:

*“Yeah, we’re short staffed. Every school is short staffed because of the funding, so I don’t think there’s enough of us, and that is a big problem as well” (Lillie)*

Lillie describes that having supervision for TAs would be beneficial as they are short-staffed; having supervision would provide a safe space for TAs to discuss their experiences of working with CYP’s mental health.

### *Subtheme 3: Teaching Assistants Wanting Specific Training*

All TAs discussed that they would like specific training to support their knowledge around CYP’s mental health. For example, Rachel described that she would like training on bereavement and death by suicide:

*“We’re struggling with bereavement training, we do get basic training and I think that’s one of our major ones here, especially when it comes to sort of death by suicide and things like that. We got a lot of suicides of parents of younger men, which obviously we have the children in schools” (Rachel)*

Rachel described that the ELSA training provides information about bereavement but not around death by suicide which she feels they need as TAs. She discussed that since suicide rates of parents are relatively high in her school, it would be beneficial for the CYP.

Erik, also discussed that he would like training to further support his knowledge around CYP’s mental health:

*“I think the one area that I think would be the most important would be around children that have had mental health and gone to hospital and received medication”*  
*(Erik)*

Erik highlighted that working with CYP who are taking medication due to their mental health is an area that he would like more training around as he feels that he has limited knowledge around the subject. Erik also discussed that since he has limited knowledge about CYP who have been hospitalised due to their mental health, he tends to feel out of his ‘depth’.



#### *Subtheme 4: Lack of Training*

Lack of training around CYP's mental health was referenced by all TAs that took part in the study. Some TAs have self-funded their training and some TAs haven't received any training at all:

*"I'm a supply TA, I'm not directly employed by the school, and a lot of times in school, especially special schools have certain trainings. For example, there is an existing training, there is toilet training, there's medical training and likes these sorts of different training because kids have really complex needs, and a lot of supply TAs don't get trained" (Sarah)*

Sarah describes her frustration around not receiving enough training as an agency TA where she feels that she misses out on how to support CYP's mental health. She describes that she tends to feel like a 'burden' on the existing staff when she is allocated to a specific school. Correspondingly, Rachel also has similar views on the lack of training that TAs have in further supporting CYP's mental health:

*"I actively seek out any training I can, but I think it's quite limited up here. I think apart from the usual mental health first aid and the national senior mental health and things like that, I think it's quite hard to find" (Rachel)*

Rachel points out the lack of training there is for her as a TA and that she is usually searching for training.

## Discussion

This study aimed to explore the views of teaching assistants in supporting CYP's mental health within primary settings. The purpose of undertaking this research was to develop an understanding of how teaching assistants view their role in supporting CYP's mental health and to reflect on future implications for primary settings and EP practices in relation to the promotion of mental health for primary CYP. There was one research question and two additional sub questions:

Central question:

What are the Teaching Assistants' views on supporting children and young people's mental health?

Sub-questions:

1. What do the Teaching Assistants understand by the term 'mental health'?
2. What training/support have Teaching Assistants received to help them in supporting children and young people's mental health? What kind of further support/training would they like to see?

Thematic analysis was used to analyse the interview transcripts of eight participants. Five themes, *'Experiences of Working within the Systems'*, *'Defining Children and Young People's Mental Health and Teaching Assistants own Mental Health'*, *'How Teaching Assistants Support Children and Young People's Mental Health'*, *'Partnership with Parents'*, and *'Training'* were identified in relation to the research questions. The findings will be discussed within the context of existing literature, and how they

relate to each research question. The discussion will cover implications for practice for schools and EPs as part of practical suggestions. Suggestions for future research will be considered and limitations of the current research will be discussed.

**Central research question: What are the Teaching Assistant's views on supporting children and young people's mental health?**

All themes were relevant to this research question. However, the themes most relevant to this research question were: 'Experiences of Working within the Systems' (theme 1), 'How Teaching Assistants Support Children and Young People's Mental Health' (theme 3) and 'Partnership with Parents' (theme 4).

Experiences of Working within the Systems (theme 1)

Multi-Agency Working

TAs spoke both positively and negatively about the experiences of working with others in supporting CYP's mental health; they expressed how their experiences of working within systems can influence their work with CYPs. TAs expressed that working with colleagues such as SENCOs, SLTs, EPs and other agencies such as CAMHS can be both helpful and frustrating in supporting CYP's mental health. TAs were conscious of their roles around supporting CYP's mental health and that when they had a case that was deemed too complex for them, they would often seek support from external agencies such as CAMHS. All TAs discussed that they often would use other staff (e.g., other TAs) as means of support and would utilise colleagues (e.g., teachers, SENCOs, senior leadership) when they felt that they were unsure what to do when working with CYP. Bracewell (2011) similarly found that TAs will receive support from colleagues and that they often liaise with the class teacher. The extent to which this advice and

support was collaborative compared to directive, seemed to vary between the participants. However, regardless of TAs' experiences or whether they had received additional input on mental health, they still discussed needing support from colleagues. Rachel, who held HLTA and Senior Mental Health Lead roles, talked about the support from other staff and colleagues and described that they would often ask for support when feeling unsure. This reliance on colleagues may indicate an area where TAs would benefit from additional input from external professionals (e.g., EPs) to discuss and reflect on their practice.

### Feeling Undervalued

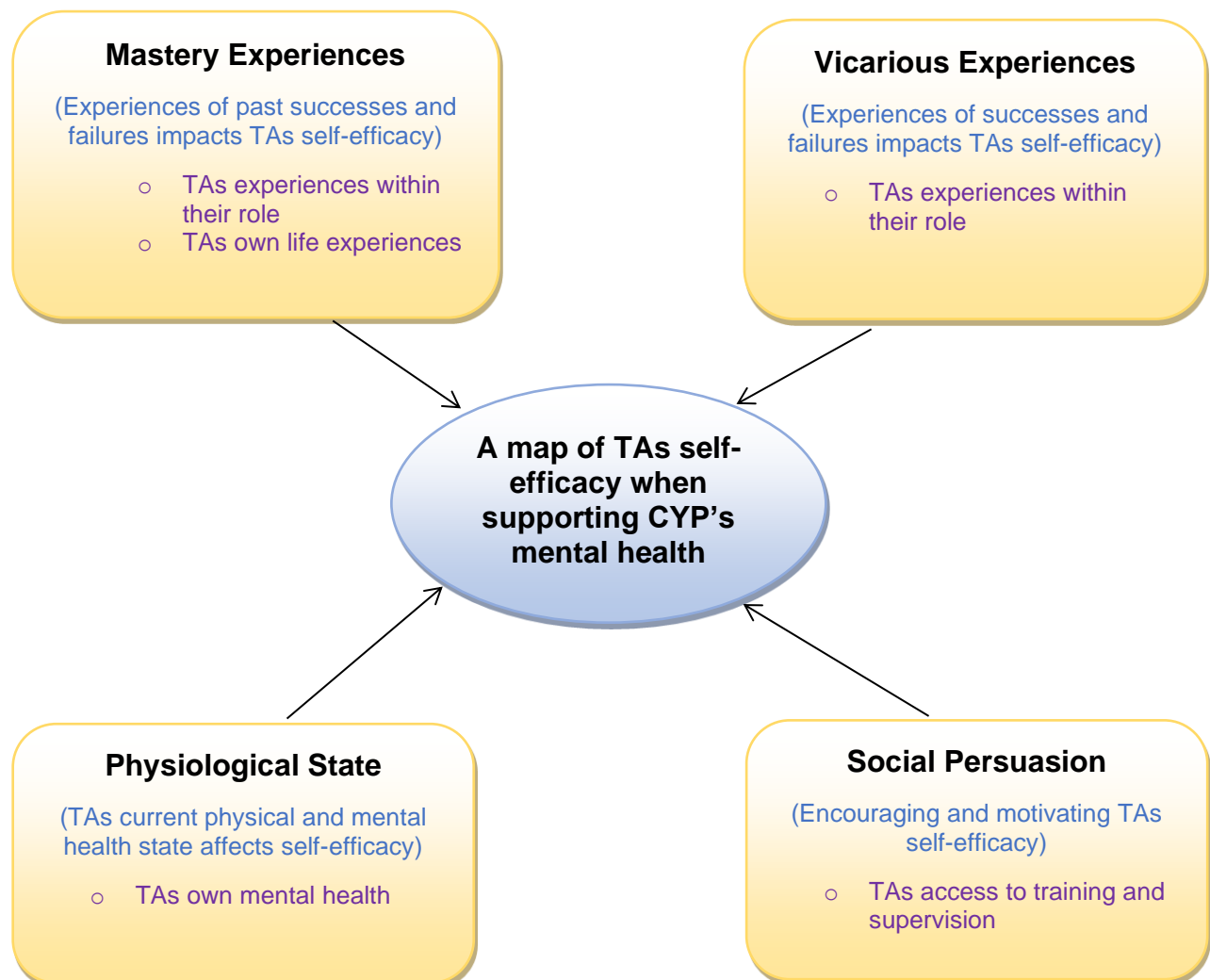
Feeling undervalued was reflected in all TAs' accounts. TAs discussed that they felt undervalued due to various reasons such as hierarchy, working long hours, taking work home and being stretched with CYP's mental health needs. Research also suggests that this is the case as Watson et al. (2013) reported that "teaching and learning support assistants (TLSAs) are notoriously underpaid and undervalued as members of school workforces in England and elsewhere in the world, where the discourse of support has worked to legitimise their poor status". This was also evident when TAs expressed their views around being micromanaged by the senior staff and being stretched with lots of needs which were often complex cases. TAs also shared that information about CYP were often not shared with them. For example, if a CYP was distressed at school due to a significant life event at home, TAs would often find out the reason why later that other school staff, such as the class teacher. This may suggest that TAs may not be seen as important people to inform about things that may impact CYP's presentations in school. The researchers also suggest that TAs are "placed in the role of a less competent adult as opposed to a competent other. Such

a deficit reading suggests that the work of TAs has to be supervised and controlled. Yet, at the same time, she/he is expected to facilitate complex working relationships with teachers and pupils (as evidenced by the recommendations of good practice from the Office for Standards in Education (OFSTED) 2002). Another reading is that TAs are being placed in a support position, and if this is a fully recognised and respected position, then that could be viewed as an important role to be fulfilling (Lewis, 2023). TAs often touched on hierarchal systems in schools which led on to them feeling undervalued. For example, Sarah talked about being micromanaged by SLT staff and being told off for doing the 'right thing' by taking the child from the class when they were dysregulated. Research supports this as Arnold et al. (2011) point out that within the exploration of power dynamics in society, the extremities of power are encouraged (i.e., those who are more powerful use their power to maintain this) and that this can be applied to TAs. The treatment of TAs within the school system (e.g., not informing the TAs of the changes from home) perpetuates their low hierarchical position. However, if TAs are not told any information and are not consulted about a CYP, this may result in helpful information being missed which may cause further distress. Elizabeth talks about important information being held from the TAs further increasing their feelings of being undervalued as she found out that a CYP she was working with had experienced bereavement: "you know, because sometimes parents won't always tell us what's going on home". This demonstrates how significant information being lost can impact both the TAs' confidence and CYP's mental health. Essentially, undervaluing TAs could lead to them undervaluing themselves which can lead to further perhaps unintended consequences. Bandura's theory of self-efficacy may help to explain this idea of TAs feeling undervalued. Bandura expresses that 'perceived self-efficacy is concerned with judgments of how well one can execute courses of action

required to deal with prospective situations' (1982, p. 122). The level of a TA's perceived self-efficacy associates with how well they believe they can support a CYP's mental health (Conboy 2020). As described above, there are numerous factors that can affect TAs' perceived self-efficacy (hierarchy, working long hours, taking work home and being stretched with the level of CYP's mental health needs). However, there are several contributing factors that can increase perceived self-efficacy (experience, modelling, social persuasion, and physiological factors) which can influence behaviour and performance, although, perceived self-efficacy can also be easily reduced (see figure below).

**Figure 8**

*Researcher's Finding of TA Experiences Mapped onto Bandura's (1997) Sources of Self-Efficacy*



Bandura's self-efficacy theory suggests that key internal motivational processes can be affected by personal and environmental variables, thus influencing the motivational outcomes of choices, effort, persistence, and achievement. Again, relating to the role of TAs, diminishing motivation or any opportunities can result in a lack of belief in one's own ability. Thus, there is potential that the hierarchical systems in schools could encourage TAs to be undervalued as their opportunities are limited (e.g., lack of training) and their motivation can be affected by external variables (e.g., information about CYP

being withheld from TAs). This could obviously impact on a decrease in TAs' self-efficacy which could eventually affect their performances. Bandura's theoretical concept can also be applied to support TAs' perceived self-efficacy, and this will be discussed later in this chapter.

### Learning vs Mental Health Link

TAs spoke about the link between learning and mental health; all of the TAs acknowledged that learning and academic pressures (e.g., too many subjects in a day) can impact CYP's mental health as well as mental health impacting on learning. This is consistent with previous findings, for example, The Children's Society (2016) report stated that "satisfaction with schoolwork was the factor most strongly related with the overall 'total difficulties' measure of mental ill-health" (p.63). This demonstrates that CYP's view of schoolwork affects their mental health, this was expressed by the majority the TAs in this study. Interestingly, in primary schools, it was widely reported by education unions that the changes to SATs are perceived to be detrimental for CYP's wellbeing (e.g., National Education Union, 2018). Symptoms of many mental health disorders include finding it hard to concentrate, not sleeping, or waking in the night with bad dreams, eating more or less than usual, quickly getting angry or irritable, and being out of control during outbursts, constantly worrying or having negative thoughts, feeling tense and fidgety, or using the toilet often, always crying, being clingy, and complaining of tummy aches and feeling unwell (NHS, 2023); thus this would affect the ability of CYP to engage in school. Academic demands seemed to impact the CYP referenced by the TAs in the current study, with TAs referencing needing to support CYP emotionally before they were ready for learning.



How Teaching Assistants Support Children and Young People's Mental Health' (theme 3)

### Relationship with CYP

Building rapport and a relationship with CYP was important for TAs. They reported that building relationships with CYP was almost the foundation of working with CYP. This is consistent with previous findings as well (Bracewell, 2011; Groom & Rose, 2005; Moran & Abbott, 2002). In the current study, TAs acknowledged that it takes time to develop relationships and that by knowing a CYP well, they were better able to support them. This piece of research also resonated with Burton and Goodman (2011) who described that support staff believed that knowing the CYP allowed them to notice subtle changes in their mood or behaviour. TAs highlighted that they have a closer relationship with CYP than teachers did. They discussed that due to the time limits that teachers had, it was often the TAs that worked directly to support CYP's mental health. This links to a recent study by Conboy (2021) who highlighted that TAs emphasised their close relationships with children and often felt that they a closer relationship with children than teachers did. They discussed that children would more often approach them with difficulties, than their teachers. TAs relationship with CYP may be explained in the form of Attachment Theory. As Bowlby (1998) pointed out, parents act as a secure base for CYP to make sense of their world whilst providing a place for the CYP to return to where their emotional and physical needs will be met. In the case of a school setting, CYP may see TAs as their secure base; this may help to explain why TAs may develop close relationships with CYP and why developing relationships with CYP was so highly valued by the TAs.

## Ways of Supporting Children and Young People's Mental Health

TAs were very knowledgeable about which tools and strategies they tend to use when supporting CYP's mental health. One of the main strategies that TAs were using when supporting CYP was talking. TAs tended to provide a safe space to the CYP when they needed to speak to an adult and were feeling overwhelmed. Bracewell (2011) also established that school staff employed the use of talking to support CYP's mental health. Similarly, literature suggests that talking is helpful when supporting CYP. Burton (2008), who researched her ELSA intervention, reported that children particularly appreciated 'having someone to talk to, who listened to them without criticising, and who kept confidences'. Correspondingly, Kidger et al. (2009) expressed that the majority of pupils in their focus group mentioned that when coping with an emotional difficulty, it was important to have someone to talk to. In the current research, a particular type of talk discussed was providing a reflective space for CYP. TAs highlighted that they tend to support CYP with co-regulation of their emotions. As Heather has mentioned during the interview, "so, it's just staying calm, letting them work through it, allowing them to regulate themselves again and then sit there and chatting to them and trying to support them". TAs seemed to achieve this by providing a reflective space when the CYP were much calmer so that they were able to discuss how they were feeling. TAs also mentioned that some CYP do not want to discuss why they find their mental health difficult.

This emphasis on talk and opening up poses some difficulty for CYP with a variety of complex needs. Research suggests that those with SEND, and language difficulties (Law et al., 2009) are at higher risk of developing mental health difficulties (NHS Digital, 2018). As TAs heavily rely on employing talking as a way of supporting CYP's

mental health, it may be that they might find it more difficult to support those CYP that have SEND or EAL.

### Triggers and Reasons for CYP's Poor Mental Health

All TAs in this research recognised that a CYP's family background or homelife was seen as being one of the main contributing factors to CYP having poor mental health. Groom and Rose (2005) also found that a pupil's background will impact their behaviour and presentation. TAs in the current research talked about bereavement, divorce, financial and housing difficulties which can influence a CYP's mental health. Burton and Goodman's (2011) research also emphasised bereavement and divorce as negatively impacting CYP's mental health. TAs also mentioned that CYP's family background or homelife can be a contributing factor for CYP's mental health. Broomhead's (2013) study is also consistent with the current study as it was reported that parents were blamed for CYP's poor mental health. Wood (2018) talked about the prejudice from school staff that family culture poorly influences CYP. He suggested that parents were being blamed for CYP's lack of skills as the families had different values to the school. This resonated within the current study as Erik said, "yeah, I think it's a number of things. It is a challenging environment, but I also think the support a child is missing. So sometimes I work with parents and carers, there isn't much support at home and I find sometimes that kind of rolls in with the school..."

### Partnership with Parents (theme 4)

#### Difficulties of Working with Parents

The TAs within this study highlighted the importance of working in partnership with parents; all the TAs spoke about how difficult it can be to work with parents, especially

parents not wanting to work with the school to support a CYP's mental health by not informing that there has been a significant event in their life.

Logan and Feiler's (2006) research emphasised the considerable range of difficulties that many schools experience in involving parents in their CYP's learning, and the role of TAs was highlighted as being significant when working with 'some of the most challenging groups and individual pupils' (Ofsted, 2004, p. 26). The report focused on identifying reasons for the wide range in attainment in reading among primary-aged pupils rather than supporting CYP's mental health however, a general feeling within the report was that it was important to collaborate with SEN co-ordinators, teachers and support staff, parents and outside agencies to overall support CYP in their learning.

#### Parental Impact on Children and Young People's Mental Health

Parental impact on CYP's mental health was discussed by the TAs with the participants reporting both positive and negative impacts. Research shows that the outcomes of children who are exposed to parental mental health problems are of growing concern as recent research estimates that 18.2% of parents suffer from mental illness and 3.8% of parents suffer from serious mental illness (Stambaugh et al. 2017). Parents' psychological problems may lead to negative parenting behaviours, lack of attention to children's needs, or increased dysfunction within the home (Elgar et al. 2007; Wilson & Durbin 2010). As such, mothers' and fathers' mental health problems are key sources of stress for children and have been linked to worse mental health and more behavioural problems for children during their youth (Schepman et al. 2011). This was also echoed by Sarah, "So, like we had a kid who ran away from home

because his parents were separated and obviously that had an impact on his mental health. He was an alcoholic; it didn't work out”.

### **Research sub-question 1: What do the Teaching Assistant’s understand by the term ‘mental health’?**

Defining Children and Young People’s Mental Health and Teaching Assistants’ own Mental Health (theme 2)

TAs expressed their views on mental health generally and also how their views have been shaped by their own mental health, with some comparison to teachers' mental health, along with the support the TAs have been using for their own mental health. Theme 2 was the most relevant theme in answering this research question.

#### Definition of Mental Health by Teaching Assistants

All TAs had similar views on defining mental health and most importantly they viewed mental health and learning as being interconnected. TAs seemed to define CYP’s mental health, i.e., viewing mental health as encompassing the whole wellbeing of the CYP. Various terms are used to describe mental health, and this variety in terminology also seems to be reflected within schools. Within research by Roth et al. (2008), teachers discussed a preference for the use of education-based language such as BESD (Behaviour, Emotional and Social Difficulties) which they felt provided a clear boundary that teachers were not mental health experts. Teachers also expressed concerns about the stigma attached to the term mental health. With the revision of the SEND Code of Practice (DfE & DoH, 2014), BSED was changed to SEMH (Social, Emotional and Mental Health), and it is interesting to consider whether the introduction

of mental health to this education-based language may have impacted on its connotations since this research was published. In a more recent study by Danby and Hamilton (2016), one member of school staff described mental health as “the elephant in the room”, which reflected the view that although mental health was a pressing and important topic to staff, they felt that some children needed to be protected from the topic.

Kimber’s (2023) study demonstrated that TAs saw mental health as different to mental illness and agreed with statements that suggested that mental health was on a continuum. For example, 96.8% of TAs agreed to some extent that you can have poor mental health without having a mental illness, and 96.8% agreed to some extent that mental health is on a continuum. This indicates that TA views aligned with models of mental health that emphasise these factors, such as the two-continuum model of mental health (Keyes, 2002; Westerhof & Keyes, 2010). In contrast, there were mixed responses when statements related more specifically to the relationship between mental health and mental illness. For example, 64.5% of TAs agreed to some extent that the term mental health relates to diagnoses such as anxiety and depression. This suggests that despite agreement that mental health was different from mental illness, some TAs may associate mental health with mental ill health and specific diagnoses. This is congruent with Conboy’s (2021) research, where TAs associated mental health with poor mental health and diagnoses such as anxiety and depression. This may reflect the complexity of the construct, and the ways in which the terms mental health and mental illness are often used interchangeably (Mazzer & Rickwood, 2015).

### Teaching Assistants own Mental Health

Even though all TAs enjoyed their roles, most identified difficulties with their role as well. The TAs in the current study talked about experiencing a range of emotions and being upset or overwhelmed by the mental health difficulties they had witnessed in CYP which may have also triggered their own mental health difficulties: "...it can affect, and it has affected members of staff quite, quite badly. We had one member of staff who had PTSD because she was violently abused by a previous boyfriend and that flared up when she was hit by a child" (Chloe). For others, talking about their own mental health has helped them at school: "Yeah, I've suffered with mental health. I've got a son who's autistic and a son and daughter who both suffer with their mental health. So I think that helps because I understand from my own point of view, you've been through it, you tend to understand it a little bit more and you can recognise the signs a bit more. So I think that's helped. And then at school it's helped me" (Lillie). Both the TAs' discussions of their own mental health, as well as discussing emotional difficulties that are triggered by supporting CYP's mental health may show that they may benefit from talking through their experiences with their colleagues or external professionals such as EPs. TAs may benefit from opportunities to talk about their emotions and experiences in a professional capacity. They may also benefit from other support for their wellbeing, such as yoga and mindfulness (Harris et al., 2016), meditation, and opportunities for laughter (Carr et al., 2011).

### Teaching Assistants' vs Teachers' Mental Health

Some TAs highlighted that TAs' mental health was not being prioritised when compared to teachers' mental health: "you just don't have time, and I think as well a lot of

management in schools think about the wellbeing of the teachers but forget the wellbeing of the TAs and we are doing a lot more. We're doing a lot more than teaching" (Lillie). Research suggests that TAs' experiences have not been widely explored, for instance, some studies placed significance on other staff members' perspectives such as line managers (Groom & Rose, 2005) or headteachers (Moran & Abbott, 2002); or TAs' perspectives were collated within a group of staff's views (e.g., Wood, 2018). The importance of TAs' mental health when compared to teachers' mental health when supporting CYPs mental health seems to be lacking.

#### Support for Teaching Assistants' own Mental Health

It was important that TAs in the current study had support for their own mental health as working with CYP with mental health needs can be emotionally draining. TAs in the current study seemed to be utilising each other as a support network when they felt overwhelmed when working with CYP: "the staff work as a team and if a TA is working with one of the children that shows challenging behaviour and they're having a particularly rough day, we know to check in on them. We'll decide if you want 5 minutes, you go make yourself a cup of tea and I'll have him for 10 minutes" (Chloe). This links to previous findings, where Ravalier et al. (2021) have found that TAs tend to engage in emotion-focused coping towards the reduction of emotional distress caused by the threat. Examples of emotion-focused coping strategies include distancing from the situation, avoiding stressful situations, and engaging peer support networks. It was reported that TAs also engage in problem-focused coping mechanisms such as strategies which involve directly addressing the threat, for example, by defining the problem, using alternative solutions, and perhaps learning new skills (Folkman, 2011). Similarly,



Conboy (2021) also echoed that TAs referenced using their colleagues for support and advice.

**Research sub-question 2: What training/support have Teaching Assistant's received to help them in supporting children and young people's mental health? What kind of further support/training would they like to see?**

TAs discussed the training/support they have received for them to support CYP's mental health; they also highlighted the support/training they would like to receive in the future so that they could support CYP's mental health. Theme 5 was the most relevant theme that has been helpful in answering this research question. The researcher has combined the subthemes of theme 5 together as they were all connected in answering the research question.

TAs had mixed responses in terms of feeling confident when supporting CYP with their mental health: "I do worry, especially the lad who'd lost his mum. I did feel underqualified in dealing with. I mean yes and no. I put a mum hat on and did what I would have hoped that somebody would have done with my children when they were young. If it had happened, I think I quite often pull on my 'mum hat' opposed to like a 'TA job hat" (Heather). Davies and Matley's (2020) study showed that staff cited further training as a being important to improve their capability in supporting CYP's mental health. Teachers also felt that further training would help TAs to teach mental health as part of the curriculum (Davies & Matley, 2020). Moreover, Stoll and McLeod (2020) interviewed school staff who had a direct role in supporting children with mental health needs. Despite having what could be considered a more specialist role, half of the staff in this study did not feel confident in their ability to provide support to the children they worked

with or felt that they did not have the level of training required to do this (Kimber, 2023).

Cultural background of TAs seemed to be beneficial in supporting their work when working with CYP: “It is diverse, so I’m a Muslim and I’m from Pakistan and there are students who are from India and Pakistan as well. Like they lived here, but their families are from India or Pakistan. And there’s some cultural similarities and a lot of times I can understand” (Sarah). This is consistent with previous findings as Cable (2004) reported that bilingual staff considered that knowledge and understanding of the cultural backgrounds of the children and their families was one of the fundamental contributions that they made to the education and care of the children they worked with. They felt that knowledge and understanding of child-rearing practices in different communities and communicating these to teachers helped the latter to gain valuable insights into children's skills and behaviour, especially when they first started school or nursery.

TAs have also described the sources of their skill development, which included support from teachers, between colleagues and from external professionals (Cockroft & Atkinson, 2015). Training is highlighted as an important contributor to effective TA practice, however TAs identified practical barriers that meant they were unable to access training, including the cost of training and that schools were unwilling to release TAs to attend (Cockroft & Atkinson, 2015). Since TAs that were interviewed in the current study were from and worked in different areas and different schools, it may be the case that their experiences are generalisable in relation to lack of training. Even so, in

wider-scale studies involving a range of TAs from different settings, TAs have previously reported lower levels of satisfaction with the training and development opportunities available to them (Blatchford et al., 2009).

Cajkler et al. (2007) similarly discussed that policy on training TAs has not been effectively coordinated and that opportunities have been relatively untargeted. However, the situation appears to be changing in that there have been policy developments which includes the induction training for TAs introduced by the Department for Education and Skills in 2000 and 'higher level teaching assistant' training opportunities since 2003, although there have been difficulties with the introduction of this status (Tucker, 2009). Tucker's (2009) study reports that the lack of pre-service training available nationally for those wanting to enter this kind of work, remains limited.

## **Implications for Practice**

### **Implications for EPs**

TAs viewed themselves to be supporting CYP's mental health and considered this part of their role. The current study focused on the views of TAs in supporting CYPs mental health, however there are key implications for EPs who have been identified as key providers of mental health support within schools (Sharpe et al., 2016). This role often includes the support of school staff, with EPs often working to upskill staff, challenge perceptions and support in planning for children and young people with mental health needs (Zafeiriou & Guilliford, 2020). EPs also tend to work at different layers of schools within their role and work with adults through supervision, consultations, interventions and training. Accordingly, the key implications for EPs from the current research are the following:

- *Supervision:* As mentioned by TAs in the current study, TAs may benefit from supervision support from EPs which could provide ongoing professional development, provide a safe space for reflection, and build staff confidence and self-efficacy in supporting mental health. Bandura's (1982, 1994) suggestions for factors that improve self-efficacy could be incorporated into supervision.
- *Training:* Training was a huge theme that came to the surface throughout all the interviews. TAs repeatedly mentioned that they are lacking in training, tend to fund the training via private routes and may be relying on their own personal experiences, such as 'putting on mum hat' to guide their support of CYP's mental health. It is important that TAs have access to universal training to support their skills in supporting CYP's mental health. EPs could possibly support TAs within their roles.
- *Avoidance of 'Blame' Culture:* There may be a tendency within schools to 'blame' the home environment, i.e., parent/carers for CYP's poor mental health. Risk factors in the development of poor mental health are wide ranging and can include income inequality, parental conflict and relationship breakdown, parental health, school expectations, cyber bullying and owning the latest technology (Bor & Hayatbaksh, 2014; The Children's Society's, 2014; Young Minds, 2014a). EPs could use this as an opportunity to work with schools to explore these views and encourage inclusive practices by sharing the damaging effects of acculturation (Wright, 2010).

- *Opportunities for Systemic Work:* Within the current study, TAs have indicated that it is mostly TAs that support CYP with their mental health. Previous studies also indicate that TAs support CYP's mental health on most occasions (Conboy, 2021). This could be an opportunity for EPs to explore the roles and responsibilities of all staff members in the school setting in relation to supporting CYP's mental health, as part of collaborative discussions with school.
- *Working Directly with TAs for Casework:* TAs within the current study highlighted that they were often not informed about important information about a CYP's background that may be having a negative impact on their mental health. TAs felt that they do not always have a direct contact with EPs. As a result, EPs could possibly consider obtaining TAs' views around supporting CYP's mental health during school visits. TAs' unique roles and exclusive knowledge in supporting CYP's mental health will be helpful for EPs to adequately support TAs.
- Having direct contact with TAs through casework. As highlighted above, many TAs felt that they did not always have contact with external professionals when they were involved with children that TAs worked closely with. This contradicts findings from this research about the distinctive knowledge and understanding of children that TAs can contribute. Therefore, EPs could consider these benefits when arranging visits and gain the views of TAs when possible

## Implications for Schools

The current study also considered implications for schools, as mentioned below:

- *Emotional Support for TAs:* All TAs within the current study highlighted the emotional impact of supporting CYP's mental health, which can impact their own mental health. Schools could consider that mental health support is accessible for all staff in schools so that their wellbeing is prioritised.
- *Involving TAs as Part of the Process:* All TAs within the current research had a good relationship with CYPs; schools may consider sharing any vital information with TAs to support them in their roles. TAs highlighted that they are often not informed about any background information about a CYP's mental health which would be beneficial to know when working with CYP. Schools sharing any information with TAs would be beneficial for their practice. Additionally, any external professionals that are involved in CYP's family, a TA may be helpful in providing a holistic picture of CYP's development.
- *Involving TAs as Part of Mental Health Policies:* TA roles in supporting mental health is currently not recognised within government policies and guidance. TAs within the current study seem to focus on safeguarding protocols when there are concerns around CYP's mental health. It would be ideal for schools to develop and implement mental health policies so that the key responsibilities of all staff can be clear about what actions to take and who should take them.

- *TA Role and Status:* TAs within the current study highlighted the hierarchy within schools which can impact their confidence and work when supporting CYP's mental health. Schools should consider being inclusive of all support staff and the negative impact it can cause for TAs. For example, schools can increase their communications with TAs, invite TAs to meetings and support TAs through access to training.
- *Implementing Preventative Work:* TAs within the current study discussed supporting CYPs mental health when they initially had worries about CYP's mental health, thus this could be framed as reactive rather than preventative work. Along with reactive work, schools need to implement more preventative work to notice any mental health needs that CYP may be experiencing. This may include supporting CYP who may be in a risk category (i.e., bereavement, divorce, housing and financial difficulties), before they experience any mental health difficulties (i.e., early intervention).

## **Limitations**

Although the current research has made a contribution by capturing the voices and experiences of TAs, it is vital to acknowledge its limitations. The first limitation of this study is the generalisability of the findings. The researcher aimed to explore the unique experiences of TAs with thematic analysis. With thematic analysis, transferability refers to generalisability of inquiry. In qualitative research, this concerns only to case-to-case transfer (Tobin & Begley, 2004). Lincoln and Guba (1985) highlighted that the researcher cannot know the contexts that may wish to transfer the findings; however, the researcher is responsible for providing thick descriptions, so that those who seek

to transfer the findings to their own site can judge transferability. Therefore, due to the methodology, the findings of this research do not stand on their own as generalisable. However, as Lincoln and Guba have discussed, it is hoped that readers who are able to judge transferability can transfer and apply the findings for their own research.

Secondly, another limitation of the current study was that participants were self-selecting. TAs who took part in the research had an interest in mental health, including TAs who have a current role in supporting CYP's mental health. The views and experiences that were discussed during the interviews may not be a real representation of all TAs, for example, TAs who may have a negative view of supporting CYP's mental health may have been less likely to participate in the study. TAs were also recruited from primary schools due to the research (Early Intervention Foundation, 2024) indicating that early intervention is crucial for supporting CYP's mental health; this may have been a limitation as only primary based support staff views were elicited and not secondary or further education staff.

Thirdly, there is the issue of researcher bias; the researcher is aware of her previous experiences as a Low Intensity CBT Practitioner, TA and other various support roles could have affected how she approached the analysis. Hence, reflecting on this led to recognise that having a second person to analyse the data would have been beneficial in helping to reduce the potential impact of this bias.



## Future Research

The current study focussed on primary school, mainstream, TA views on supporting CYP's mental health. Upon reflection, studies that researched secondary school TAs' views would be beneficial for future research as there is a currently a gap. TAs in secondary schools are in different year groups, work with different age ranges and therefore will experience a variety of mental health difficulties. This will be significant to the literature to understand the mental health difficulties of secondary school students.

A key limitation within the current research was that the TAs who participated in the study may have had a certain interest related to supporting CYP's mental health. For future research, it would be beneficial to try to obtain the views of a broader range of TAs, including those who may have more negative attitudes to mental health and their role in supporting CYP's mental health.

In future research, it would be valuable to explore the views of others about the TA role in supporting CYP's mental health to identify any potential similarities or differences in views. This could include gaining the views of parents, which is another gap. Additionally, gaining the views of CYP would add substantial weight to the literature in the support they receive from TAs regarding their mental health. Initially, the researcher desired to gain CYP's views regarding their mental health, however due to time constraints and ethics, this was not possible. Nonetheless, gaining CYP's views firsthand would be listening and capturing the voice of the child which is effective mental health practice. It would help professionals to understand CYP's lived experiences,

hear their views about their lives and circumstances, and take effective action to support them with their mental health.

## **Conclusion**

The current research explored the views of TAs when supporting CYP's mental health; the current study is consistent with previous literature which proposes that TAs would like to increase their knowledge around mental health and have more access to training (Conboy, 2020). The current research was a Thematic Analysis study with eight participants who worked in supporting roles in primary schools in England. The TAs spoke about their experiences of supporting CYP's mental health and gave lots of examples. The research highlighted the differences and similarities between the participants' interviews, their experiences were grouped in the following themes:

- Experiences of working within the systems
- Defining children and young people's mental health and teaching assistants' own mental health
- How teaching assistants support children and young people's mental health
- Partnership with parents
- Lack of training

The findings of the current study suggest that TAs recognise that they have an active and a valuable role in supporting CYP's mental health. The findings have key implications for educational professionals (including EPs) and schools.

## **Chapter Three: Reflective Chapter**

### **Critical Account of the Research Practitioner**

This chapter is written in the first person to reflect my active role in the current research. Throughout this research project, I reflected on the process of conducting research through supervision and keeping a research diary. My research journey has not been easy, but it has empowered me to learn and reflect on a deeper level about the research topic as well as the process of conducting research and my identity as a practitioner and researcher. This chapter provides a critical account of my research journey, with a particular focus on the process of designing, conducting, and analysing the current study.

### **Choosing a Research Topic**

Prior to gaining a place in the professional doctorate, I worked as a Psychological Wellbeing Practitioner (PWP) for the NHS and as a Teaching Assistant (TA) and Special Educational Needs Teaching Assistant (SEN TA) in a number of specialist and mainstream educational settings, including a special school for CYP with Down's Syndrome and Autism. Thus, I have extensive experience working both within mental health and educational settings as well as working with variety of professionals and school staff. It was during my role as a TA in a special school that I first became interested in the topic of mental health and the TA role; I became aware of the lack of knowledge of mental health within the staff team since most CYP that attended the special school experienced mental difficulties such as Obsessive-Compulsive Disorder (OCD) and anxiety. I recognised that as a TA, I was struggling to support CYP with mental health difficulties and heavily relied on the support staff who knew

the CYP quite well. The CYP and TAs tended to have strong bond since most TAs had worked at the setting for a very long time and that some of the TAs had children who attended the setting. My interest in mental health continued to grow as a PWP, in which as part of my role I delivered short term low intensity Cognitive Behavioural Therapy (CBT) to young people who had experienced low mood and anxiety for variety of reasons such as exam stress or academic pressures. As I became a Trainee Educational Psychologist (TEP), my interest in mental health further grew within educational contexts as I observed the variety of support that the school staff provided for CYP's mental health; this of course also involved the support staff's views on supporting CYP's mental health. Within my role as a TEP, I took a particular interest in Emotional Literacy Support Assistant (ELSA) as part of both training and supervising support staff; this inspiration rooted from providing practical and emotional support for support staff so that they felt equipped when working with CYP's mental health. This further ignited my interest in the experiences of TAs and I took further interest in this area, continuing to read articles, attend webinars and again it was evident from the literature that there was a gap regarding the views of TAs were limited and under-represented which is concerning, given that they are frontline staff working with CYP's mental health. In the early stages of deciding a research topic, I considered exploring the views and experiences of CYP themselves in relation to mental health and the role of the school staff and schools in supporting their mental health; this piece of research will help to ensure support and interventions are tailored for CYP needs. I considered gaining CYP's views as I had read a piece of research by Hall (2010) who explored the social and emotional experiences of eighteen children within one primary school. In this study the research team consisted of two EPs and a TEP who employed focus groups and used the Ten Element Map (MacDonald & O'Hara, 1999) which consisted

of CYP talking and drawing about areas in relation to environmental quality, self-esteem, emotional processing, self-management skills and social participation. However, I recognised that the research involved a research team and needed time, along with ethical consent required from parents than engaging in traditional research. As I was completing a professional doctorate, alongside placement and personal commitments, I made the decision to focus on carrying out a more manageable research.

### **Terminology**

The language used in the research to describe both mental health and teaching assistants has been associated with complications. Since there are various labels within the literature to define mental health as 'disorder', 'difficulties' or 'conditions' and teaching assistants not having a clear role definition, I have reflected upon the terminology and the language I have used throughout my research journey. Kincheloe and McLaren (2005) highlighted that language is continuously evolving and that it shapes and reflects one's understandings of one's social environment; thus, having this in mind, I decided to use the term mental health throughout my journey. However, I did have reflections that mental health sounding 'medical' and that it may negatively impact recruitment. Nevertheless, I did not experience any difficulties around the term with the participants.

### **Positionality as a PWP, TA and TEP**

Before I started my interviews with TAs, I reflected upon my previous role as a TA and how my own beliefs and biases as a researcher could potentially impact the research process. For example, I recognised that my own experience as a TA could influence my approach to the research as I might assume that the participants' experiences were

similar to my own experiences. This could have had a negative effect during the interviews as my personal opinions could be unintentionally communicated to the participants which would influence their responses (Alshenqeeti, 2014). To ensure transparency, I would like to outline key elements of my identity which may have influenced this research. I am coming from a minoritised background where I also identify as bilingual. Since I have been a TA and a PWP in the past, I believe that I share aspects of an insider's views which has helped this research. For example, when interviewing Sarah who is also coming from a minoritised background and is bilingual, she spoke about the hierarchical issues and felt that her role was 'undervalued' as to which I was also able to relate to. This shared understanding was particularly useful within the interview process and that it is possible this also relieved the power imbalances between me and the participants. However, I recognise that having somewhat an insider's perspective is also likely to have impacted my interpretations. For instances, I could have over- or underestimated the significance of 'feeling undervalued' due to my own experiences. However, the use of a research diary as well as a commitment to asking clarifying questions during the interview process enabled me to ensure that I stayed close to participants' accounts. My professional experience and interest in this topic also meant that I had plenty of preconceptions that needed to be bracketed. Fortunately, I felt that years of reflective and reflexive practice within EP training (BPS, 2017) facilitated this process.

### **Practitioner Stance: Ontology and Epistemology**

During the initial stages of devising this study, I initially considered critical realism as the ontological and epistemological stance for this study. However, when I started reading more about the literature about mental health and constructivism and speaking to my supervisor and tutors, I noticed that my study sits well with constructivism as I

could explore each individual TA's views around CYP's mental health as well as their current and past experiences. I also felt that constructivism closely fits with my stance as a practitioner. Accordingly, I feel that I will continue to reflect on this theory throughout my professional life as an EP.

### **Recruitment**

My initial plan was to recruit TAs via my placement provider, through the EP service in the East of England. However, I struggled to recruit participants via the EP service emailing on behalf of me as they acted as a gatekeeper. My recruitment strategy involved the EP service emailing the headteachers in the area to advertise my research advertisement with a total of three reminders were sent where needed, during the summer term. I felt that this technique could potentially be viewed as an intrusion and therefore decided to extend the recruitment strategy. Also, I was aware that there were a number of extra-curricular activities taking place during the summer term and that all staff appeared to be tired, ready for the summer holidays. Despite the fact that I felt the pressure to collect data from participants in a restricted period of time, I did not make this known to participants as I interviewed them as I did not want them to feel pressured to take part in my research. After the ongoing recruitment difficulties, I took the decision to go national instead of one borough and advertised my research nationally. I advertised my research via social media (i.e., Facebook groups for TAs and support staff, 'Teaching Assistants UK') and received lots of interest to participate for my study. However, during the phase when I was experiencing recruitment issues, I thought about changing the research topic due to pressures and time constraints but stayed committed to this research as TAs voices are not represented within the literature.

## **Data Gathering**

### **Semi-Structured Interviews**

When considering data collection methods, I recognised semi-structured interviews would fit with social constructionism, with myself as the researcher engaging in a dialogue with the participant, in comparison to the use of open-ended questionnaires, and encouraging greater participant involvement in the answering of questions (Cohen et al., 2011). Interviews allow for some flexibility and provide a tool to capture participants voices and the way they make meaning from their experiences (Rabionet, 2011). I chose interviews as they would enable me to respond and interact with the participants responses and experiences they spoke about, using the questions to guide discussion (Robson, 2002). Semi-structured interviews were chosen, as unstructured interviews may not have elicited the topics that I wished to discuss in relation to the research question and overly structured interview schedules would have. Therefore, using the format of an opening question with additional questions structured around areas of interest would support the interview, meaning questions could probe for information if it did not initially come up (Rabionet, 2011). The process of developing questions was supported by my understanding of my research aim and questions, and the wider reading on the literature that I was engaging in.

### **Face to Face or Online Interviews**

When writing my research proposal, I reflected on whether I wanted to conduct the interviews face to face or online. After much reflection and speaking to my supervisor, I decided to do them online via Microsoft Teams which also transcribed the data. As I was also a TA in the past and remembered how busy the role was during the school time, I decided that it would be more suitable to do the interviews online. I initially felt



that I restricted the TAs options whether they would like face to face or online interviews, however, it worked out quite well in terms of the online interviews as some of the TAs requested evening times as to which I was able to accommodate. Keen et al. (2022) outlined that there are several strengths with online interviews for qualitative research; they outline the advantages for virtual interviewing as virtual methods' accessibility and recruitment viability, scope for interview rapport, data richness and transcription efficiency. For future research endeavours, I might consider providing both options to provide flexibility for the participants as I feel that face to face interviews would have been helpful to build a rapport more quickly.

## **Analysis**

Prior to considering my approach to data analysis I considered both my epistemological stance along with previous experience of conducting qualitative research. I carried out qualitative research as part of small-scale project in my first year of the doctorate and hence used Braun and Clarke's (2006) thematic analysis. Initially, I felt confident using the method again but quickly noticed that I needed to do more reading around thematic analysis. I found the process challenging as I initially approached this section with unconscious incompetence (Burch, 1970). Nevertheless, looking back at Braun and Clarke's updated stages of TA (2022) before I started the analysis assisted me to raise my awareness of the complexity that thematic analysis involved, and ensured I allowed the extra time I needed to learn and apply this approach (Braun & Clarke, 2022). Additionally, on reflection of my research journey, I was experiencing the phases of the change/grief cycle (Kubler-Ross & Kessler, 2005) due to a personal life event which I feel the impact of my emotional stage has influenced my productivity throughout the research journey. As a result of this situation, analysing the data felt very overwhelming during the process as there were

moments of feeling disengaged or avoidant of data and so research supervision was essential for validation, containment, and enabling progress during this time (Hulusi & Maggs, 2015). Luckily, the Braun and Clarke (2022) book discusses that being lost and stuck in the journey is all part of the process, along with giving the recommendation that it is best to take time to immerse, familiarise and process data (Trainor & Bundon, 2020). As a result, I took some time during the research journey to follow Braun and Clarke's six phases of thematic analysis as I wanted to take time to distance myself from the data while processing my emotional responses and implementing strategies to approach the data. Another challenge I experienced was the urge to resist to not jump ahead to the next phase of thematic analysis. I hypothesised that the temptation to jump ahead was the anxiety resulting from time pressures to complete a thesis along with the need to take time away from the data. Nonetheless, following the phases of the thematic analysis, although it is not a linear process, helped me to stay focused to the data. Furthermore, I noticed that during the transcription phase of my research journey, I found myself thinking of more suitable follow-up questions during the interviews which would have led to more deeper conversations with participants. I also reflected that I could have used Socratic questioning, which is a communication style that allows a person to stimulate another person's thinking through open-ended questions. It is a method of teaching and counselling that involves a disciplined and thoughtful dialogue between two or more people. By using a series of focused yet open questions, individuals can unpack their own beliefs and those of others. Socratic questioning is especially helpful when examining complex ideas and challenging assumptions (Positive Psychology, 2024). However, being conscious that I was under time constraints meant that I had less time to explore more meaningful conversations. On reflection, I feel that my interview skills have influenced my

practice as a TEP when thinking about the most suitable questions to ask individuals when gathering information during a piece of work.

### **Dissemination of Findings**

The main aim of this research was to construct information that would benefit the CYP's mental health. By giving the TAs a voice about their views on the crucial support they provide for CYP's mental health, it is hoped that professionals such as EPs, teachers, SENCos and policy makers can better understand and support their need in educational settings; this is so that TAs could be better equipped to support CYP's mental health. In order to maximise the potential impact of the current study, the findings will be disseminated at various levels. I acknowledge that for my research to be useful for EPs and schools its dissemination is an important point for me to consider. At the beginning of the research process, I considered how I could share a summary of my findings with research participants if they wished and included this option within the consent forms. All of the TAs indicated that they would like a summary of my findings which was uplifting for them to show a great deal of interest as they highlighted that it is an important area of research. Additionally, I intend to share my findings with TAs' schools and create a one-page summary. Moreover, I am hoping that I can provide presentations to schools where I will be the link EP so that the findings can be disseminated at an organisational level, including all levels of school staff. Besides this, I intend to share the findings of the research at my placement local authority during Continuing Professional Development (CPD) day and the authority I will be working for, following qualification. In summary, I am aspiring to achieve changes through whole school organisation along with individual level so that I am able to promote organisational change, i.e., having discussions with headteachers for

planning training and supervision for TAs so they feel more empowered when working with CYP's mental health.

## **Conclusion**

These reflections as part of the chapter that I have experienced hopefully provide an account of the rationale for the study and the decisions I made throughout my research journey. I have tried my best to remain open and reflected on my own experiences and background context which may have impacted the research journey. As a researcher, I have reflected on the difficulties that I have encountered during my research journey, especially initially recruiting TAs and analysing the data along with following the thematic analysis stages. With juggling doctoral research along with the placement responsibilities has been challenging but a worthwhile experience for the future as I add a number of skills to my toolbox. Regardless of the challenges I have faced during my research journey, I have found that this piece of work has been priceless in terms of broadening my knowledge around CYP's mental health and TAs' role and views. I am hoping that this insight would better equip my skills as a practitioner when working with support staff and CYP's mental health. The TAs that have participated in the current research will guide my future work as an educational and child psychologist. Moving forward to becoming an educational and child psychologist, I will unquestionably take this knowledge and experience with me to support schools and CYP with becoming a more reflective practitioner. I hope to take such learning forward in my development as I construct my own identity and role within the profession. As I am getting ready to submit this thesis, I am experiencing several different emotions. Above all, I feel an immense gratitude to have had the opportunity to elicit and give voice to the TAs with the support of my research. Despite the various professional and personal challenges I have experienced during my research journey,

learning about the TAs experiences and views in supporting CYP's mental health (see Chloe's feedback, as outlined below) has made the process rewarding in the end:

*'It's a very important field that needs to be looked at. I'm just really, really pleased that somebody is doing it!'*

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## Appendices

### Appendix 1: Ethical Approval

University of East Anglia

**Study title:** An Exploration of Teaching Assistants' (TAs) Views on Supporting Children and Young People's (CYPs) Mental Health (MH)

**Application ID:** ETH2223-2560 (significant amendments)

Dear Burcu,

Your application was considered on 3rd July 2023 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 **31st August 2024**.

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](mailto: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,

Melanie Aplin

**Ethics ETH2223-2560 (Significant amendments): Mrs Burcu Yildirim**

## Appendix 2: Teaching Assistant Participant Information and Consent Form

Ms Burcu Yildirim  
Postgraduate Researcher

26 June 2023

Faculty of Social Sciences  
School of Education and Lifelong Learning

University of East Anglia  
Norwich Research Park  
Norwich NR4 7TJ  
United Kingdom

Email: burcu.yildirim@uea.ac.uk  
Web: www.uea.ac.uk

### An Exploration of Teaching Assistants' (TAs) Views on Supporting Children and Young People's (CYPs) Mental Health (MH)

#### PARTICIPANT INFORMATION SHEET

##### (1) What is this study about?

You are invited to take part in a research study about the Teaching Assistants' views on supporting children and young people's mental health. You have been invited to participate in this research as the study aims to develop an understanding of how Teaching Assistants view their role in supporting children and young people's mental health and to reflect on future implications for primary settings and Educational Psychologist practices in relation to the promotion of mental health for primary children. Your opinions and insights will help to highlight how primary schools can support children and young people's mental health.

This Participant Information Sheet tells you about the research study. Knowing what is involved will help you decide if you want to take part in the study. Please read this sheet carefully and ask questions about anything that you don't understand or want to know more about.

Participation in this research study is voluntary. By giving consent to take part in this study you are telling us that you:

- ✓ Understand what you have read
- ✓ Agree to take part in the research study as outlined below
- ✓ Agree to the use of your personal information as described
- ✓ You have received a copy of this Participant Information Sheet to keep

##### (2) Who is running the study?

The study is being carried out by the following researcher: Ms Burcu Yildirim, Trainee Educational Psychologist & UEA Postgraduate Researcher (burcu.yildirim@uea.ac.uk).

This will take place under the supervision of Ms Imogen Gorman, Educational Psychologist (i.gorman@uea.ac.uk).

##### (3) What will the study involve for me?

The research study will consist of you taking part in a one-off interview (virtual).

You will be asked a set of questions during the interview. These will include questions about your views around supporting children and young people's mental health within primary settings.

There will be questions around your experience and perspective around how you view your role as a Teaching Assistant in supporting children and young people's mental health. During interviews, the

only people present will be you and the researcher and, if you are happy for the Researcher to record your comments, the Researcher will use an audio/video recording device.

Your recorded comments will then be stored under a different fictitious name (a pseudonym), to reduce the likelihood that people outside of the interview room will be able to identify who you are. This is called anonymising the data, which many research participants prefer as it means they can speak more openly and truthfully about their views. Soon after your interview (a few weeks later), you will also have the opportunity to look over your comments in a transcript, to check if you are happy with your comments. You will be able to withdraw your comments at any point up until 31st December 2023. After this date, participants can no longer withdraw their comments from the study.

**(4) How much of my time will the study take?**

The one-off interview (virtual) will last around 45-60 minutes.

**(5) Do I have to be in the study? Can I withdraw from the study once I have started?**

Being in this study is completely voluntary and you do not have to take part.

Your decision whether to participate will not affect your current or future relationship with the researchers or anyone else at the University of East Anglia now or in the future.

If you decide to take part in the study, you can withdraw your consent up to the point that your data is fully anonymised. You can do this by letting the Researcher know that you would like to withdraw from the study. You can contact the Researcher, Ms Burcu Yildirim by emailing [Burcu.Yildirim@uea.ac.uk](mailto:Burcu.Yildirim@uea.ac.uk) and informing her about your request to withdraw from research on or before 31<sup>st</sup> December 2023.

**(6) What are the consequences if I withdraw from the study?**

You are free to stop the interview at any time. Unless you say that you want us to keep them, any recordings will be erased and the information you have provided will not be included in the study results. You may also refuse to answer any questions that you do not wish to answer during the interview. If you decide at a later time to withdraw from the study your information will be removed from the records and will not be included in any results, up to the point I have analysed and published the results.

**(7) Are there any risks or costs associated with being in the study?**

As children and young people's mental health will be discussed during the interview, it may result in discussions which provoke an emotional reaction. I hope that you find the research interesting but if you do become upset by any of the topics discussed, you may wish to speak to the Researcher, Ms Burcu Yildirim. If you feel that some questions or aspects of the study triggered distress, talking with a dedicated service may also help.

Services:-

- You can access the mental health support via NHS: <https://www.nhs.uk/nhs-services/mental-health-services/>
- You can access Mind for mental health support: <https://www.mind.org.uk/information-support/guides-to-support-and-services/seeking-help-for-a-mental-health-problem/where-to-start/>
- You can access Mental Health Foundation for mental health support: <https://www.mentalhealth.org.uk/explore-mental-health/get-help>
- Or you can speak to your GP, Samaritans (116 124) or speak to someone you trust.

**(8) Are there any benefits associated with being in the study?**

By participating in the study, you will be contributing to how Teaching Assistants view their role and how they support children and young people's mental health, which is useful for personal development. Furthermore, the research will offer scope for current and future training opportunities for Teaching Assistants.

**(9) What will happen to information provided by me and data collected during the study?**

Your personal data and any information you provide during the study will be stored in a password-protected folder on a password-protected computer. Only the Researcher, Ms Burcu Yildirim, will have access to this information.

Your personal data and information will only be used as outlined in this Participant Information Sheet, unless you consent otherwise. Data management will follow the Data Protection Act 2018 (DPA 2018) and UK General Data Protection Regulation (UK GDPR), and the University of East Anglia's [Research Data Management Policy](#).

The information you provide will be stored securely and your identity will be kept strictly confidential, except as required by law. Study findings may be published.

**(10) What if I would like further information about the study?**

When you have read this information, the Researcher, Ms Burcu Yildirim (Burcu.Yildirim@uea.ac.uk) will be available to discuss it with you further and answer any questions you may have.

**(11) Will I be told the results of the study?**

You have a right to receive feedback about the overall results of this study. You can inform the Researcher that you wish to receive feedback by selecting the box to indicate that you would like feedback. This feedback will be in the form of a one-page lay summary. This feedback will be available once the researcher's thesis has been completed and approved by those marking it.

**(12) What if I have a complaint or any concerns about the study?**

If there is a problem please let me know. You can contact me via the University of East Anglia at the following address:

Ms Burcu Yildirim  
School of Education and Lifelong Learning  
University of East Anglia  
NORWICH NR4 7TJ  
Burcu.Yildirim@uea.ac.uk

If you are concerned about the way this study is being conducted or you wish to make a complaint to someone independent from the study, please contact the Researcher's Supervisor Ms Imogen Gorman (i.gorman@uea.ac.uk) or the Head of School of Education and Lifelong Learning: Prof. Yann Lebeau (y.lebeau@uea.ac.uk).

**(13) How do I know that this study has been approved to take place?**

To protect your safety, rights, wellbeing and dignity, all research in the University of East Anglia is reviewed by a Research Ethics Body. This research was approved by the EDU S-REC (School of Education and Lifelong Learning Research Ethics Subcommittee).

**(14) What is the general data protection information I need to be informed about?**

According to data protection legislation, we are required to inform you that the legal basis for processing your data as listed in Article 6(1) of the UK GDPR is because this allows us to process personal data when it is necessary to perform our public tasks as a University.

In addition to the specific information provided above about why your personal data is required and how it will be used, there is also some general information which needs to be provided for you:

- The data controller is the University of East Anglia.
- For further information, you can contact the University's Data Protection Officer at [dataprotection@uea.ac.uk](mailto:dataprotection@uea.ac.uk)
- You can also find out more about your data protection rights at the [Information Commissioner's Office \(ICO\)](#).
- If you are unhappy with how your personal data has been used, please contact the University's Data Protection Officer at [dataprotection@uea.ac.uk](mailto:dataprotection@uea.ac.uk) in the first instance.

**(15) OK, I want to take part – what do I do next?**

You need to fill in one copy of the consent form and return it to the Researcher, Ms Burcu Yildirim (Burcu.Yildirim@uea.ac.uk). Please keep the letter, information sheet and the second copy of the consent form for your information.

**(16) Further information**

This information was last updated on 26 June 2023.

If there are changes to the information provided, you will be notified by the gatekeeper belonging to your organisation. If you have already decided to opt-in to this study, changes in information may come directly via email from the Researcher, Ms Burcu Yildirim (Burcu.Yildirim@uea.ac.uk).

This information sheet is for you to keep

**PARTICIPANT CONSENT FORM (First Copy to Researcher)**

I, ..... [PRINT NAME], **am** willing to participate in this research study.

In giving my consent I state that:

- I understand the purpose of the study, what I will be asked to do, and any risks/benefits involved.
- I have read the Participant Information Sheet, which I may keep, for my records, and have been able to discuss my involvement in the study with the researchers if I wished to do so.
- The researchers have answered any questions that I had about the study and I am happy with the answers.
- I understand that being in this study is completely voluntary and I do not have to take part. My decision whether to be in the study will not affect my relationship with the researchers or anyone else at the University of East Anglia now or in the future.
- I understand that I may stop the interview at any time if I do not wish to continue, and that unless I indicate otherwise any recordings will then be erased and the information provided will not be included in the study results. I also understand that I may refuse to answer any questions I don't wish to answer.
- I understand that the results of this study may be published. Although every effort will be made to protect my identity, I may be identifiable in these publications due to the nature of the study or results.
- I understand that personal information about me that is collected over the course of this project will be stored securely and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law.

I consent to:

Audio-recording	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Video-recording	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Reviewing transcripts	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Would you like to receive one-page lay summary of the study?

YES  NO

If you answered **YES**, please indicate your preferred form of feedback and address:

Postal: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

.....  
**Signature**

.....  
**PRINT name**

.....  
**Date**





Would you like to receive one-page lay summary of the study?

YES  NO

If you answered **YES**, please indicate your preferred form of feedback and address:

Postal: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

.....  
**Signature**

.....  
**PRINT name**

.....  
**Date**

*Ethics Application ID: ETH2223-1510*

## Appendix 3: Debrief Information for Teaching Assistants

### Debrief Information

As part of the recruitment and gaining informed consent, participants will be made aware of the nature of the study. They will be reminded that their involvement in the study will be voluntary and confidential.

#### *Participant Information:*

Please be aware of the potentially emotive topics that will be discussed during the interview.

I will signpost to means of support if necessary (e.g., speaking to your line manager or services that provide mental health support).

- Line Manager: you can speak to your line manager directly if you feel that you need to speak to them;
- You can access the mental health support via NHS: <https://www.nhs.uk/nhs-services/mental-health-services/>;
- You can access Mind for mental health support: <https://www.mind.org.uk/information-support/guides-to-support-and-services/seeking-help-for-a-mental-health-problem/where-to-start/>;
- You can access Mental Health Foundation for mental health support: <https://www.mentalhealth.org.uk/explore-mental-health/get-help>.
- Or you can speak to your GP, Samaritans (116 124) or speak to someone you trust.

## Appendix 4: Research Advert

# Teaching Assistants working in mainstream primary schools needed for research

I would love to interview you to find out more about your views and experiences!

### What is the research about?

I am exploring the views and experiences of Teaching Assistants in supporting children's and young people's mental health in schools. I am aspiring to speak to Teaching Assistants to include their voices to this research area and how best to support Teaching Assistants in their role.

### What will happen?

Taking part in the research will involve a one-to-one (virtual) interview with me at a convenient time for you. Everything will be confidential and anonymous.



### How do I get involved in the research?

To find out more about this research and how you can take part, please contact me for further information:

Burcu Yildirim (Trainee Educational Psychologist at University of East Anglia):

**[Burcu.Yildirim@uea.ac.uk](mailto:Burcu.Yildirim@uea.ac.uk)**

**Appendix 5: Email sent to Headteachers****Sent on behalf for Burcu Yildirim**

Dear Colleagues

Our Year 2 Trainee Educational Psychologist is looking for Teaching Assistants (in Primary Schools) to participate in her doctoral research. The research focuses on exploring the views of Teaching Assistants in supporting children and young people's mental health within primary settings.

I would be very grateful if you could circulate this to Primary schools within your DSPL areas.

The attached flyer provides more information about the research and how to get in touch with the Trainee Educational Psychologist.

Many thanks in advance for any assistance you can offer.

Kind regards

Principal Educational Psychologist

**Appendix 6:** Research Advert sent to Headteachers**I need your help!****Become a 'Gatekeeper'****Can you help me find participants?**

My name is Burcu Yildirim, a University of East Anglia Trainee Educational Psychologist completing a Doctorate in Educational Psychology

I'm looking for Teaching Assistants within your school!

I will be asking Teaching Assistants about:

- their views in supporting children and young people's mental health within primary settings
- their understanding of mental health

As a 'Gatekeeper', you will only have to send my recruitment email and attached Participant Information Sheet and Consent Form on to prospective participants.

If you are happy to help, please **sign, date** and **return** the attached invitation letter to Burcu Yildirim via [Burcu.Yildirim@uea.ac.uk](mailto:Burcu.Yildirim@uea.ac.uk)

**Thank you for your help!**

## Invitation Letter: Become a Gatekeeper

Dear Headteacher,

I (Burcu Yildirim) am formally writing to you to invite you to be 'Gatekeeper' as part of a University of East Anglia Research Project.

The project explores the views of Teaching Assistants in supporting children and young people's mental health within primary settings. The purpose of undertaking this research is to develop an understanding of how Teaching Assistants view their role in supporting children and young people's mental health.

The research aims to find Teaching Assistants who are happy to be involved in semi-structured interviews, where they will be asked questions exploring their views on supporting children and young people's mental health.

As 'Gatekeeper', your role within this research project will be to facilitate contact between 'Researcher' (Burcu Yildirim) and 'Participants' (Teaching Assistants) within the school.

All answers and results from the research are kept strictly confidential and the results will be reported in a thesis available to all participants on completion.

If you are happy and willing to participate within this project as 'Gatekeeper', then please sign, date and return this letter to Burcu Yildirim via email ([Burcu.Yildirim@uea.ac.uk](mailto:Burcu.Yildirim@uea.ac.uk)) at your earliest convenience.

I, ..... (*print name*), hereby accept the invitation to act as a 'Gatekeeper' in the research project outlined above.

Signature: .....

Date of signature: .....



## Invitation Letter: Teaching Assistants

**I would like your views!**

### **Are you a Teaching Assistant, currently working in a primary school?**

If so, you may be interested in taking part in my research!

#### **What is the research about?**

I am exploring the role and practice of Teaching Assistants in supporting children and young people's mental health in schools. I hope to add the voice of Teaching Assistants to this research area, and to better understand how Teaching Assistants can be best supported within their role.

#### **What would taking part involve?**

Taking part would involve one-off interview (virtual) at a time that is convenient to you. This would last around 45-60 minutes.

Your information will be kept confidential, and you will be kept anonymous.

#### **Do I need to know lots about mental health to take part?**

You don't need to have any particular knowledge or role related to mental health to take part. I am interested in hearing about the views and experiences of a range of Teaching Assistants'.

#### **Want to take part?**

Please contact Burcu Yildirim via email: [Burcu.Yildirim@uea.ac.uk](mailto:Burcu.Yildirim@uea.ac.uk)



## Appendix 7: Interview Schedule

### Interview Schedule

- Introduce self as a researcher
- Remind the information sheet (as participants have signed them previously via email):
  - The interview will be part of my doctoral training
  - Everything will be anonymised and kept confidential
  - As a researcher, I am interested in your views and experiences and I really value your time and appreciate your agreement to participate in my study
  - As part of my study, I am interviewing quite a few TAs nationwide; therefore, the feedback will be as a whole. I intend to collate everyone's responses and thus it will be rather difficult to identify individual participants
  - I will be video and audio recording the interview today via Microsoft Teams so that I can analyse the data later. Otherwise, I wouldn't be able to remember anything later 😊
  - The recorded data will be stored in a secure place (encrypted with a password) and as the main researcher, I will only have access to it
  - As a participant, I would like to remind you that you have the right to withdraw at any time. If you want to withdraw after the interview, you can do so until 31<sup>st</sup> December 23 as I will begin transcribing data thereafter which can then be quite difficult to separate the data once I have started
  - Any questions for me so far?

### **Before beginning the interview:**

- *Thank you again for agreeing to participate in my study. As part of my study, I am interested in your views and experiences in supporting children and young people's mental health in UK primary schools. Additionally, I am looking into finding out your views on supporting children and young people with any mental health difficulties and what training or support you may need in the future so it helps to increase your understanding in the area of children and young people's mental health.*

How would you like to be called during the interview? (so that you are not identifiable-anonymous/fictitious name).

Good to begin?

1. Participant information

What is your job title (TA/LSA/HLTA)?

Can you give a brief description of your role? What does the role involve?

How long have you been working in this role?

How many years have you been working in this current setting?

Do you work part-time/full-time?

Do you have any other experience of working in primary schools?

What is the age range of the children you work with?

Have you received any training on mental health?

## 2. Defining mental health

We are now going to talk about CYP's mental health. There is currently a lot of interest in mental health at the moment, especially in schools and education; it's a very broad term I know but what does mental health mean for you? What's it all about do you think?

**PROMPT:** If I were to say tell me a few things about mental health, what would that be for you?

## 3. Supporting CYP's mental health

How do you support CYP's mental health at your school?

**PROMPT:**

- What have you found to be particularly effective?
- Are you able to give me an example?
- What impact do you think this had?
- Are there any specific interventions that you implement at your school to support this area?

## 4. Main challenges in supporting CYP's mental health

What do you think are the main challenges in supporting CYP's mental health?

## 5. The importance of supporting CYP's mental health in the primary school curriculum?

**PROMPT:** Thinking about CYP's mental health and learning, which do you think is more important/a priority? Why?

## 6. How do you support CYP who might be presenting with challenging behaviour/distress (e.g., shouting, aggressiveness, hitting) in your school?

**PROMPT:**

- Can you give me an example of a recent situation in which a child was presenting with challenging behaviour? What did you do in that situation?
  - What impact do you think this had on their behaviour?
  - What do you consider to be the main reasons for children presenting with these types of behaviour?
7. When working with CYP who might be presenting with challenging behaviour/distress, does it affect you? If so, how does it affect you?

**PROMPT:** Is there anything that helps you when working with such difficulties?

8. What role do you think parents have in supporting CYP's mental health? Have you worked with parents in supporting CYP?

**PROMPT:** Any scenario where you found parents/carers challenging/difficult?

9. How do you support CYP's mental health during transitions? (e.g., to a secondary school/key stage)

**PROMPT:**

- Are you able to give me an example?
  - What worked well?
  - What did not work so well?
10. Do you feel your background has influenced your work with the CYP? (if working in a diverse setting)
11. How would you describe the support/training you've received in the area of CYP's mental health?
12. How able/confident do you feel in supporting in the area of CYP's mental health?
13. In your opinion, are there any further support or other services could offer in supporting TAs in the area of CYP's mental health?

**PROMPT:** Do you feel you need further training in an area that might facilitate your personal development/practice?**After the interview**

- Thank you for answering my questions. Is there anything you would like to add?

- Just a quick well-being check-in; If you feel that some of the questions may have triggered distress, talking with a dedicated service may help. Do you need any signposting information? If answered 'yes', provide the following:

*Services:* -

- You can access the mental health support via NHS: <https://www.nhs.uk/nhs-services/mental-health-services/>
- You can access Mind for mental health support: <https://www.mind.org.uk/information-support/guides-to-support-and-services/seeking-help-for-a-mental-health-problem/where-to-start/>
- You can access Mental Health Foundation for mental health support: <https://www.mentalhealth.org.uk/explore-mental-health/get-help>
- Or you can speak to your GP, Samaritans (116 124) or speak to someone you trust.

**Next steps**

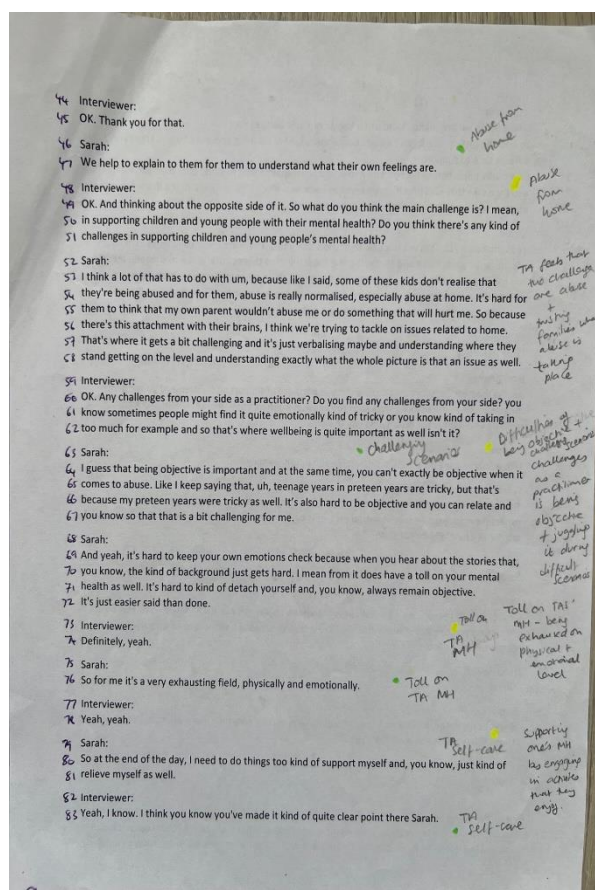
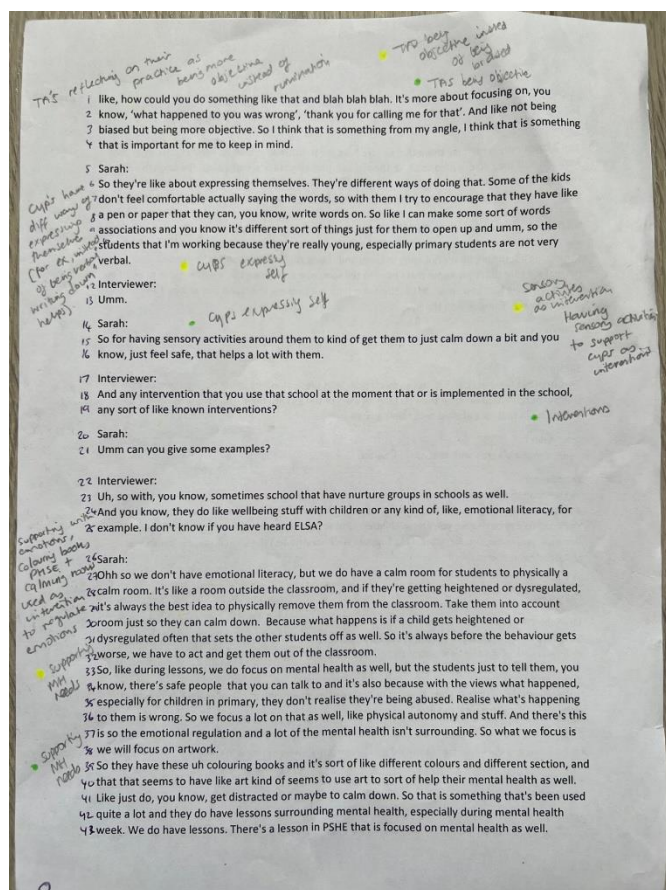
- I will be able to provide you with a one-page lay summary of the study (if you have declared on the consent form)
- As a reminder, you have the right to withdraw from the study until 31<sup>st</sup> December 23
- Thank you for your time and support for my study- really appreciate your participation in my study! 😊

## Appendix 8: Process of Thematic Analysis

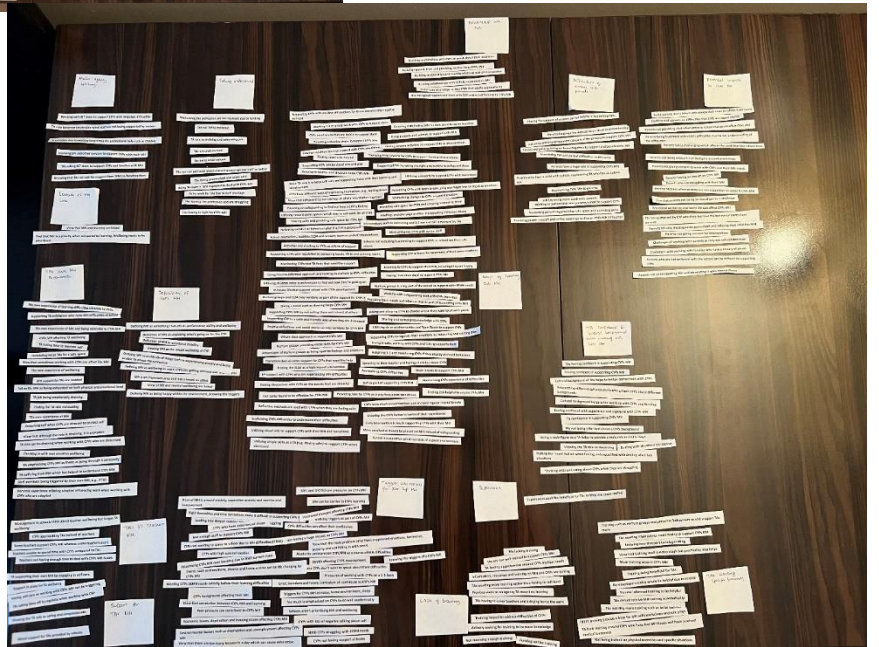
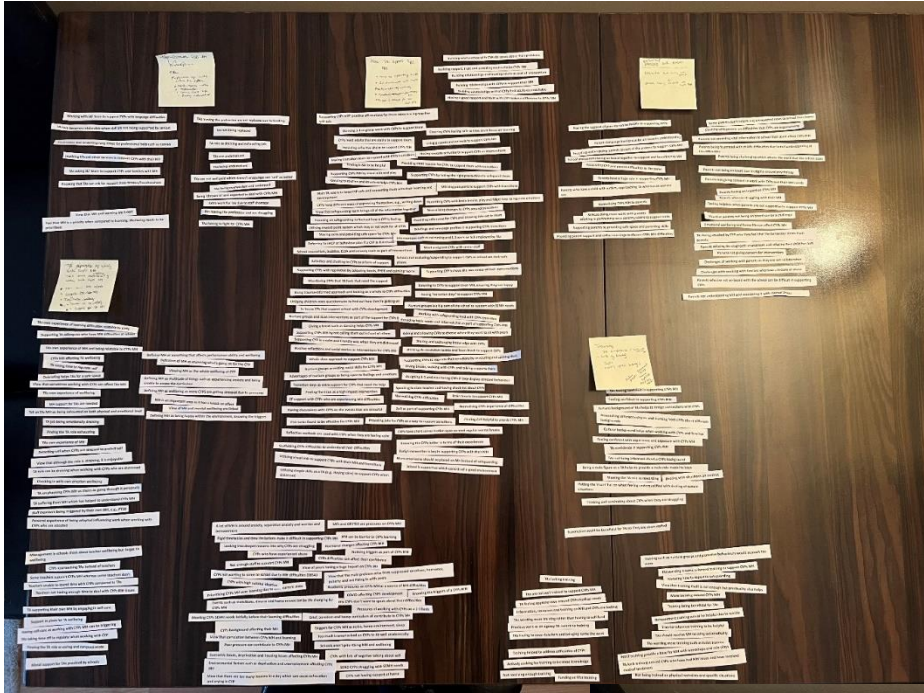
1. *Familiarisation with Data*: This was completed by printing all transcripts and

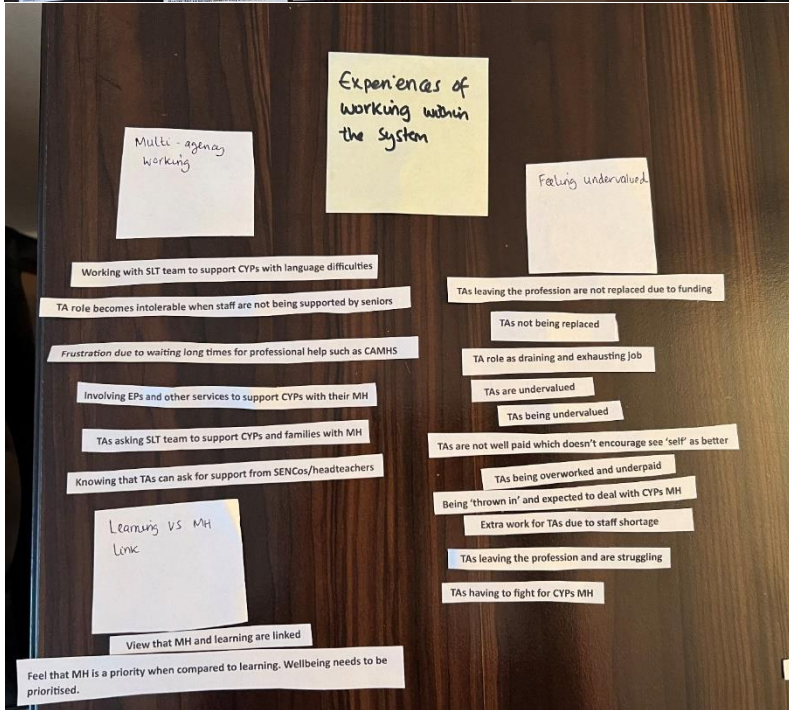
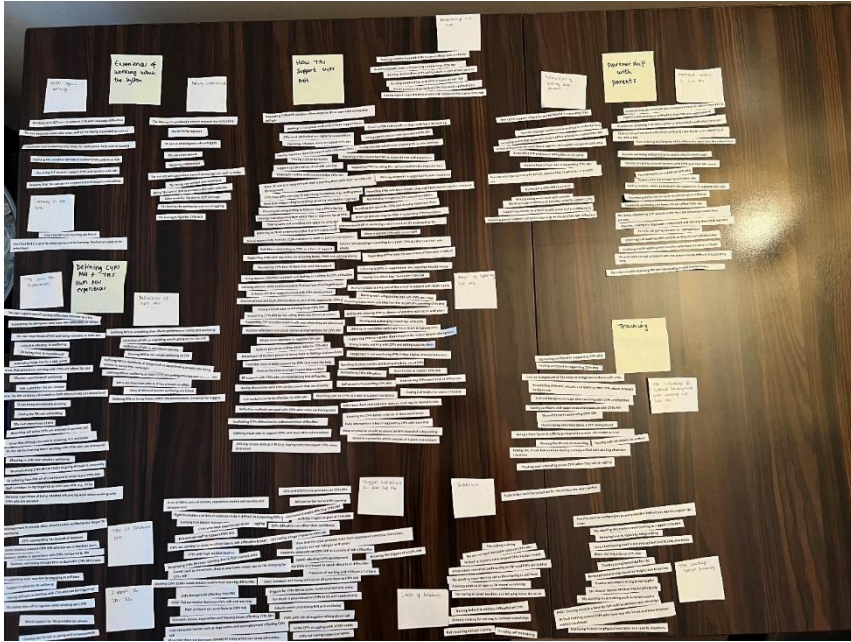
reading through them multiple times and making initial notes on key points.

2. *Coding*: This was done by hand as it was easier, which was then followed by reading transcripts and highlighting relevant information and making notes in the margins. All codes were then typed up.

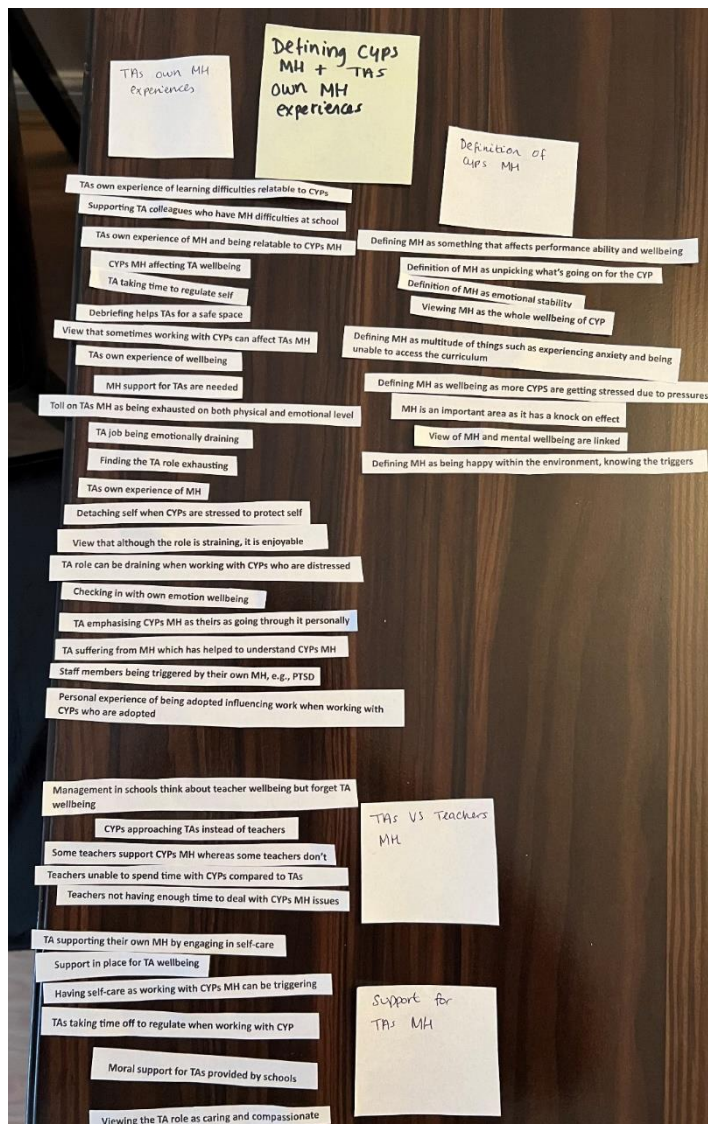


<b>Level 1 Descriptive Codes</b>	<b>Level 2 Interpretive Codes</b>	<b>Transcript 1</b>	<b>Line Numbers</b>
TAs being objective	TAs being objective instead of being bi-ased	1	2-3
CYP expressing their self	CYP have different ways of expressing their selves	1	6-8
Supporting CYP's mental health need	Supporting with emotions, using colouring books, PHSE and calming rooms as intervention	1	27-31
Interventions	Having sensory activities to support CYP with interventions	1	15-16
Abuse from home	Abuse taking place at homes	1	53-56
Challenging scenarios	Difficulties of being objectives during challenging scenarios	1	64-67
Toll on TAs mental health	Toll on TAs mental health, being exhausted on physical and emotional level	1	76
TA self-care	Supporting one's mental health by engaging in activities	1	80-81











3. *Generating Initial Themes*: This took place following refinement of codes and was achieved using post-it notes to allow for flexibility and refinement over time.

4. *Developing and Reviewing Themes*: This was achieved by looking back at the transcripts and selecting extracts relating to the codes.

5. *Refining, defining, and naming themes*.

**Appendix 9: Extract from Research Diary**

Initial thoughts following interview  
with Sarah - 16th September '23

I have just completed my first interview with Sarah and due for an interview this afternoon. I am super glad that I have started the interviews and that I am on my way with my recruitment for the study!

Following the interview with Sarah, on reflection I found that her experiences were similar to my experiences as a teaching assistant and someone coming from a different background. Sarah mentioned the difficulties she encountered in terms of hierarchical issues as to which she held a very negative view. I noticed during the interviews how much this resonated with my experiences and therefore it was a challenge being a researcher and the 'urge' to switch back to my trainee educational psychologist and psychological wellbeing practitioner roles. This was partly because I wanted to provide emotional support. However, remaining in my researcher role as I was conscious that I didn't have those 'hats' on and that the interview was part of my study.