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Teachers’ Psychological Wellbeing and How It Can Be Supported When Teaching Pupils Experiencing Vulnerabilities and/or Trauma

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“What About Me?”

Teachers’ Psychological Wellbeing and How It Can Be Supported
When Teaching Pupils Experiencing Vulnerabilities and/or Trauma

Rachel Briggs

A dissertation submitted to the University of Bristol in accordance
with the requirements for award of the degree of Doctor of Education
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Abstract

Compassion stress injury (CSI) describes the negative psychological consequences of exposure to others' suffering when helping or wanting to help. This phenomenon is largely unacknowledged in the compulsory education sector, as is the need for support to buffer against it, which is not the case in other helping sectors, e.g. health and social care. As teachers are being expected to do more to meet pupils' welfare needs, this thesis explores the relevance to teachers of CSI and the more positive concept of compassion satisfaction (CSat). It does so in the broader context of their work and psychological wellbeing when teaching pupils experiencing vulnerabilities and/or trauma (PEV&Ts).

Reflecting a critical constructivist perspective, data was gathered from ten experienced female teachers from mainstream state primary schools. Questionnaires and semi-structured interviews (which included discussion of vignettes) were used. Data was thematically analysed, applying both inductive and deductive approaches.

Findings indicate that key to achieving psychological wellbeing when teaching PEV&Ts was a complex balance between stressors and psychological need satisfaction. Of critical importance was the need for self-acceptance, evaluated against a personal moral code. This code stimulated altruistic motivation but was frequently violated when demands outweighed resources/support and high-stakes accountability practices, perceived to unfairly penalise those teaching PEV&Ts, meant that self-protection rather than meeting others' welfare needs became the primary motivator. Such lack of psychological safety and moral code violation, added to dosage effects from exposure to suffering and lack of social support, increased the risk of experiencing CSI, moral injury and burnout symptoms.

The thesis concludes that whilst social support may buffer against CSI, moral injury and burnout symptoms, more opportunities to experience CSat and other psychological needs satisfaction are required when teaching PEV&Ts. Thus, psychological wellbeing when teaching PEV&Ts is unlikely to improve until an adequately resourced, fair system, which values both teachers and pupils holistically, is given precedence over a socially unjust performative culture.

The thesis contributes to knowledge by viewing teacher stress/wellbeing from an alternative perspective and provides a conceptual framework for understanding the psychological, workplace and systemic factors impacting on psychological wellbeing when teaching PEV&Ts. Implications for future research, policy and practice are given.

Key words: psychological wellbeing; work-related stress; compassion stress injury; compassion satisfaction; moral injury; psychological need satisfaction; dialectics; culture; performativity; justice; self-acceptance; supervision.

Author's Declaration

I declare that the work in this dissertation was carried out in accordance with the requirements of the University's *Regulations and Code of Practice for Research Degree Programmes* and that it has not been submitted for any other academic award. Except where indicated by specific reference in the text, the work is the candidate's own work. Work done in collaboration with, or with the assistance of, others, is indicated as such. Any views expressed in the dissertation are those of the author.

SIGNED: 

DATE: 28th February 2021

Dedication and Acknowledgements

This thesis is dedicated to my family, without whose love, support, and encouragement this study would not have been possible. Thank-you for your unwavering belief in me. Heartfelt thanks go to my long-suffering husband for all the sacrifices that he has made and for doing even more of the 'chores' than usual.

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List of Acronyms

BBC	British Broadcasting Corporation
BERA	British Educational Research Association
C&YP	Children and young people
CAMHS	Child and Adolescent Mental Health Service
CCO	Children’s Commissioner’s Office (for England)
CoP	Code of practice
CSat	Compassion satisfaction
CSI	Compassion stress injury
CT	Class teacher
CWSEN	Children with special educational needs
CWSEND	Children with special educational needs/disabilities
DES	Department for Education and Science (or Skills)
DfE	Department for Education
DPA	Data Protection Act
EYFS	Early years foundation stage
H&SC	Health and social care
HSE	Health and Safety Executive - organisation with oversight of occupational health and safety matters in the UK.
MH	Mental health
NAHT	National Association of Headteachers
NEU	National Education Union
Ofsted	The Office for Standards in Education, Children's Services and Skills
PEV&Ts	Pupils experiencing vulnerability and/or trauma ¹

¹ I wish to draw attention to the way that I have referred to the children who are an important part of this research. In line with my values and as suggested by Braun and Clarke (2013), I was planning to refer to them as ‘pupils experiencing chronic and acute trauma and adversity (PECATA)’, thereby putting the emphasis on the child, rather than defining them by their situation. However, this language was neither familiar to the participants nor prevalent in the literature. Following the pilot, therefore, the term ‘vulnerable and traumatised pupils (V&TP)’ was used as this was more readily understood by the participants and reflected the

PTS	Post-traumatic stress ²
RI	Requires improvement (Ofsted category)
RQ	Research question
SDT	Self-determination theory
SEMH	Social, emotional and mental health needs
SEN	Special educational needs
SENCo	Special educational needs co-ordinator
SEND	Special educational needs/disabilities
SLT	Senior leadership team
SpMeas	Special measures (Ofsted category)
STS	Secondary traumatic stress
TES/tes	Times Educational Supplement
TWS	Teacher Workload Survey
V&T	Vulnerabilities and/or trauma
WHO	World Health Organisation

prevailing language at the time. In my write up, the term ‘pupils experiencing vulnerability and trauma (PEV&Ts) has been used as a compromise as it puts the pupil first but reflects the dominant language in the field. I do however acknowledge that ‘young people do not appreciate the language of vulnerability when applied to individuals’ (CCO, 2018:4).

² More commonly known as PTSD with the D standing for disorder, however, increasingly, the D is not used, reflecting that the condition is a natural reaction, rather than a disorder.

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Chapter One Introduction

1.1 Research Context and Focus

In the foreword to the *Teacher Wellbeing Index* (Education Support, 2019), moving quickly from the positive perspective of wellbeing to a deficit one of stress (as does much wellbeing literature and research (Roffey, 2012)), McBrearty illustrates the context in which this current study was conducted. She states:

For all that our understanding of mental health and emotional development has grown over recent decades, we do not yet widely and openly acknowledge the extent of the emotional work inherent in education. The disproportionately high levels of stress reported by the workforce impede their ability to effectively nurture children and young people [C&YP], including an increasing number who are vulnerable (p.3).

In sectors such as health and social care (H&SC), nurturing vulnerable populations is acknowledged as creating unique stressors, so too is nurturing traumatised populations (Russell and Cowan, 2018). These are well researched, as are support strategies to mitigate against them (ibid). Despite school staff being expected to nurture pupils experiencing vulnerabilities and/or trauma (PEV&Ts) (Miles, 2019), the impact of this work on teachers is not widely understood, or mitigated against (Caringi et al., 2015; Sturt and Rowe, 2018). By taking what is known about the impact (positive and negative) of nurturing V&T populations on H&SC practitioners' psychological wellbeing³ and applying it to teachers, this thesis aims to provide a better understanding of the impact of such work on teachers' psychological wellbeing. However, as nurturing PEV&Ts is not a teacher's sole role (Hurry et al., 2020), this understanding needs to be embedded in an understanding of the wider environmental factors specific to teaching, and the impact of these on teachers' psychological wellbeing. This

³ For reasons explained in chapter two, psychological wellbeing rather than emotional wellbeing or mental health is used in this thesis.

knowledge can then be used to identify measures that could be taken to enhance teachers' psychological wellbeing when they teach PEV&Ts. This study focuses on the narratives of ten experienced female teachers from mainstream state primary schools in South-West England. It does so through a qualitative examination of personal accounts of their experiences, rather than attempting to quantify impact.

In this introductory chapter, vulnerability as applied to C&YP is explained and extended to include trauma. Why teachers are nurturing more PEV&Ts and how this might affect teachers' psychological wellbeing is also explained. What is missing from wellbeing research in education when compared to other sectors involving work with V&T populations is identified. My rationale for undertaking this research is given and the chapter ends with a brief overview of the structure of the thesis.

1.1.1 What Does 'Vulnerable' Mean When Applied to C&YP?

Coram and colleagues (2017) traced use of the term 'vulnerable children' in legislation, guidance and policy, finding inconsistencies in application and a lack of clarity in the children being referred to. Subsequently, to help the Office of the Children's Commissioner for England (CCO) with identification and counting of vulnerable C&YP, thereby giving a better idea of the resources needed to support them, the *Vulnerabilities Framework* (CCO, 2018) was developed. It identifies 37 types and 70 subgroups of vulnerability, organising them into seven broad categories (Table 1). As this is the most comprehensive framework available and was created following extensive research in England (the context for this research), these are the categories being referred to when 'vulnerable' is used in this thesis.

Table 1 Categories of vulnerability

Categories of vulnerability
Children receiving statutory care or support – including children in care, or in custody and those being supported by children’s services.
Children known to have experienced specific personal harm – including children who have been abused or exploited
Children with a disability, ill-health or developmental difficulties – including mental ill-health and special educational needs.
Children in households or families with characteristics or locations that indicate higher potential likelihood of current and future harm – including poverty and domestic violence
Children who are vulnerable or of concern by virtue of their identity or nationality – including LGBTQ+ children and young people and refugees
Children at risk in relation to activity or institutions outside the home – including children involved in gangs or radicalisation
Children caring for others - including children caring for their parents or children who have children themselves

(Source: *Vulnerabilities Report*, CCO, 2018:5).

In 2019 in England, 2.3 million C&YP were estimated to be in one or more categories of vulnerability. Thus, many teachers will be teaching C&YP classified as vulnerable. Although not all of these C&YP will have ‘poor lives’ (CCO, 2018:2), and indeed many will be thriving, being in a vulnerable category is linked with greater barriers to learning and academic attainment which can impact negatively on life chances (ibid; Coram et al., 2017). These barriers include: a lack of parental support for education and chaotic homelives (Towers, 2017); lower educational starting points than those not in a vulnerability category (limited vocabulary, lack of basic skills), with the gap increasing throughout their time at school (Hutchinson et al., 2019); lack of access to capitals (cultural, financial, social and emotional) which limits their life-experiences (Gendron, 2004; Rogers, 2017), meaning they have less first-hand knowledge and skills to draw on that are beneficial for academic attainment; lower career aspiration (Coram et al., 2017); and lower wellbeing (CCO, 2018).

As links between pupil wellbeing and teacher wellbeing are increasingly being made (McCallum et al., 2017; Harding et al., 2019), gaining a better understanding of the impact on teachers' psychological wellbeing and how it can be supported when teaching pupils in vulnerability categories could be beneficial to both pupils and teachers. Extending this to include pupils experiencing trauma is also necessary, as this can lead to the same effects on psychological wellbeing as working with vulnerable populations (Russell and Cowan, 2018). Additional categories associated with trauma have been added to the CCO's *Vulnerabilities Framework 2018* (Appendix 1), and the term 'pupils experiencing vulnerability and/or trauma' (PEV&Ts) is used in this research.

1.1.2 Trauma

Whilst those in vulnerable categories are more likely to be traumatised, trauma is not confined to this population (DuBois, 2010; Children 1st). Trauma is the on-going response following an experience which undermines feelings of physical and/or psychological safety; it 'is different from regular life stressors because it causes intense fear, terror, and helplessness that is beyond the normal range of typical experiences' (Bartlett et al., 2017:4). Trauma can be induced from directly experiencing an overwhelming event, or less directly by witnessing such an event, or learning about someone else's trauma (Weingarten, 2003). Trauma can be *simple*, resulting from a one-off, acute event (e.g. fire, car accident, bereavement), or *complex/chronic*, involving multiple or on-going situations (Brunzell et al., 2016) (e.g. domestic violence, neglect or refugeeism). Research on the impact of childhood trauma highlights negative effects on: 'brain development, cognitive development, learning, social-emotional development, the ability to develop secure attachments to others, and physical health' (Bartlett et al., 2017:1). This has implications for schools as traumatised pupils are more likely to require greater

support, find it harder to make academic progress, and potentially struggle to behave in ways that are acceptable in school (ibid).

1.1.3 Why Are Teachers Increasingly Nurturing PEV&Ts?

‘In loco parentis’ has traditionally been used to describe teachers’ responsibilities towards their pupils (Hunt, 2002); however, since the 1980s, statutory and contractual duties have increased. Two key areas particularly relevant to meeting PEV&Ts’ needs in mainstream schools, are *inclusion* of children with special educational needs and disabilities (CWSEN⁴) (Norwich and Eaton, 2015) and *safeguarding* (which includes what would commonly be known as child protection) (DfE, 2020).

1.1.3.1 Inclusion

Much has changed since the 1944 Education Act where CWSEN were ‘given “special educational treatment” in separate schools’ (House of Commons, 2006). The Warnock Report (DES, 1978) was key, advocating for the integration of CWSEN into mainstream schools (Glazzard, 2014a). Various Education Acts, statutory codes and legislation working towards achieving this goal have been introduced since, including:

- the Special Educational Needs and Disability Act 2001 (SENDA) that strengthened CWSENs’ rights to be educated in mainstream schools, (Hodkinson, 2010)
- the 2001 Code of Practice (CoP) for SEN, which set out the duties and legal requirements with which schools must comply to meet the additional needs of CWSEN
- the Children and Families Act 2014, and the *2015 SEND CoP*. Here, disability was added to SEN and the category ‘social, emotional and behavioural difficulties’ was replaced by

⁴ Prior to 2014, CWSEN was more commonly used

‘social, emotional and mental health needs’ (SEMH) to reflect the view that behavioural difficulties may be rooted in mental health (MH) issues (SEND CoP, 2015)

- the governmental green paper ‘Transforming Children and Young People’s Mental Health in Schools’ (Department of H&SC, 2017), further increased expectations on schools to address C&YP’s MH needs.

Initially when expectations on schools increased, funding was often allocated to help meet CWSNs’ needs. More recently though, funding streams for CSEND have decreased (Staufenberg, 2018). Government austerity practices since 2010, which became acute in 2017, have further cut school budgets (Busby, 2018; Weale, 2018). Thus, many schools have struggled to meet their CSENDS’ needs (NAHT, 2018). Furthermore, services and external agencies that schools would have turned to for advice and practical support, or made referrals to, have also been cut, creating raised thresholds, and longer waiting times to access support (House of Commons, 2019). Schools, therefore, who cannot add children to a waiting list, are increasingly plugging the gaps (O’Hara, 2014; Fonagy, 2018). Specifically related to MH, due to greater awareness amongst teachers of how to recognise needs, there have been some improvements in supporting C&YP (NAHT/Place2Be, 2020). However, many schools are providing less early interventions than they were prior to the green paper’s publication (ibid), as pastoral support roles have been cut to balance budgets (Santry, 2018; Lawes, 2019). But, in the absence of CAMHS and other MH support agencies, schools are having to use their stretched budgets to commission urgent help from counsellors (Speck, 2020b).

The issues highlighted above are important to teachers’ psychological wellbeing, as research suggests that even prior to the increased expectations put on schools since 2017, many teachers felt that they lacked sufficient understanding of, and resources to adequately

support pupils with additional needs, particularly SEMH needs (Kidger et al., 2010, 2016; Sisask et al., 2014). Teachers were also concerned about their workload and that their own wellbeing needs were neglected⁵ which left them unwilling or unable to consider their pupils' additional needs (Rothi et al., 2008; Evans et al., 2018).

1.1.3.2 Safeguarding and Promoting Children's Welfare Needs

Following the tragic death of Victoria Climbié in 2000, the ensuing inquiry by Lord Laming, leading to the Education Act 2002 and the *Every Child Matters Agenda* (Department for Children Schools and Families, 2003), legal duties on schools and how they should work with other agencies to safeguard children increased dramatically. These have been consolidated by further Acts of Parliament, annually updated statutory guidance, and departmental advice. Safeguarding is defined as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes (DfE, 2020:5).

The statutory guidance documents with which schools must currently comply, are the 119 page *Keeping Children Safe in Education* (DfE, 2020) and the 111 page *Working Together to Safeguard Children* (HM Government, 2018). These should be read alongside the 18 page departmental advice document *What to do if you are worried a child is being abused* (HM Government, 2015). This includes: what school staff should know and look out for, e.g. information about types of abuse (sexual, physical, emotional) and neglect; what staff should

⁵ At the time this research was conducted, scant regard had been given by the government to supporting teachers' wellbeing and on the rare occasion that it was mentioned in national MH in schools documentation, it warranted no more than a sentence or two (see for example: Place2Be/NAHT, 2016; DfE, 2017; House of Commons, 2017).

do if they have concerns about a child; what they should do if they have a concern about another member of staff; and what they should do if they have concerns about their school's practices, including record keeping and reporting. The document also draws attention to more than twenty specific safeguarding issues that staff must look out for, which include: bullying (including cyberbullying); criminal exploitation of children; domestic abuse; fabricated or induced illness; female genital mutilation; protecting children from radicalisation (for which there is an additional 11 page document – *the Prevent Duty* (DfE, 2015b)); and trafficking and modern slavery.

Safeguarding training is now mandatory for all those employed to teach/support pupils; however, such training is only a matter of hours, with those with specific safeguarding roles or staff recruitment responsibilities having to complete a few additional hours. Pertinent to this research, training focuses on what to look for and procedural matters, not the potential impact on teachers' psychological wellbeing of safeguarding-related issues, or how to support pupils longer-term.

Due to their relative ease of access and the relationships they have with their pupils and families, primary teachers are often the first professionals approached when safeguarding concerns (or indeed other issues, e.g. MH or financial difficulties) arise (May, 2017). A poll of 1,200 UK teachers found that 71% of primary teachers surveyed had raised safeguarding concerns in the previous 12 months (BBC, 2014). In addition, linked to government austerity measures, schools are increasingly engaged in supporting families (e.g. running free breakfast clubs, feeding children during holidays, setting up food banks and washing pupils' clothes) which puts additional pressures on schools serving higher numbers of PEV&Ts (Coughlan, 2019; Ellis and Lavender, 2019; Roberts, 2019). This demonstrates that schools are playing a

crucial role in supporting children's welfare and also means that many primary teachers are hearing about their pupils' vulnerabilities, and/or witnessing their impact.

In summary, raised expectations related to supporting PEV&Ts, coupled with cuts to traditional support services, mean that teachers are playing an ever-expanding role in supporting their pupils' welfare needs. Thus, as '[s]afeguarding and mental health issues can be intense and complex [...] If we want our school staff to do what's asked of them, then we need to make sure that their mental health and wellbeing is effectively supported' (Fonagy, 2018:2). To do so, I assert that a better understanding of the impact of such work on teachers' psychological wellbeing is needed, but as suggested above, this needs to be considered in the wider context of teachers' work-life.

1.1.4 Teacher Stress and Wellbeing

Teachers find many aspects of their work enjoyable, e.g. interacting with pupils and colleagues, influencing pupils' lives, and seeing them thrive (Education Support, 2019; Ofsted, 2019b). However, it is often claimed that work-related stress is more of a problem for teachers than for much of the working population (Jerrim et al., 2020). Accountability measures, unmanageable workload, low pay and poor pupil behaviour, are regularly given as key contributors (Education Support, 2018, 2019; Parker, 2018; Ofsted, 2019b). Data from the *Teacher Wellbeing Index* (Education Support, 2019) suggests that teacher stress remains stubbornly high, resulting in high rates of presenteeism, absence and departure. This is said to be contributing to a recruitment and retention 'crisis' (Kell, 2019; Gibbons, 2020; Speck, 2020a) which is particularly affecting schools serving disadvantaged communities which are most likely to have more PEV&Ts (Allen and McInerney, 2019). Whilst it is accepted that schools serving communities with such challenges need to do more to get their pupils to

achieve the government's expected performance targets, no excuses are accepted for failure to meet these standards (McBrearty, 2021). Teachers working in such environments fear that they may be held to account for not meeting these targets which increases work-related stress, to the extent where many are deciding to leave the profession (Roberts, 2020), or are experiencing burnout (Tapper, 2018).

Burnout is a severe form of work-related stress that builds up gradually (Maslach et al., 2001) and although rooted in the impact of care-giving, attention is not given to exposure to others' suffering (Sprang et al., 2007). Instead, dosage effects from such exposure are associated with compassion stress injury⁶ (CSI) (Russell and Cowan, 2018).

1.1.4.1 Compassion Stress Injury and Compassion Satisfaction

Exposure to others' suffering is the key factor in the development of CSI (Russell and Brickell, 2015). It results from knowing about another's suffering and helping or wanting to help, usually whilst in a care-giving capacity (Figley, 1995), and shares many symptoms with post-traumatic stress (PTS) (Weingarten, 2003) (see 2.2.2.1.2). On the more positive side, CSI is not the only outcome of exposure to others' suffering. Compassion satisfaction (CSat) is the pleasure derived from work that alleviates suffering; it can buffer against CSI (Stamm, 2010).

CSI and CSat, in addition to burnout, are deemed highly relevant to professionals with caring responsibilities in other sectors, e.g. H&SC (Cieslak et al., 2014; Wagaman et al., 2015; Zhang et al., 2017). Research into CSI and CSat in schools in the United States and Canada is increasing, suggesting that they are equally relevant to education practitioners (Hill, 2011; Abraham-Cook, 2012; Koenig, 2014; Caringi et al., 2015; Brunzell et al., 2018). However, having

⁶ CSI is the term I have selected to refer to all kindred concepts (explanation provided in 2.2.2.1.2); however, any terms given there may have been used by authors cited throughout this dissertation.

searched widely, it seems that research in England which extends beyond burnout characteristics to include CSI and CSat linked to exposure to others' suffering in teachers is missing. Thus, research in this area is warranted, as naming the stressor, and gaining a better understanding of its impact on teachers' psychological wellbeing could allow a more accurate 'diagnosis' of the wellbeing problem and facilitate the identification of targeted 'remedies'/prevention (Chrisopoulos et al., 2010; Schepers, 2017).

1.2 Personal Rationale for Conducting This Research

Throughout my teaching career, I experienced considerable CSat, having worked in, and with, educational settings serving C&YP with high levels of additional needs, both in this country and overseas. I have worked with many PEV&Ts and their families, as a class teacher (CT) and as a teacher with designated safeguarding and inclusion responsibilities, including: pastoral care lead, SENCo, deputy head and acting headteacher. Through conversations with my sister (a health visitor) and friends in social care and counselling, it was clear that I was hearing the same kinds of narratives that they encountered. As part of their roles and organisational cultures, they all received significantly more related training and mandatory formalised support, which included support for their psychological wellbeing. As a teacher, I had no such support, even though I had more regular contact with the children and families than their H&SC professionals.

Following an accident and related surgery, I was unable to return to school, and used this time to build on experiential learning by undertaking courses in counselling C&YP, behaviour management, and coaching and mentoring. I then moved to providing support and training to schools and therapeutic activities for pupils below CAMHS thresholds; thus, I met school staff who were repeatedly exposed to others' suffering. Whilst some showed signs of CSat, many

were distressed by hearing about/witnessing pupils' suffering and by the additional challenges of getting them and their classmates to meet set performance targets. I often found that as well as wanting to gain knowledge and skills to enhance their competence in supporting PEV&Ts, staff wanted to alleviate their stress by 'offloading' to me.

As stress reduction can increase a care-giver's helping capacity, and as it may be possible to increase psychological wellbeing by gaining an understanding of how those in caring roles respond to exposure to others' suffering (Figley, 1995), through conducting this research, I hope to increase my understanding so that I can better support teachers' psychological wellbeing. In addition, by considering the impact of exposure to others' suffering in the broader context of teacher stress/wellbeing, this research aims to add a new dimension to the growing body of literature/research related to teachers' wellbeing and how it can be supported, both in general and when teaching PEV&Ts. At a time when demands on teachers are increasing and their wellbeing is reportedly low and impacting on recruitment and retention, particularly for those teaching PEV&Ts (Allen and McInerney, 2019), providing them with appropriate support could be beneficial. These benefits could reach beyond improving individual teachers' psychological wellbeing, as research claims there is a positive relationship between teachers' health and pupils' wellbeing (Harding et al., 2019), and pupils' progress (Bajorek et al., 2014, Glazzard and Rose, 2019).

1.3 Thesis Structure

Chapter one has focused on the context and rationale for this research. In chapter two, relevant literature and research is reviewed. Firstly, stress and wellbeing, including CSI and CSat are considered, and characteristics to be included in this study's initial conceptual framework are identified. In the second part of the chapter, the initial conceptual framework

is applied to the context of teaching PEV&Ts. The chapter ends with the research questions for this study.

Chapter three presents the methodology applied. My critical constructivist perspective and insider/outsider position are discussed. The participants are introduced, and data collection and analysis approaches are given. In this study, background data was gained from questionnaires, followed by semi-structured interviews, which utilised vignettes to normalise discussion about vulnerabilities and trauma. Data was analysed using thematic template analysis, developed inductively and deductively. Trustworthiness and ethical considerations are briefly discussed.

Data analysis is reported in chapters four, five and six. Chapter four explores the broad context of teaching PEV&Ts and the impact this has on participants' psychological wellbeing. Chapter five focuses more explicitly on participants' experiences of exposure to the suffering of others, helping or wanting to help to alleviate the suffering and the relevance (or otherwise) of CSI and CSat to teachers. Chapter six goes on to explore support for participants' work and psychological wellbeing when teaching PEV&Ts.

In chapter seven, the initial conceptual framework is revisited and revised in the light of the analysis presented in chapters four to six. Strengths and limitations of the research are stated, as are its contributions. These are followed by a summary of findings and conclusion, along with implications and suggestions for policy, practice, and future research. The thesis ends with final words, showing its on-going, and currently heightened relevance.

Chapter Two Literature Review

2.1 Introduction

Drawing on literature related to MH, stress, wellbeing, and the psychological impact of caring, part one of this chapter focuses on creating an initial conceptual framework to support with gaining a deeper understanding of teachers' psychological wellbeing when teaching PEV&Ts. Concepts are defined, and their use herein is clarified. As my interest lies in the work environment, whilst personal characteristics and circumstances are acknowledged as relevant to psychological wellbeing (and inevitably there will be some overlap (Towers and Maguire, 2017)), they are not the focus of this research. In part two, the initial conceptual framework is used to explore the impact of teaching PEV&Ts on teachers' psychological wellbeing and how teachers' psychological wellbeing might be enhanced. The chapter ends with the thesis research questions.

2.2 Part One Conceptual Framework Development

2.2.1 Mental Health

Although there is no agreed definition of MH, one which is widely cited defines it as 'a state of well-being in which an individual realizes 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' (World Health Organisation (WHO), 2017). However, it is unclear what is meant by *wellbeing*, *coping*, *normal stresses of life*, *contributing*, or *working productively*. As ambiguity reduces 'meaningful coherence' (Tracy, 2010:840) in qualitative research, MH is not the preferred term for use in this thesis.

2.2.2 Stress

There is also no agreed definition of stress but at its most basic, it can be defined as ‘our body’s response to pressures from a situation or life event’ (MH Foundation, 2020). Although stress is often viewed negatively (Ablanedo-Rosas et al., 2011), it ‘is a protective response [... which] allows us to cope with and overcome difficult situations that require all our energy’ (Moreno et al., 2010:7). Chemicals are released into the body when stressors are present (Hromek, 2007), but to work effectively, they need the opportunity to rebalance to acceptable levels (Hawkins and Shohet, 2012). Low levels can lead to a lack of motivation; optimal levels can have positive effects (improved motivation, alertness, and memory); but high levels can cause the brain to go into overdrive (Reul, 2011). This can result in increased blood pressure, susceptibility to pain, hypervigilance, and impaired cognitive function (Cooper and Kahn, 2013). If prolonged or excessive, stress can cause illness (HSE, 2018a).

2.2.2.1 Work-related Stress and Burnout

Work-related stress is defined as ‘the adverse reaction people have to excessive pressures or other types of demand placed on them at work’ (HSE, 2018a). It can have significant personal, social, organisational and economic repercussions, e.g. ‘impaired psychological health, poor job performance and errors, absenteeism, turnover, low morale and incivility, and a greater risk of mental illness’ (Maslach, 2017:144).

Burnout is a chronic form of work-related stress (WHO, 2019). Whilst it has multiple definitions, Maslach and colleagues (2001) (the most widely recognised researchers in the field) define it as ‘a psychological syndrome in response to chronic interpersonal stressors on the job’ (p.399), characterised by the dimensions of *emotional exhaustion*, *depersonalisation* (or *cynicism*) and *reduced personal accomplishment*. They also identified areas of work-life

where employee discontent increases work-related stress/burnout risk. These are: *workload, control, reward, community, fairness* and *values*. Following extensive research (see Cousins et al. (2004) and MacKay et al. (2004)), an alternative set of areas of work-design evolved. These form the HSE's Stress Management Standards, and as UK employers are expected to comply with them, they are most relevant in the context of this research.

2.2.2.1.1 HSE's Areas of Work-Design

According to the HSE (2018a), the primary sources of work-related stress (areas of work-design) are identified and described as:

- **Demands** – including issues such as workload, work patterns and the work environment
- **Control** – how much say the person has in the way they do their work
- **Support** – the encouragement, sponsorship and resources provided by the organisation, line management and colleagues
- **Relationships** – promoting positive working to avoid conflict and dealing with unacceptable behaviour
- **Role** – whether people understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles
- **Change** – how organisational change (large or small) is managed and communicated in the organisation.

In the initial research phase, culture - 'the way in which organisations demonstrate management commitment and have procedures which are fair and open' (cited MacKay et al., 2004:95) - was included as a potential seventh area of work-design. However, following the consultation phase, it was dropped as it pervaded all other areas of work-design (MacKay et al., 2004). Whilst it may pervade all areas of work-design, as a performative culture (see 2.3.2) is widely cited as causing teacher stress (Ball, 2003; Adams, 2018; Ofsted, 2019b; Sammons, 2019; Howard, 2020), an explicit focus on culture, extended to systemic level, seems necessary for this research. Whilst these seven areas of work-design are a helpful starting point for researching psychological wellbeing when teaching PEV&Ts, based on H&SC literature, I

propose that they are insufficient. In burnout, ‘the source of distress is primarily dissatisfaction in the work environment; in contrast to dosage effects from exposure to traumatic stimuli’ (Russell and Brickell, 2015:1092). As establishing the impact of such exposure on teachers’ psychological wellbeing is important in this research, *exposure to others’ suffering* will be added to the other areas of work-design. There are multiple kindred concepts associated with the negative effects from such doses; CSI is preferred herein, as Russell and Cowan (2018) propose it as ‘a way of unifying [them, and as] better address[ing] emerging evidence for the biopsychosocial processes and outcomes associated with this phenomenon’ (p.2).

2.2.2.1.2 Compassion Stress Injury

In describing secondary traumatic stress (STS) as ‘the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other—the stress resulting from helping or wanting to help a traumatized or suffering person’, Figley (1983:7)⁷ provided the first clinical definition of CSI (Russell and Cowan, 2018). He subsequently defined compassion stress as ‘the residue of emotional energy from the empathic response to the client and is the on-going demand for action to relieve the [client’s] suffering’ (Figley, 2002:1437). Later, Russell and Brickell (2015) added the term injury, ‘an act that damages or hurts [...to] convey an actual mind–body “wounding”’ (Russell and Cowan, 2018:2).

As stated above, CSI is applied as a unifying term for similar concepts; in addition to STS, these include *compassion fatigue* (Joinson, 1992), *vicarious traumatization* (Pearlman and Saakvitne, 1995), *severe common shock witnessing* (Weingarten, 2003), *empathic distress*

⁷ Due to its simplicity and lack of reference to empathy and compassion which are contested and would have required time to explain, this was the definition used during data collection, referring to it as STS.

fatigue (Klimecki and Singer, 2011), and *indirect trauma* (Knight, 2013). Various researchers have compared different conceptualisations (Collins and Long, 2003; Stamm, 2010; Knight, 2013; Cieslak et al., 2014; Russell and Cowan, 2018), concluding that whilst there are some nuances (e.g. whether compassion or empathy is key, or fatigue is less stigmatising than stress), they are not sufficiently different to be truly distinct constructs. Commonalities in multiple (not necessarily all) conceptualisations include:

- It results in emotional detriment from the second-hand experience of suffering and wanting to alleviate it, rather than a direct personal involvement in a traumatising event (Cieslak et al., 2014)
- It can build up gradually but unlike burnout, can be sudden onset, resulting from one event (Jordan, 2010)
- It limits the care-giver's ability to act compassionately (Russell and Brickell, 2015)
- Recovery can be quicker than for those experiencing burnout (Abraham-Cook, 2012).

Whilst the debate is acknowledged, there is sufficient overlap to justify using an umbrella term. CSI is preferred because: the nature of teaching means teachers face on-going demands and immersion in pupils' suffering; compassion implies action, not simply feeling, thus, empathy is insufficient; it does not imply a restriction to trauma exposure; and it provides a biopsychosocial explanation of how stress responses occur (e.g. mimicry and emotional contagion). Furthermore, the language of injury provides hope, as it implies that recovery is often possible, and that harm can be avoided/reduced if measures are put in place to minimise risk.

However, 'compassion is often confused with sympathy and empathy' (Sinclair et al., 2017:437), so clarification of its use is required.

Following their review of compassion in literature, Strauss and colleagues (2016) proposed a new definition of compassion:

A cognitive, affective, and behavioural process consisting of the following five elements that refer to both self-compassion and other-compassion: 1) Recognising suffering; 2) Understanding the universality of human suffering in human experience; 3) Feeling empathy for the person suffering and connecting with the distress (emotional resonance); 4) Tolerating uncomfortable feelings aroused in response to the suffering person (e.g. distress, anger, fear) so remaining open to and accepting of the person suffering; and 5) Motivation to act/acting to alleviate suffering (p.19).

This is a comprehensive definition and raises several points relevant to understanding CSI.

There is acknowledgement that we all suffer, and that if less fortunate, we could be in a similar position ('There but for the grace of God, go I' (Weingarten, 2003:17)). Moreover,

common shock from minor matters helps us appreciate the life circumstances of people whose common shock experiences are far more frequent and severe than ours, creating an empathic bridge. With such appreciation, we are more likely to take action together with and on behalf of people whose lives otherwise have made them seem unlike us (ibid:16).

However, this means that we may base our reaction on how we might expect to feel in a situation, thereby projecting our own perceptions of suffering onto others. As perceptions of suffering can trigger neurobiological responses, creating empathy/compassion (Russell and Brickell, 2015), in this thesis, situations which are perceived by the observer to create suffering in another are included when reference is made to being impacted by others' suffering.

The relationship between empathy and compassion is clarified. Empathy, *feeling with* another (Sinclair et al., 2017), is a responsive state and type of emotional contagion where exposure to one person's emotions can result in congruent emotions in another (Russell and Cowan, 2018). Although often used interchangeably (Jazaieri, 2018), in empathy the trigger could be positive or negative, whereas compassion emanates only from connecting with distress (Strauss et al., 2016). Associated with emotional intelligence, empathy and compassion

are usually viewed positively (Hughes et al., 2012); however, catching others' negative emotions could have detrimental emotional effects (Deng and Hu, 2018). In the workplace, this can have a ripple effect, potentially reducing effectiveness, wellbeing, and work outcomes across a group (Cox, 2012).

In point four, tolerance of emotions triggered by another's suffering is highlighted which is potentially problematic as 'humans are predisposed to find emotional suffering and distress in others as aversive-stimulating a [...] desire to avoid prolonged exposure' (Russell and Brickell (2015:1100). However, we can override emotions through 'conscious, cognitive controlled or "top down" processes that regulate empathic responses' (ibid:1096). As well as enabling us to block out or suppress emotions, this also allows us to rationalise others' actions/needs and be non-judgemental (Benita et al., 2020). However, this requires energy and if such regulation is unsuccessful, we can become overwhelmed by our own distress, and move our focus from the person who is suffering onto ourselves, resulting in a need 'to get away from them or to reduce our awareness of their distress, preventing a compassionate response' (Strauss et al., 2016:17). Emotion dysregulation can also occur, if, through our involvement with a distressed person, we become directly involved in a traumatic event (Ottaway and Selwyn, 2016); e.g. direct/primary, rather than indirect/secondary, stress could result from being physically assaulted whilst care-giving.

Finally, element five emphasises the desire to alleviate suffering which acts as a 'catalyst for [...] subtle acts of kindness that often fall outside of routine care' (Sinclair, et al., 2017:444). Thus, crucially, compassion, unlike empathy and sympathy (feeling sorry for), is not just an emotional response but involves motivation to act. This, coupled with the cognitive appraisal/regulation outlined above allows us to put others' needs above our own, even to the

point where we harm ourselves in the process, hence we become susceptible to CSI (Killian, 2008; Klimecki and Singer, 2011).

CSI symptoms/consequences (Table 2) manifest in much the same way as PTS symptoms (Figley, 1995). Whilst not all symptoms may be experienced, what is clear is that the consequences can be far reaching and impact at both personal and professional level. In summary, CSI 'disrupt[s] our fundamental sense of who we are, who others are, and our sense of safety and security' (Weingarten, 2003:9).

Studies exploring which helpers are most likely to suffer CSI have produced mixed results. Some suggest that older, more experienced practitioners experience higher levels of CSI, resulting from cumulative exposure (Jablow, 2017). Other studies suggest that as age and experience increase, CSI decreases, probably because those who remain have developed effective coping strategies (Konistan, 2017), or that previously upsetting material has become 'wallpaper' (Weingarten, 2003:4) - repeated exposure has normalised it so that it fails to register as shocking. Also, questions remain about the relationship between burnout and CSI; including, does CSI precede burnout, or vice versa, or can you have CSI without having burnout? (Shoji et al., 2015). Somewhat ironically, Sprang and colleagues (2007) suggest that burnout protects against CSI, as depersonalisation/cynicism reduces empathic responses. Such questions and suggestions emanating from research in sectors beyond education in England add to the rationale for exploring CSI and burnout/ work-related stress in tandem.

Table 2 Indicators of compassion stress injury

Type of Impact	Indicators
Emotional	Cynicism/loss of empathy; survival coping; powerlessness; anxiety; depletion; hopelessness; guilt; anger; fear; sadness/grief; detachment; depression; dissatisfaction; feelings of incompleteness; decrease in confidence; shutdown; numbness; hypersensitivity; overwhelmed
Cognitive	Loss of creativity/problem-solving ability; loss of sense of control; loss of perspective; loss of meaning; confusion; rigidity of thought; self-doubt; difficulty making decisions, impaired thinking/focus/concentration; traumatic thoughts triggered; intrusive imagery; sense of vulnerability; magnifying or minimising the negative; minimising the positive; thoughts of self-harm or harming others; disorientation
Behavioural	Changes in routine; absent mindedness; losing things; accident prone; elevated startle response; impatience; irritability; moodiness; withdrawn; self-destructive behaviours, including self-harm; increased alcohol/medication use; decrease in quality and quantity of work; lower motivation; obsession with detail; perfectionism; negative attitudes; apathy; absenteeism/presenteeism; overworking; poor judgement; frequent threats to resign; hypervigilance
Physical	Sleeplessness/nightmares; chronic exhaustion; high blood-pressure; illness/physical ailments; shock; sweating; rapid heart-rate; breathing difficulties; dizziness; panic attacks; diminished self-care; change in appetite
Relational	Over identification with parent/child; pre-occupation with the traumatised/vulnerable individual; over-protectiveness/over-involvement with one person's needs; poor boundaries; avoidance of situations/reminders of the trauma; insensitivity to violence; mistrust; intolerance; loneliness; decreased interest; withdrawn; aggressive; abandonment; emotionally unavailable; poor communication; decreased intimacy; detachment; projection of anger/blame
World view	Change in fundamental beliefs – people can't be trusted; loss of faith in something greater; loss of purpose in life; sense of unfairness and injustice; ennui

(Adapted from Yassen, 1995:184; Wolpow et al., 2009:42/43).

2.2.3 From a Negative to a Positive Approach

CSI, burnout and work-related stress are not the only outcomes of working with V&T populations (Brunzell, 2018) and work-related stress research is often criticised for its negative focus (McCallum et al., 2017). Thus, there has been a redirection towards resilience and wellbeing research (Gallagher, 2017), which reflects a positive view of the impact of work, and, when working with V&T populations, highlights the unique benefits associated with

compassion satisfaction (Stamm, 2010). Hence, the focus will now move to consider these more positive concepts.

2.2.4 Resilience and Wellbeing

Resilience research evolved from work in developmental psychology and psychiatry that aimed to establish how some C&YP managed to thrive, despite significant adversity. This approach has since been applied to adults, including in occupational contexts such as teaching (Howard and Johnson, 2004). Whilst there are many definitions of resilience, collectively they convey the ability to cope with, bounce back from and learn from adversity (Steward, 2014). It is often viewed as a within person attribute and through researching resilient teachers, the hope was that characteristics could be identified to inform interventions for those who struggled to cope when others did not (Howard and Johnson, 2004). However, viewing resilience in this way risks blaming the individual for their inability to thrive and may inappropriately put the responsibility for coping with adversity and stressful situations on the individual (Johnson and Down, 2013). Some resilience studies (e.g. Brunetti, 2006; Gu and Day, 2007; Castro et al., 2010) have, therefore, extended their focus beyond personal characteristics to include external factors.

Having conducted a meta-ethnography of seven resilience studies, Greenfield (2016) synthesised each paper's key concepts and constructed a new model of teacher resilience (see Figure 1) which includes both personal and external factors. Here, beliefs are central to resilience, with relationships and actions forming a buffering layer between them and the challenges faced. All interact dynamically and are embedded within multiple contexts.

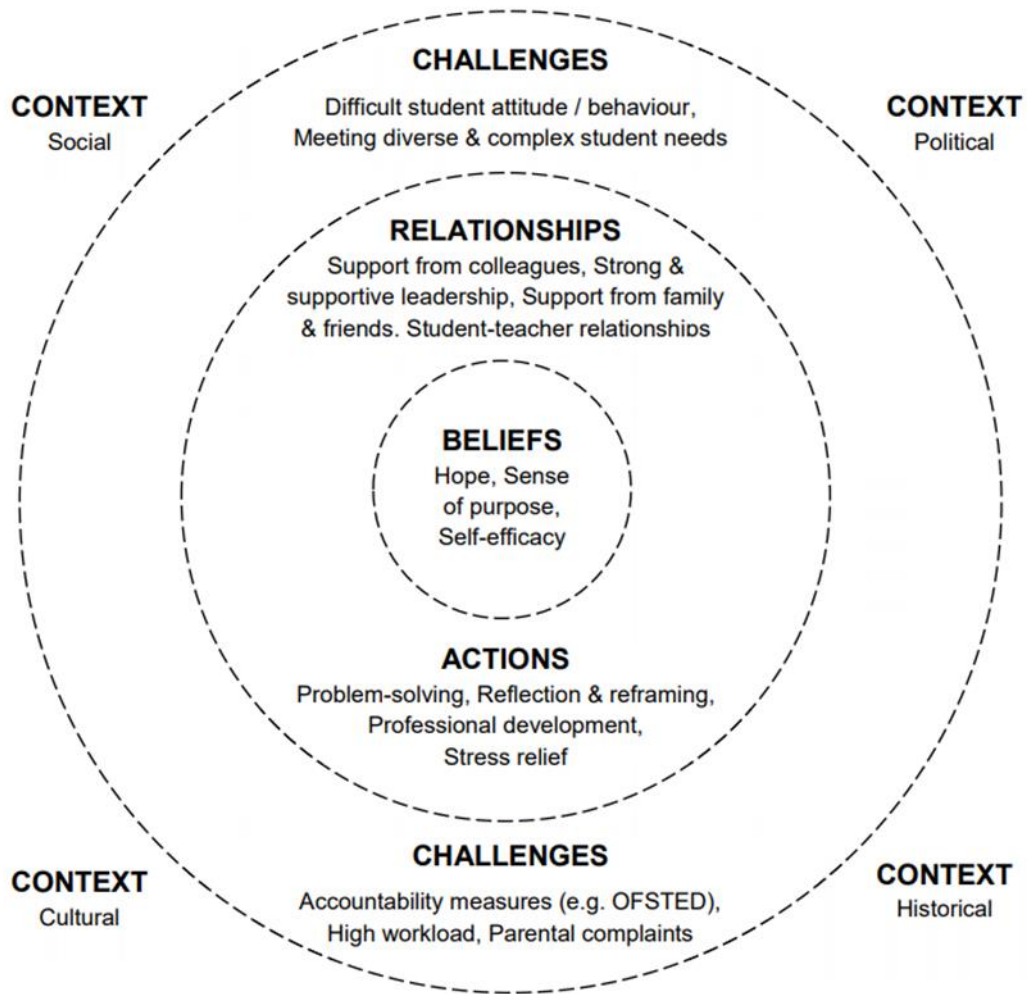


Figure 1 Model of teacher resilience (Source: Greenfield, 2016:18)

Gallagher (2017) situates Greenfield’s model in the broader field of wellbeing, suggesting that, ‘if coming outwards from the inside circle, wellbeing status can impact on an individual’s sense of resiliency. Conversely, if coming from the outside inwards, the contexts and challenges an individual faces can have an impact on their levels of wellbeing also’ (p.11). Resilience, therefore, is identified as an important contributor to wellbeing when adversity is present. This brings us to the question, what is wellbeing and what other elements are needed to achieve it, including in the absence of adversity?

There is no agreed definition of wellbeing (or how it is written) and there are many different types, e.g. emotional, psychological, hedonic, eudaimonic, financial and physical.

Whilst I am interested in the emotional impact of working with PEV&Ts, theories such as Broaden and Build (Fredrickson, 2001) and Thought Self-leadership (Manz and Sims, 1980) are based on the premise that emotions can be regulated through ‘cognitive reappraisal (changing the way one thinks about potentially emotion-eliciting events) and expressive suppression (changing the way one behaviorally responds to emotion-eliciting events)’ (Cutuli, 2014:1). In addition, Integrative Emotion Regulation Theory argues that emotions are important sources of information (Roth et al., 2019). Emotions cannot be separated from psychological processes, and the way that we think can undermine or promote wellbeing (White and Blackmore, 2016). Psychological wellbeing, thus, seems more appropriate for this research than emotional wellbeing⁸.

2.2.4.1 Psychological Wellbeing at Work

Maslach and Banks (2017) state that psychological need satisfaction is key to workplace psychological wellbeing, suggesting that Self-Determination Theory (SDT) (Deci and Ryan, 2000) is currently the most robust psychological need satisfaction theory. SDT is a broad, overarching theory of motivation, wellbeing and performance, developed ‘brick-by-brick’⁹, and applicable across all areas of life and cultures (Ryan and Deci, 2019). Central to achieving psychological wellbeing is the importance of type, rather than amount of motivation (Deci and Ryan, 2008b). Both intrinsic motivation (behaviour driven by enjoyment or activity that is

⁸ As emotions are argued as contributing to psychological wellbeing, and psychological wellbeing, MH and emotional wellbeing are often used interchangeably, research on emotional wellbeing and MH has been incorporated in this thesis without distinction.

⁹ development relies on constantly checking, refining and extending/adding to existing knowledge included in the SDT framework. At the time of writing, SDT comprised six sub-theories. See <https://selfdeterminationtheory.org/the-theory/> for more detail on theory/sub-theory origins and development.

personally valued) and extrinsic motivation (driven by external factors) are important. The theory focuses on:

- **autonomous motivation** - comprising 'both intrinsic motivation and the types of extrinsic motivation in which people have identified with an activity's value and ideally will have integrated it into their sense of self' (ibid:182)
- **controlled motivation** – consisting of 'external regulation, in which one's behavior is a function of external contingencies of reward or punishment, and introjected regulation, in which the regulation of action has been partially internalized and is energized by factors such as an approval motive, avoidance of shame [and] contingent self-esteem' (ibid), and
- **amotivation** – a lack of motivation and intention, stemming from a lack of perceived competence or not seeing an activity as valuable or relevant (ibid).

Although both controlled and autonomous motivation drive behaviour, controlled regulation is associated with energy depletion and lower psychological wellbeing, whereas autonomous motivation, particularly intrinsic motivation, is associated with increased vitality, performance and psychological wellbeing (Ryan et al., 2008).

According to SDT, the satisfaction of three interdependent basic psychological needs is vital for psychological wellbeing (ibid). However, if need satisfaction is thwarted (blocked so that there is a lack of need fulfilment (Vansteenkiste and Ryan, 2013)), psychological wellbeing is reduced and extrinsic aspirations may become a type of 'need substitute [the pursuit of which tends to ...] crowd out pursuit of basic need satisfaction and they fail to foster integration or

wellness even when attained' (Deci and Ryan, 2008b:183). The three basic psychological needs in SDT are:

- **Autonomy** – 'the experience of volition and willingness. When satisfied, one experiences a sense of integrity as when one's actions, thoughts, and feelings are self-endorsed and authentic' (Vansteenskiste et al., 2020:1)
- **Belongingness (or relatedness)** – 'the experience of warmth, bonding, and care, and is satisfied by connecting to and feeling significant to others' (ibid)
- **Competence** – 'the experience of effectiveness and mastery. It becomes satisfied as one capably engages in activities and experiences opportunities for using and extending skills and expertise' (ibid).

Recently, beneficence has been offered by Martela and Ryan (2016) as another basic psychological need. Defined as 'a sense of having a positive impact on others' (ibid:751), they found that beneficence increased psychological wellbeing. They have since rejected it as a *basic* and *universal need* (instead designating it as a *wellbeing enhancer*), on the basis that its absence did not lead to illbeing (Martela and Ryan, 2019). In the context of exposure to others' suffering, I assert that compassion, rather than beneficence, is likely to be a basic psychological need, because suffering is aversive and being unable to alleviate it would result in continued immersion, linked to CSI and energy depletion (see 2.2.2.1.2). Thus, I anticipate that thwarting compassionate acting, unlike thwarting beneficence may in fact lead to illbeing. I also anticipate that compassionate acting can increase psychological wellbeing in a similar way to beneficence, due to having a positive impact on others (see 2.2.4.2). As with the areas of work-design, due to my interest in the impact on teachers' psychological wellbeing of exposure to others' suffering, compassion will be added to the basic psychological needs of SDT. This draws

explicit attention to CSat and CSI, concepts which are unexplored in education research in England, but which may be relevant to teachers' psychological wellbeing when teaching PEV&Ts.

In addition to the basic psychological need, having reviewed empirical research, Maslach and Banks (2017) identified additional psychological needs or states as being relevant to workplace psychological wellbeing. They are:

- **Positive emotions** – opportunities to feel emotions such as happiness, hope, optimism and resilience (ibid)
- **Fairness** – ‘the extent to which decisions at work are perceived as being just, and people are being treated with respect’ (ibid:45)
- **Meaning** – work provides a sense of purpose in life and motivation towards something which is personally valued (ibid)
- **Psychological safety** – ‘feeling able to show and employ one’s self without fear of negative consequences to self-image, status or career’ (Kahn, 1990:708).

Whilst not offering them explicitly as a model of psychological wellbeing, there are similarities with other psychological wellbeing models; for example: Ryff (1995), who uses the dimensions: self-acceptance, personal growth, purpose in life, environmental mastery, autonomy, and positive relationships; and Seligman (2011), who uses the dimensions: positive emotion, engagement, relationships, meaning and accomplishments. As Maslach and Banks' dimensions (including the basic psychological needs of SDT) have been derived from studies specifically related to workplace wellbeing, rather than wellbeing more generally, with the addition of compassion, these are the dimensions being referred to when the terms

psychological wellbeing and psychological needs are used in this thesis, until they are reviewed and refined in chapter seven.

2.2.4.2 Compassion Satisfaction

Compassion satisfaction can be defined as ‘the positive feeling we get when we realize that the compassion we put into working with others is resulting in some relief, growth or healing’ (Wolpow et al., 2009:38). Alternatively, DuBois (2010:23) defines it as, ‘the ability of individuals to identify their self-efficacy, deal appropriately with trauma material, and find satisfaction in their work’. Here, she is also drawing attention to feelings of mastery that can occur at having successfully resolved or overcome a stressful encounter rooted in trauma (Collins, 2007). Thus, seeing that one’s efforts have reduced another’s suffering, leading to their improved functioning can create positive feelings in the care-giver, e.g. pride, enjoyment, and optimism, and can increase motivation, stamina, and sense of achievement (Wagaman et al., 2015).

Stamm (2010) states that CSat moderates rather than prevents CSI, suggesting that those experiencing CSI symptoms can still experience CSat if they feel their work is helpful and meaningful. She also suggests that high CSat reflects high engagement, defined by Schaufeli and colleagues as ‘a persistent, positive affective-motivational state of fulfilment’ (Maslach et al., 2001:417), characterised by *vigour*, *determination* and *absorption*.

Here Stamm demonstrates the relationship between CSI and CSat and the wider construct of engagement. This raises the question of how the negative and positive aspects associated with stress and wellbeing interact. An answer could perhaps lie in considering scholars’ views on the relationship between burnout and engagement. Maslach and colleagues initially suggested that they were bi-polar opposites, measurable on a single scale,

using reverse pattern scoring (Cole et al., 2012). Schaufeli and colleagues (2002) however, viewed them as distinct, yet highly negatively related constructs. Alternatively, rather than seeing engagement and burnout as separate constructs or mutually-exclusive opposites, Leon and colleagues (2015) suggest a dialectical perspective. Here two opposing but interdependent forces interact on each other in a dynamic and fluid process and multiple factors are at play simultaneously which constantly changes the state at any point in time. Therefore, not only is it possible to experience neither burnout nor engagement, they can co-exist. Such a dynamic interaction can explain presenteeism and the exhausted workaholic (ibid). Their view is the one that I am most inclined towards as it recognises that factors interact continually to change a state, which aligns with my philosophical position (see 3.2).

Leon and colleagues also argue that this dialectic relationship is ‘driven by the sub-dialectic of resources and demands’ (ibid:90), which is represented in Dodge and colleagues’ (2012) depiction of wellbeing (Figure 2). They propose wellbeing as being the ‘balance point between an individual’s resource pool and the challenges faced’ (ibid:230), recognising that the seesaw can be tipped in either direction but that the individual will always try to get back to a state of equilibrium.



Figure 2 Model of wellbeing (Source: Dodge et al., 2012:230)

This notion of balance underpins many stress management models, e.g. the Job Demand Control Support Model (Johnson and Hall, 1988) and the Effort-Reward Imbalance model (Siegrist, 2002). Such models work on the principle that stressors/negatives need to be offset by support/positives.

2.2.5 Support for Psychological Wellbeing at Work

Whilst all UK employers have a duty to assess and reduce risks to their employees' physical and psychological wellbeing (HSE, 2018a), the *Stevenson/Farmer Review of MH and Employers* (2017) specifically mentioned the need to support 'public sector [employees] at highest risk of stress and trauma' (p.7). Structured/planned organisational support (rather than informal ad hoc support) can be offered at three levels: universal, targeted and specialist/tailored (Education and Health Partnership, 2020). Universal support is available to/intended to be beneficial to all. However, it may not be relevant to everyone's needs at the time it is delivered; thus, it is not always seen as helpful (Shelemy et al., 2019). Alternatively, targeted and specialist support tend to be more bespoke and usually planned to meet personal/professional development needs. In relation to psychological wellbeing support, specialist support tends to be reserved for those in crisis or those facing severe challenges. Social support can be used at all three levels and can enhance workplace psychological wellbeing, both in the absence of adversity (Prins et al., 2007; Feeney and Collins, 2015), and when exposed to others' suffering (Killian, 2008; Hawkins and McMahon, 2020).

2.2.5.1 Social Support

Social support is 'always intended by the sender to be helpful, distinguishing it from intentional negative interactions (such as angry criticism, hassling, undermining)' (Glanz et al., 2019). There are four widely recognised categories of social support:

- **Instrumental** – concrete support e.g. through additional physical resources
- **Informational** – access to ways of increasing skill level, e.g. someone who can give helpful, practical advice, access to training or relevant reading material
- **Emotional** – access to a person who will listen compassionately and without judgement
- **Appraisal** – access to a person who can support you to reflect on, cope with, learn or grow from a particular situation (ibid).

Support which combines problem- and emotion-focused solutions is recommended as most effective for reducing many causes of stress (Parker et al., 2012). Again, targeted support that is context and person specific and on-going is likely to be more useful and transferrable into the workplace than one-off generic support (Robertson, 2008; Faulconbridge et al., 2017). Coaching has become popular in the workplace for providing on-going targeted appraisal and informational support (Fletcher and Mullen, 2012). In addition, certain coaching traditions, e.g. cognitive-behaviour coaching, also focus on emotions (Bachkirova and Cox, 2007). Although improving wellbeing is not usually the primary focus, Lawton-Smith (2017) suggests that coaching can do so in the following five ways: reclaiming self-belief, learning, seeing wider perspectives, accessing a supportive relationship, and providing thinking space.

Thus, coaching could be a useful mechanism for enhancing workplace psychological wellbeing. However, whilst coaching can be used for processing traumatic material (Spence and Joseph, 2016), supervision is more commonly used in helping professions to enhance psychological wellbeing and mitigate against the risks from exposure to others' suffering (Lawrence, 2019). Although research into supervision in education has begun relatively recently, supervision is not yet widely understood or available in education settings; instead,

for many, the word has connotations associated with surveillance and punishment for failure to reach academic targets (Bainbridge et al., 2019; Lawrence, 2019). Again, therefore, looking to sectors beyond education to see how psychological wellbeing is supported through supervision when working with V&T populations could be helpful in finding ways of enhancing teachers' psychological wellbeing when teaching PEV&Ts.

2.2.5.1.1 Supervision

There are multiple models and definitions of supervision (Carroll et al., 2020). A comprehensive and widely cited definition states¹⁰:

Supervision is a joint endeavour in which a practitioner with the help of a supervisor, attends to their clients, themselves as part of their client practitioner relationships and the wider systemic context, and by so doing improves the quality of their work, transforms their client relationships, continuously develops themselves, their practice and the wider profession (Hawkins and Shohet, 2012:5)

Although using different terminology, all models suggest that supervision aims 'to attend to the development of best practice, the management of best practice and provides a space to discuss and manage the emotional and psychological effects of the work' (Reid and Soan, 2018:3).

Supervision involves dialogic activity with a strong emphasis on facilitated reflection. Hawkins and Shohet (2012) suggest multiple foci:

- External reflection where the focus is chiefly on the client ...
- Introspective reflection where they turn their attention onto themselves in the engagement with the client [and consider the impact it has had on them] ...

¹⁰ I have focused on Hawkins and Shohet as their definition and model is applied internationally and across multiple sectors whereas some tend to be targeted to specific activity such as safeguarding or healthcare and are perhaps not as transferrable/flexible.

- Relational reflection where the reflection is on the interaction and relationship between the client and the practitioner ...
- Systemic reflection where the reflection is on the wider system in which the relationship is embedded (p.17).

Supervision works on the principle that practitioners are more likely to improve their practice if they feel able to: gain honest feedback; reflect critically on themselves and their situations; celebrate their successes; and be open about their mistakes and struggles, without fear of judgement or unhelpful criticism (Ryde and Briggs, 2019). Coaching works on similar principles. Neither participant has the answers prior to collaboration; instead, these are co-constructed through dialogue (Mercer, 2004; Hawkins and McMahon, 2020). Such co-construction is possible as language is used both inter-psychologically for social interaction and intra-psychologically to structure ideas/thoughts (Hasan, 1992). As humans can accommodate multiple perspectives simultaneously (Ferryhough, 2008), when ideas flow during dialogic exchange, they intermingle, and interpretations of the world can change (Armstrong, 2012). In this way, thoughts that have been filtered through personal experiences, culture, beliefs, and values can be challenged, and unconscious assumptions and dysfunctional thoughts can be reframed into less daunting and more positive, agentic ones (Clutterbuck, 2010). Thus, sharing narratives helps us to make sense of our world and our identities (Lawler, 2014), thereby creating a new subjective reality (Armstrong, 2012). Such re-authoring through joint processing can be cathartic following traumatic events (Blunden, 2015).

Furthermore, according to Moore and Jackson (2014), focusing attention on a specific issue 'enhances the responses of selected neurons [...] and reduces neural activity in other brain regions' (p.318), so energy is not wasted on unproductive thought and rumination,

leaving more energy for problem identification and resolution (Berriman, 2007). As solutions to problems or dilemmas emerge, the supervisor/coach can also be used as a sounding board, allowing new ideas to be practised in a 'safe space' (Peterson, 2015). Although development through such dialogue is co-constructed, as self-awareness and proficiency in reflexive activity increase, skills can be applied autonomously to transform other situations (Fletcher and Mullen, 2012). Thus, such dialogue performs both restorative and resourcing functions, supporting psychological wellbeing through 'ongoing self-development, self-awareness [... and can break] the cycle of feeling drained' (Hawkins and Shohet, 2012:6). It has the potential to prevent burnout and CSI before it takes hold - the best time to deal with it (Maslach, 2017; Willis and Baines, 2018).

Whilst acknowledging that coaching can support teacher wellbeing (Lofthouse and Whiteside, 2019), supervision may be more beneficial to teachers' psychological wellbeing when teaching PEV&Ts, due to its strong relational and emotional focus.

2.2.6 An Integrated Approach to Stress and Wellbeing When Teaching PEV&Ts

Stress is predominantly regarded as subjective in nature and can be conceptualised as 'a complex, multivariate process, resulting from a broad system of variables involving inputs, outputs and the mediating activities of appraisal and coping' (Gillespie et al., 2001:55). Yet, if viewed from a positive perspective, the same conceptualisation is equally applicable to wellbeing. The idea of inputs, mediation and outputs reflects the triangle of Vygotsky's (1978) first generation activity theory, and when adding the notion of balance, the concepts of wellbeing and stress at work can be integrated into a common framework. Using the extended areas of work-design as work-related inputs, the extended categories of psychological needs at work as the outputs, and placing them on a seesaw, an initial conceptual framework to

explore the impact on teachers' psychological wellbeing of teaching PEV&Ts is proposed (see Figure 3). Here the assumption is that when all interact in a way appraised as providing satisfactory balance, psychological wellbeing is more likely than when balance is disrupted severely, or for too long (notwithstanding the exclusion of factors beyond the workplace, which are not the focus here).

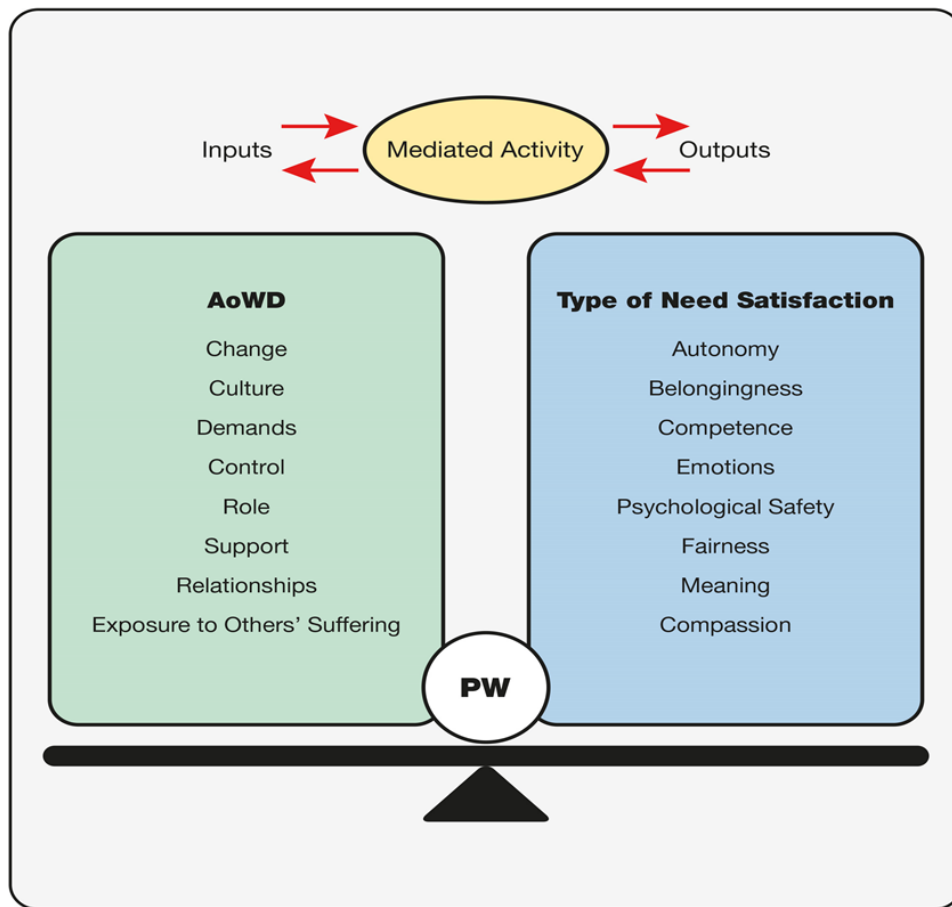


Figure 3 Conceptual framework for work-related psychological wellbeing when teaching PEV&Ts

2.3 Part Two Exploring Teachers' Psychological Wellbeing in the Context of Teaching PEV&Ts

2.3.1 Introduction

In this section, the initial conceptual framework is used to explore the impact of the extended areas of work-design on psychological needs in the context of teaching PEV&Ts. From a constructivist perspective, it is impossible to separate the areas as there is much overlap; therefore, some areas of work-design have been combined. As change has been considered in the first chapter and is pervasive, it will not be looked at separately. Similarly, relationships permeate other areas, so will be included where relevant. Firstly, culture, control and role are explored together, which involves explaining the wider context of the education system alongside a more specific focus on the impact on those teaching PEV&Ts. Demands are considered next, touching briefly on workload, before considering emotional demands; exposure to others' suffering is explored as a sub-section. Finally, support is explored. The chapter concludes with the research questions. The scope of this thesis means that the focus will mostly be on:

- SEMH, as cuts and recent changes in expectations related to pupil MH have increased pressures on schools. It also includes pupils' behaviour which is regularly given as a major stressor for teachers (ES, 2019; Ofsted, 2019b)
- those with low socio-economic status, as they are more likely to have lower wellbeing, more safeguarding needs and more exposure to potentially traumatising events (DuBois, 2010; Pickett and Wilkinson, 2010; Faulconbridge et al., 2017).

2.3.2 Culture, Role and Control

Much research cites school culture as important to teacher wellbeing (Acton and Glasgow, 2015; McCallum et al., 2017, Fradkin-Hayslip and Gross, 2019; Ofsted, 2019b). The role of senior leaders, particularly the headteacher/principal, is key due to their role in 'design[ing] and defin[ing] the reality' (Fernet et al., 2012:523) in which staff (and pupils) work. Senior leaders provide a culture conducive to psychological wellbeing when they 'are accessible to staff, listen to them, value them as professionals, recognise their work and support their autonomy' (Ofsted, 2019b:7).

Whilst senior leaders have some control over school culture, it is largely dictated by the political ideologies and discourse at any given time (Mockler, 2011). Currently, these are dominated by neoliberal principles, which seek to reduce inefficiency and waste by realigning public and private sectors (Adams, 2016), focusing on competition, consumer choice and reduction in state expenditure on services (Furlong, 2013). In addition to pressures on school budgets and cuts to support services which disproportionately affect PEV&Ts (Lawes, 2019), this has created a 'culture of competitive performativity' (Ball, 2003:219), where success is judged by tangible output measures (Adams, 2016) (e.g. exam results (currently, English and Maths in primary schools), school league tables, Ofsted inspection ratings). These are published so that the government can assess achievement of its objectives and 'consumers' (e.g. families and potential staff) can compare schools and make informed choices (Gane, 2012). Here the assumption is that they will be drawn to schools which have higher standards based on published metrics.

Contextual factors are rendered invisible during quantification processes (Ball, 2010) and the considerable barriers to educational progress faced by many PEV&Ts are obscured.

Thus, 'within a discourse of performativity schools which become increasingly responsive to diversity jeopardise their positions in the market league tables' (Glazzard, 2014a:108), and by being genuinely committed to inclusion, risk damaging their reputations (ibid). It is suggested that this has resulted in an unfair system (Coughlan, 2019; Harris, 2020), where grades and judgements 'reflect the affluence of a school's intake and the social class of its pupils – not the performance of the school' (Rayner 2019). It leads to Ofsted praising the wrong schools and not giving due recognition to the work that schools serving PEV&Ts do (Norris, 2019; Harris, 2020). As lack of recognition and unfairness are associated with reduced psychological wellbeing, it is possible that these were contributory factors when Ofsted (2019b) found that teacher wellbeing in such schools was lower.

In such a performance culture, not only is there insufficient recognition for the additional work that inclusive schools do, if they/teachers do not achieve the standard which is deemed successful enough (by whoever is judging at the time), negative consequences (beyond damage to reputation) are likely (Tierney, 2018). This is because in a performative culture, it is assumed that individuals are to blame for 'poor performance' (Angus, 2012:6). Consequences for teachers/senior leaders include pay progression being refused and/or 'capability' proceedings being instigated (Courtney and Gunter, 2015; Hutchings, 2015). Jobs and even careers can be lost and there is a growing practice of teachers being 'disappeared' (Lepowska, 2014) via settlement agreements involving non-disclosure agreements (commonly known as 'gagging clauses'), meaning they 'cannot talk openly about the brutality of their treatment' (Tickle, 2017). Such high-stakes accountability practices have become associated with excessive workload (see 2.3.3.1), high stress levels, absenteeism, a 'recruitment and retention crisis' (McBrearty, 2021), and a 'culture of fear' (Spielman, 2017). Although potentially affecting all teachers, these are more likely for those teaching PEV&Ts as they are

more likely to struggle to achieve the required standard (Glazzard, 2014a; Dalsgaard et al., 2020). Whilst some teachers/leaders stay teaching in schools with significant numbers of PEV&Ts, 'fuelled by their commitment to principles of social justice' (Towers, 2020:1), some may 'bet with the odds' (Hobfoll, 2010:10) and be drawn to working in schools where achieving the required standard is more likely (Glazzard, 2014b). Alternatively, others leave the profession because the stress of waiting to be blamed for 'poor' performance is unbearable (Roberts, 2020).

Another way of reducing the risk of being blamed for poor performance, is to control factors which impact negatively on school performance data. This requires problem identification, followed by mitigatory action. To facilitate identification, an audit culture is created. Monitoring strategies are employed; for instance, formal lesson observations, 'drop-ins', book-looks, learning walks, data scrutiny of tests/teachers' assessment, conversations with pupils and parental surveys (Page, 2016). This can create a perception of constant surveillance, as teachers are aware that even when not directly being observed, the work they are doing could be scrutinised later (ibid). For some this could be motivational and an opportunity to gain recognition (Ball, 2003), but it could mean that teachers are always in a heightened state of alert (Williams, 2018), limiting opportunities for stress chemicals to get to safe levels.

As a result of surveillance techniques, Page (2016) suggests that teachers become self-surveilling and self-disciplining in a panoptic sense, aligning practice and goals with external performance indicators, working harder to reduce the risk of punishment if targets are missed. Their autonomy is, therefore, reduced as such behaviour is associated with controlled motivation (Deci and Ryan, 2008b). Whilst this is generally linked to lower psychological

wellbeing, it could improve psychological wellbeing as ambiguity and unpredictability are minimised (Conley and You, 2014).

Many commentators also highlight a reduction in autonomy due to the requirement for employees to control their actions and emotions¹¹ according to the norms and standards expected of their role, which may mean having to behave in certain ways or express emotions which differ from the ones truly felt (Zapf, 2002). Whilst not exclusively associated with decreased psychological wellbeing, conforming to display rules is more likely to be detrimental to psychological wellbeing (Isenbarger and Zembylas, 2006), not least because it can deplete psychological resources. Although there are teaching standards and codes of conduct with which teachers must comply (which extend beyond school hours), expectations of teachers' emotion management are rarely explicitly stated, so rely on personal choice or school ethos. In a performative culture, however, a technician focus may mean that if academic targets are achieved, the emotions/behaviour displayed may be largely inconsequential; or worse, that teachers focusing on the 'emotional "soft" aspects of teaching' (Hebson et al., 2007:681), may be deemed 'too emotional to be capable' (ibid:675). This may cause teachers to hide their struggles or upset, which is neither conducive to psychological wellbeing, nor improvement (Lawrence, 2019; Ryde and Briggs, 2019).

Furthermore, focusing on performance-oriented practices can result in anything deemed as not promoting improvement in the areas that are measured being devalued and at risk of being discarded (Biesta, 2009; Bonell et al., 2014). As 'care-related gains from education

¹¹ Emotion work (Zapf et al., 1999), emotional labour (Hochschild, 1983), impression management (Goffman, 1959) and conforming to display rules (Ekman et al., 1969) are different but similar concepts which may be referred to in such circumstances. Emotional labour is perhaps the most common but has become subject to 'concept creep' (Hochschild, in Beck, 2018) and is contested (ibid; Zapf et al., 1999; Bolton, 2005), so is not used here.

are generally not measurable in the short term within a metric' (Lynch, 2017:162), Ball (2003) suggests that in a performative culture, there is 'no room for caring' (p.224). This can leave senior leaders/CTs struggling to balance 'performing (doing your very best for the inspection regime) and caring (doing your very best for the children)' (Forrester, 2005:274). This results in role conflict, defined as 'the simultaneous occurrence of two or more role pressures so that the compliance with one makes it more difficult to comply with the other' (Cervoni and DeLucia-Waack, 2011:4), as teachers may feel compelled to make a choice over what they are held accountable for and what they feel morally obligated to do (Edling and Frelin, 2013). This can leave them struggling to balance given and felt responsibilities (ibid).

Felt responsibilities are *assumed*, 'based on the individual teacher's choice to be engaged or involved, often because of moral obligations or personal beliefs' (Ekornes, 2017:335), whereas given responsibilities are *forced or assigned*. These

represent a top-down approach in which the responsibilities are given to teachers by their profession, their organizational leaders, or the government. In the case of forced responsibilities, there are legally defined demands and juridical imperatives, and teachers cannot choose whether or not to comply (ibid).

Some teachers, therefore, feel unlimited responsibility (Edling and Frelin, 2013) and find it hard to know when to stop, also taking issues home with them (Graham et al., 2011), increasing the risk of CSI (Figley, 2002). Alternatively, others cope by 'drawing boundaries for their engagement and separating their personal from their professional lives ... result[ing] in a pragmatic, authoritarian, efficiency directed strategy' (Edling and Frelin, 2013:428). This can result in what might previously have been considered unethical or unfair, as 'the ethics of competition and performance are very different from the older ethics of professional judgement and co-operation' (Ball, 2003:218). Such behaviour may include: narrowing the curriculum; uneven allocation of resources to focus on borderline pupils to the detriment of

others; 'off-rolling' children with additional needs, particularly SEMH needs, and manipulating data, even to the point of cheating (Briggs, 2017). Again, PEV&Ts are disproportionately affected (Humphrey and Wigelsworth, 2016; Bloom, 2017; Lough, 2020).

For those who entered teaching to make a difference to children's lives and to see them develop and progress holistically, just teaching them to pass a test may not match their values or achieve psychological need satisfaction (Day and Kington, 2008; Skaalvik and Skaalvik, 2017). This is particularly so where they believe the tests require 'the success of some students and the relative failure of others [...], or as simply serving to perpetuate socio-economic inequalities' (Moore and Clarke, 2016:667), as this may go against deeply held views of the purpose of education.

Behaving in a way which is incongruent with deeply held values can cause feelings of shame, meaninglessness and despair (Bachkirova, 2005; Prilleltensky et al., 2016). Alternatively, teachers who stick to their principles see that their practice (even if they deliver the results) is different to their colleagues' norms and values, which can lead to them feeling 'unappreciated in the cultural context of the school [... resulting] in reduced job satisfaction and a feeling of not belonging' (Skaalvik and Skaalvik, 2011:372). Over time, this can lead to teachers questioning their professional and personal identity and becoming unsure how to prioritise efforts, causing self-doubt, anxiety and feelings of incompetence (Ball, 2003).

In such circumstances, 'the process of assisting teachers to reflect upon and articulate their professional identity is one way of helping them to draw links between their own moral purpose and their professional practice' (Mockler, 2011:524). Coaching has been found to support senior leaders to make values-based decisions and support their psychological wellbeing (Lofthouse and Whiteside, 2019), whilst supervision has also been shown to support

headteachers to lead with virtuosity ‘where decision-making is informed by good educational judgements and not by standardisation and punitive accountability measures’ (Bainbridge et al., 2019:1) (see 2.3.4).

2.3.3 Demands

Much research and literature on teacher stress/wellbeing in England focuses on workload rather than wider demands, citing it as a major contributor to teacher stress, absence, recruitment and retention difficulties and strained relationships between CTs and senior leaders (Worth et al., 2018; NEU, 2019; Ofsted, 2019b). Whilst workload is highly relevant to teachers’ psychological wellbeing, as related problems are well-documented, they will only be considered briefly, then the focus will move to the increasingly, but less well researched area of emotional demands when teaching PEV&Ts.

2.3.3.1 Workload

Some of the main drivers of heavy workload are:

staff shortages, lack of support from external specialist agencies (such as for [... SEND], or behaviour), challenging behaviour of pupils, [... and] frequently changing government policies and regulations (Ofsted, 2019b:6).

The volume of administrative tasks driven by the need to be ‘Ofsted-ready’ is regularly cited, demonstrating the self-regulation and reduced autonomy described in 2.3.2. Many teachers begrudge such work, perceiving it as meaningless and of no benefit to the pupils (Crosby, 2015; Ofsted, 2019b). The *Teacher Workload Survey* (TWS, Walker et al., 2019) repeatedly shows that workload is a bigger issue in the two lowest Ofsted categories, and it is in these schools where there are also more: PEV&Ts, external inspections/scrutiny, recruitment and retention problems (staff and pupils), and teachers reporting lower wellbeing and less autonomy (Worth et al., 2018; Allen and McInerney, 2019; Ofsted, 2019b; Worth et al., 2020).

The main activities that primary teachers engage in (excluding lesson delivery) and the amount of time spent in a focus week, which compares 2016 to 2019 data, can be seen in Figure 4. This, however, is for teachers generally and not restricted to teaching PEV&Ts.¹²

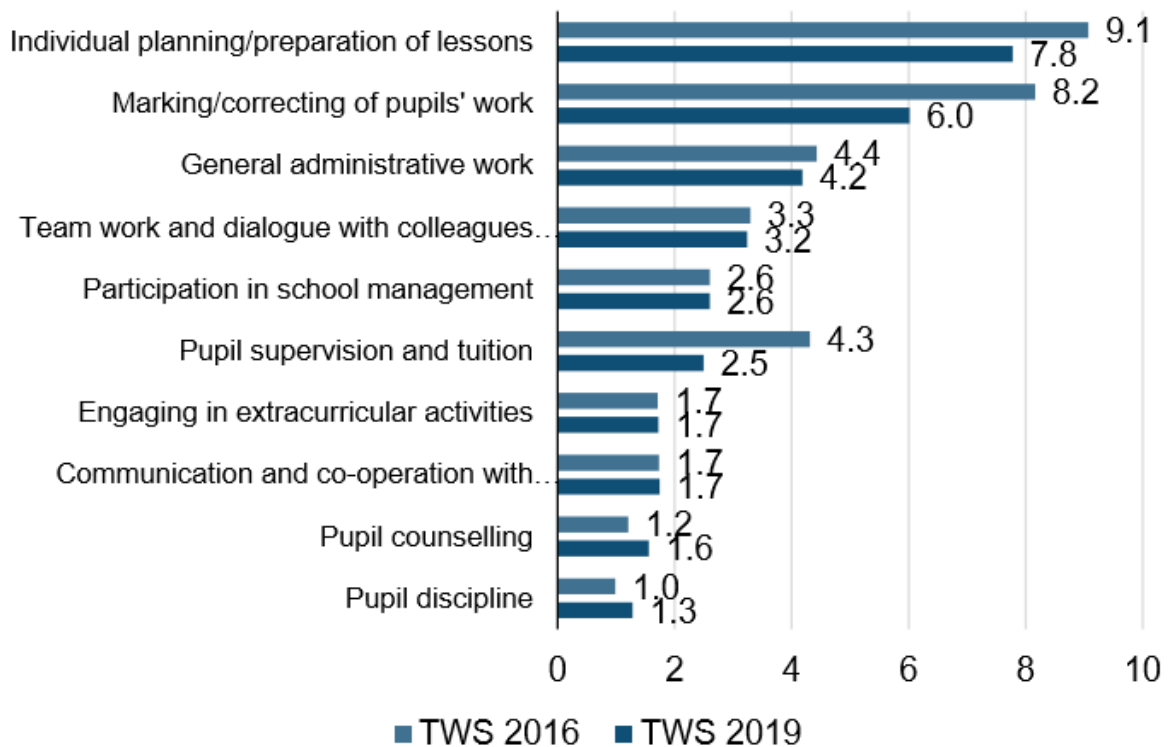


Figure 4 Average hours worked on non-teaching activities in the reference week, among primary CTs and middle leaders (Source: Walker et al., 2019:41)

From this data, it appears that teachers’ workload overall has decreased (whilst only a small sample, it is supported by anecdotal reports in media and social media reports). As reducing workload is regularly claimed as being key to improving teacher wellbeing (Education Support, 2019; NEU, 2019), a related reduction in teacher stress might be expected. However, this is not the case; indeed, teacher stress levels have reportedly increased year on year between 2016 and 2019 (Education Support, 2019). Furthermore, Ofsted’s (2019b) wellbeing

¹² A detailed list of demands more specifically related to teaching PEV&Ts, based on a plethora of literature, my teaching experience and professional observations and conversations in the field that was used as a prompt during data collection can be found in Appendix 8.

survey claims that more experienced teachers (5 years+) work fewer hours than their less experienced colleagues yet report lower wellbeing. Focusing purely on demands that are measured in hours, therefore, appears problematic. Not only does this fail to account for unpredictable or infrequent events, e.g. 'parents' evenings, putting on productions [...] urgent parental complaints [... and] vomiting children' (Turner, 2019), emotional demands (which are harder to measure) faced by teachers are largely excluded. What is interesting to note in Figure 4, is that the only areas seeing an increase in time, were pupil discipline and counselling, which are repeatedly reported as amongst the most stressful aspects of teaching (Education Support, 2019; Lawrence, 2019; Ofsted, 2019b). Before considering emotional demands, it is important to acknowledge that, whilst workload may be seen as a non-emotional demand (Tuxford and Bradley, 2015), in line with dialectic models of stress, it can become extremely emotionally demanding, when: there are insufficient resources; the tasks seem never-ending; and there is little autonomy or recognition given.

2.3.3.2 Emotional Demands

Tuxford and Bradley (2015) suggest that emotional job demands in teaching involve:

- situations which provoke strong emotions
- managing one's own emotions
- work focused on others' emotional wellbeing (p.1006).

Although interacting with pupils is generally seen as the most rewarding and enjoyable aspect of teachers' work (Education Support, 2019; Ofsted, 2019b), with much of teachers' emotion giving being sincere and requiring little or no emotional effort, teachers are involved with complex and multiple interactions simultaneously, which requires switching from one emotion to another quickly (Hargreaves, 2000). Whilst each interaction in isolation may not be

emotionally demanding, the effort of changing from one to another can require additional effort (Zapf, 2002). Zapf (2002) also highlights the factors of frequency, intensity, duration, strength, and routineness as factors which impact on the emotional effort required to deal with a situation. In general, it is suggested that the greater the emotional effort, the more likely that negative consequences to wellbeing will result. However, this is not straightforward, as whilst dealing with an emotionally demanding situation frequently is often associated with increased burnout risk due to the gradual erosion of energy over time, a teacher may come to see it as routine, be able to deal effectively with it without expending so much emotional effort, and so experience less of a negative impact (Weingarten, 2003; Tsouloupas, 2010). Furthermore, if the emotion displayed is not the one felt but is congruent with values, negative consequences may be less severe, even where considerable emotional effort is expended (Roth et al., 2014). Also, satisfaction may be gained from resolving emotionally demanding situations, increasing feelings of competence and control, beneficial to psychological wellbeing (Fernet et al., 2012). Thus, cumulative and compensatory effects need consideration.

Teaching PEV&Ts is likely to be emotionally demanding as it requires all three of Tuxford and Bradley's dimensions. Whilst there is research on the emotional demands of teaching PEV&Ts (see Blick, 2019), that which focuses on emotional contagion through the secondary or indirect nature of effects from exposure to others' suffering in England is missing. As many teachers have entered the profession largely unaware of, and unprepared for the potential negative impact of such exposure (Hydon, 2016; Downing, 2019), this area will be focused on first. It is important to remember though that where action is stimulated by an emotional response, demands will extend beyond those which are purely emotional.

2.3.3.3 Exposure to Others' Suffering

Despite searching widely, I have found less than a handful of explicit references to CSI¹³ and none on CSat related to teaching in England. Where explicit reference is made to CSI, it is cursory and there is no clear explanation as to what it is, or how symptoms manifest in teachers (as in: Rae et al., 2017; Sturt and Rowe, 2018). Other research which focuses on the benefits of supervision, usually for teachers with designated safeguarding and/or inclusion responsibilities, or teachers in specialist settings, is undoubtedly implicitly including CSI but does not distinguish it from burnout characteristics or distinguish between primary and secondary stress (as in: Willis and Baines, 2018; Kennedy and Laverick, 2019).

Schepers (2017) suggests that giving teachers access to relevant language allows them to process and express emotions; thus, by naming CSI in education, teachers can gain a better understanding of what is happening to them, as they may not always be conscious of the personal emotional toll of their work with PEV&Ts, or accept it as a natural reaction (Motta, 2012; Sturt and Rowe, 2018). Lander (2018) illustrates this, stating that after writing an article on CSI for the Harvard School of Education, she was fascinated by the contacts she had from teachers saying, 'Oh my gosh, I have been feeling these things for years, and I didn't know it had a name'. Once named, teachers and those responsible for their psychological wellbeing can learn to navigate CSI (Schepers, 2017) by anticipating its impact, using higher psychological processes to mediate and control it, and putting measures in place to mitigate against unwanted consequences (Hill, 2011; Schepers, 2017) (see 2.3.4).

To gain an understanding of CSI, due to its virtual absence from literature in the English education sector, consideration of what is known in other sectors (see 2.2.2.1.2) and about

¹³ Or its kindred concepts as explained in 2.2.2.1.2.

education practitioners in North America may be beneficial. However, it should not be assumed that findings related to CSI in one context are directly transferable into another, as Ottaway and Selwyn (2016) and Geoffrion et al. (2016) found in their research, respectively related to foster carers and child protection workers. Some key differences include that whilst other helping professionals are likely to have meeting welfare needs as their primary training and task focus, teachers: are primarily evaluated on their pupils' academic progress, rather than welfare or holistic needs (Hurry et al., 2020); are not likely to be trained clinicians or social workers (Abraham-Cook, 2012); and spend a considerable amount of time with their pupils on a regular and on-going basis (Schepers, 2017). Although there may be more similarities in roles between teachers in North America and England, there are also vast differences, e.g. in culture and access to free healthcare.

Studies in schools'¹⁴ in North America used quantitative approaches (Abraham-Cook, 2012; Koenig, 2014; Hydon, 2016), mixed methods (Borntrager et al., 2012; Schepers, 2017) or qualitative methods only (Hoffman et al., 2007; Hill, 2011; Caringi et al., 2015). Overall findings were remarkably consistent and revealed that teachers' experiences of exposure to others' suffering, e.g. MH crises, disclosures of abuse, bereavement and learning needs were considerable, and that these added another layer to teachers' stress (Hamilton, 2007; Schepers, 2017). This resulted in them experiencing 'distressing emotions, powerlessness, intrusive imagery and physiological arousal, somatic complaints [... and left them feeling] fatigued, anxious, and overwhelmed by their students' experiences with trauma' (Hill, 2011:72). Many participants were frustrated by a lack of training and resources which meant they were unable to deal with situations as effectively as they would have liked (DuBois, 2010).

¹⁴ Some studies did not differentiate between teachers and school personnel more generally

However, the impact of CSI and workplace stress more generally was minimised by training, supportive administrators and having colleagues, friends and family to talk to (Abraham-Cook, 2012; Koenig, 2014).

Although limitations of the studies suggest that the participants were not representative of the wider teaching population as they mainly taught in disadvantaged communities or were teachers of CWSSEND only, the studies show that a high proportion of participants experienced CSI. However, CSI was not the only outcome. Abraham-Cook (2012) found that supporting suffering pupils could promote insight and healing for teachers with a personal history of trauma, leading to catharsis and post-traumatic growth. In addition, Andreychik (2019) found that whilst negative empathy was necessary to motivate helping behaviours, vicariously experiencing PEV&Ts' positive emotions when they had achieved success or overcome adversity helped teachers to bear connecting with their pupils' pain. He also found that increased CSat from such positive empathy reduced teachers' intentions to leave the field. This finding, if replicated in England, could be significant given the current recruitment and retention situation.

The most widely recognised benefit of working with PEV&Ts is reflected by Brunzell (2018), who suggests that teachers who choose to educate PEV&Ts do so as they feel that their work can make a difference and create positive social change. He states that 'working with struggling students can generate the possibilities of satisfaction and growth; and these pathways can help teachers find both increased meaning in their work and serve as a buffer for teachers in times of workplace adversity' (ibid:121). This echoes Abraham-Cook's study as she found that despite her participants reporting high levels of CSI, they still found meaning in their work. This is aligned with Stamm (2010) who suggests that CSat buffers against, rather

than eliminates CSI and Weingarten (2003) who asserts that those wounded by CSI can still be effective helpers.

Many of the studies note the need for training and support, either to promote CSat or to mitigate against CSI. Brunzell (2018) suggests that teachers should be trained in trauma-informed practices so that they are better able to understand their own and their pupils' needs and cater for them with greater confidence and competence. Marsay and Higson-Smith (2005) noted the importance of such training, finding that even a short course significantly increased teachers' CSat and Abraham-Cook (2012) found that support increased feelings of self-efficacy. Schepers (2017) reports that self-efficacy is inversely related to CSI and disengagement, which impacted on teachers' intentions to leave their schools. Thus, social support (see 2.2.5.1) could be vital in the teaching context in England and again could have implications for recruitment and retention, specifically for those teaching PEV&Ts.

Whilst CSI focuses on the secondary effects of exposure to others' suffering, the emotional demands associated with teaching PEV&Ts can also be direct or primary. PEV&Ts are more likely to struggle to express their needs and anxieties in ways which are deemed appropriate in the school environment, resulting in what is viewed as misbehaviour (DfE, 2018; Miles, 2019). Dealing with pupils' behaviour and the broader category of SEMH needs are regularly cited amongst the most stressful aspects of teaching (Blick, 2019; Education Support, 2019; Ofsted 2019b). Challenging pupil behaviour and its primary impact on teachers' psychological wellbeing includes:

- withdrawal/avoidance or blocking teachers' care-giving attempts, thus decreasing a teacher's sense of self-worth (Evans et al., 2019). This is detrimental to wellbeing as

most people have a basic desire to form attachments and for pleasant interpersonal interactions, associated with belongingness (Spilt et al., 2011)

- violent outbursts/aggression/bullying/unkindness, potentially compromising teachers' physical and psychological safety (Martindale, 2018). Additionally, observing such behaviour being directed at others can lead to common shock witnessing (Weingarten, 2003), and failure to protect others we are responsible for can cause 'depressive guilt' (Chang, 2009)
- defiance, disobedience and insolence, can undermine teachers' authority and autonomy, creating feelings of powerlessness and incompetence (Graham et al., 2011)
- disruption to lessons, impacting on lesson delivery and ability to deliver performance goals (Evans et al., 2019), with associated consequences to teachers' psychological wellbeing (see 2.3.2). Also, if a teacher cannot deliver what is planned, this could create feelings of unfairness that those who are behaving appropriately are having their learning disrupted (DfEa, 2015)
- poor motivation and low aspirations, which could cause teacher apathy too (Brunzell, 2018), or resentment if the investment of time put into planning is perceived as more than is returned or pupil attainment is lower than expected (Chang, 2009). Alternatively, so much energy could be put into trying to motivate pupils that teachers become exhausted (Tsouloupas, 2010)
- a lack of independence leading to attention needing behaviour and constantly demanding the teacher's time, which can be emotionally draining (Kidger et al., 2010)

- unpredictability. Pupils' behaviour can switch without warning, causing anxiety as teachers can never be fully prepared or in control (Chang, 2009). Teachers, therefore, need to be in a constant state of readiness to react, involving a high state of arousal, increased stress chemicals and potentially impaired cognitive functioning and decreased ability to conduct teaching tasks (Friedman-Krauss et al., 2014).

For many teachers, therefore, pupil misbehaviour erodes effectiveness (Fernet et al., 2012), makes them question the meaningfulness of their work (Brunzell, 2018), and increases burnout risk (Tsouloupas, 2010). Highly stressed teachers are more likely to focus on negative interactions and less likely to act in a caring way, often responding with hostility, which is likely to exacerbate pupil misbehaviour, further reducing teacher wellbeing (Friedman-Krauss et al., 2014). Conversely, teachers with perceived self-efficacy in managing SEMH needs, whose own MH is supported, or who put challenges down to pupils' circumstances or environmental factors, report feeling less irritated by pupils and are better able to switch between disciplining and curriculum delivery (Chang, 2009; Friedman-Krauss et al., 2014; Kidger et al., 2016). Consequently, to be able to effectively support pupils with behaviour/SEMH needs, support for teachers should involve strategies to effectively understand and handle pupils' issues, increase teachers' understanding of their own emotions, and support their psychological wellbeing (Tsouloupas, 2010; Askell-Williams and Lawson, 2013; Friedman-Krauss et al., 2014; Koenig, 2014; Kidger et al., 2016; Ekornes, 2017; Blick, 2019). How this might be achieved will now be considered.

2.3.4 Support

Although family and friends are important sources of support (Blick, 2019) (which should not be underestimated), employers have a duty of care towards their employees'

physiological and psychological safety (HSE, 2018a). When I began planning this research, although there had been an increased focus from government on pupil MH and wellbeing (DfE, 2017), little mention was made of teachers' MH. However, recently, concerns related to teacher MH have risen up the DfE's agenda and in March 2019 it announced the intention to establish an 'expert wellbeing panel'. In June 2020, the panel's recommendations were accepted and the DfE committed to developing a wellbeing charter that schools could sign up to voluntarily (Gibb, 2020). It agreed to include wellbeing in relevant training, standards, guidance, and wider communications and to regularly measure and report on staff wellbeing, despite not having a measurement tool to do so (ibid).

Ofsted has also increased its focus on teacher wellbeing, adding it to its inspection framework and undertaking research (Ofsted, 2019a; 2019b). Some of the positives from this research have already been stated; however, it highlighted negative impacts on wellbeing for many teachers who did not get sufficient recognition, encouragement, support with pupil misbehaviour or development from senior leaders (Ofsted, 2019b). More disturbing though are reports that leaders are putting teachers on support plans which are 'anything but support[ive]' (Speck, 2020c). Instead, they are designed 'to "crush" staff' (George, 2018), so that they will leave, saving on redundancy or staffing costs, as it is the more experienced, expensive staff who are disproportionately affected (Keates, 2016; Speck, 2020c). This is reducing psychological wellbeing to the point where some teachers are considering suicide (George, 2018).

On a more positive note, some school leaders have introduced wellbeing activities for staff. These include: mindfulness, yoga, jogging, baking or colouring (Brady, 2018). However, staff sometimes see these as a tick-box exercise (Steer, 2019) and even as unhelpful (Manning

et al., 2020). They are also for general wellbeing, rather than focused specifically on the effects of teaching PEV&Ts.

One way of supporting teachers when teaching PEV&Ts is through instrumental support (Motta, 2012) which may include additional resources, such as: support assistants; adapted resources or intervention programmes for pupils with specific needs/disabilities; removal of disruptive pupils and cover for teaching to allow recovery time following a distressing incident. However, as reported earlier, cuts to school budgets have reduced the instrumental support schools are providing to/for PEV&Ts, meaning even the most capable teachers are unable to support their pupils in the way they want to (Graham et al., 2011; Sisask et al., 2014; Kidger et al., 2016). As explained previously, this can lead to feelings of incompetence, powerlessness and guilt; all associated with CSI.

Teachers of PEV&Ts also rely on informational support from experts; again, due to austerity measures, these have been cut. Teachers can also turn to colleagues with related experience; however, as more experienced staff are leaving (particularly in deprived areas) or are concerned about their own 'performance', collegiality can suffer (Lynch, 2017), leaving teachers to fend for themselves. Training can help, particularly to improve competence; however, attending a course is not always the best form of learning (see 2.2.5). Instead, teachers need follow-up, with access to experts and supported opportunities to reflect on their practice (Faulconbridge et al., 2017). Unfortunately, in times of austerity, training, along with instrumental support for teachers, are often amongst the first things to be cut (Weston, 2014). As for emotional and appraisal support (except in relation to meeting specific targets), whilst they may happen ad hoc, often as a reaction to a 'crisis' or informally by supportive colleagues

(Alisic et al., 2012), planned opportunities for these are often limited or non-existent (Alila et al., 2016; Willis and Baines, 2018).

As described in 2.2.5.1, supervision and certain types of coaching can provide emotional, appraisal and informational support and calls for certain teachers/leaders to access supervision, akin to that received by H&SC professionals, are increasing (Fonagy, 2018; Bainbridge et al., 2019). Although provision is rare (McBrearty, 2021) (despite having been mandatory in EYFS since 2012, Sturt and Rowe, 2018), it is growing, and universities, including Canterbury Christ Church, Leeds Beckett and University College London now offer a supervision support service and/or training for schools, and Education Support are piloting supervision for headteachers. Research interest in supervision in schools in England has also grown recently (Carroll et al., 2020), and this, plus literature discussing its use for teachers/senior leaders with specific roles, has reported considerable benefits, including for:

- SENCos and/or school leaders in primary schools (Lewis; 2017; Reid and Soan, 2018; Bainbridge et al., 2019; Kennedy and Laverick, 2019)
- group supervision for teachers in specialist SEMH needs schools (Rae et al., 2017; Willis and Baines, 2018)
- mainstream teachers of children looked after or with behaviour needs (respectively, Edwards, 2013; Blick 2019)
- teachers/leaders with safeguarding roles (Hanley, 2017; Sturt and Rowe, 2018)

However, no research has been found using supervision for experienced mainstream primary CTs who teach pupils across a broad range of V&T categories in schools in England. A MH project in secondary schools in England and Wales, whilst providing peer support from

trained colleagues, rather than supervision *per se* (Kidger et al., 2016), has reported benefits.

Some of the main benefits combined from these reports include:

- it provides a 'safe space' where teachers can 'offload' and be listened to compassionately, without fear of judgement, vital given the 'culture of fear' felt by many teachers currently
- validation of feelings, actions and values
- opportunity to celebrate success
- protected time to: reflect in and on practice; explore alternative perspectives; and be supported to come up with their own solutions. These promote autonomy, belongingness, competence and meaning-making.

Bainbridge and colleagues (2019) also found supervision was the difference between leaders leaving the profession and carrying on with renewed energy and purpose.

These benefits are in line with those given in other sectors; thus, it seems reasonable to expect that supervision could be effective in developing experienced mainstream primary CTs' practice, and for improving their psychological wellbeing when teaching PEV&Ts. However, these studies were small-scale and generally used an external supervisor (often relying on external funding or supervisors reducing/waiving fees).

Given cuts to school budgets, extending supervision to more teachers, whilst potentially beneficial, could, therefore, be problematic. Whilst not all studies reported barriers and some, such as Hanley (2017) and Sturt and Rowe (2018) had more of a 'how to do it' focus, many issues in addition to financial costs were highlighted. These largely involved practicalities, such as: when and where it would happen; should it be group or individual and who could deliver the support, as for instance, a colleague may not have the requisite skills or time (Kidger et al., 2016), an external supervisor would not know the children (Haywood et al., 2016), and, if not

from a teaching background, may not understand the complexities of the roles and issues within education (Blick, 2019). However, a common concern, at least initially, related to confidentiality and fear of showing vulnerability due to the unforgiving high-stakes accountability practices and associated critical observation and punitive actions that many teachers have come to expect - not helped by the term 'supervision' (Bainbridge et al., 2019; Lawrence, 2020). There are, therefore, lots of potential hurdles to be overcome before such an intervention might be effectively implemented for mainstream CTs when teaching PEV&Ts.

2.3.5 Conclusion and Research Questions

From the literature reviewed it seems that whilst teaching PEV&Ts has the potential to increase teachers' psychological wellbeing, under the current neoliberal agenda of budget cuts and high-stakes accountability practices, costs outweigh benefits and teachers' psychological wellbeing is often compromised. Effects from exposure to others' suffering are not well understood in the sector and support for teachers' psychological wellbeing, both in general and when teaching PEV&Ts, is often inadequate. This thesis, therefore, aims to provide a better understanding of the impact on teachers' psychological wellbeing of their caring responsibilities and exposure to others' suffering. It does so in the broader context of teaching responsibilities in mainstream primary schools. It also seeks to provide a more detailed understanding of the need to, and how to protect and enhance teachers' psychological wellbeing when teaching PEV&Ts. The following research questions (RQs) will be explored to meet these aims:

1. What are teachers' experiences of exposure to others' suffering when teaching PEV&Ts and how do they impact on teachers' psychological wellbeing?

2. How do environmental factors at work impact on teachers' psychological wellbeing when they teach PEV&Ts?
3. How can the interplay of work-related factors and their impact on teachers' psychological wellbeing when teaching PEV&Ts be conceptualised?

The next chapter provides information on the methodology applied to address these RQs.

Chapter Three Methodology

3.1 Introduction

This chapter describes the design and analysis of this research and the philosophical assumptions which influenced it. Researcher positionality is considered first, followed by details of the research process. Relevant ethical issues are then discussed.

3.2 Researcher Positionality

Drawing predominantly on qualitative data collection and analysis methods, this thesis reflects my critical constructivist worldview and is situated ontologically within relativism and epistemologically within interpretivism. This research is underpinned by the view that psychological wellbeing is not fixed, reflecting my belief that whilst there may be a reality 'out there', our interpretation of it is subjective and shaped by the meaning we give to the complex interactions between multiple factors at play in our lives (Morrison, 2007). Thus, we can use higher order psychological functions to master and interpret the environment in which we live, with language being key to this, as well as being able to use tools to mediate physical factors (Vygotsky, 1978). An underlying premise of this research, therefore, is that teachers have the potential to take action to influence their stressors and/or their perceptions of them.

However, I believe that teachers should not be left to take such action alone but should be supported to learn how to mediate their environment to enhance their psychological wellbeing and to improve their practice for the benefit of their learners. Social constructivists contend that although knowledge (which is cumulative and constructed, as 'we come to understand things in terms of what we already understand' (Watts, 1991:54)) can be gained through personal exploration and discovery, social interaction with others provides an

important source of learning (Crotty, 1998). This is fundamental to my belief that through social support, particularly dialogue, teachers of PEV&Ts can develop a better understanding of their work/roles and stressors and unhelpful perspectives/practices can be identified and challenged. Narratives can be re-authored, and situations adapted to make them less stressful (Stelter, 2014). Our understanding of the world is, therefore, socially and materially mediated and culturally and historically situated; however, critical constructivists also acknowledge that discourse is embedded in, and controlled by, political purpose (Lather, 2006).

Critical constructivist researchers should seek not only to understand, but to challenge the political agenda and emancipate those who suffer detriment under the existing conditions (Cohen et al., 2011). I repeatedly assert that a political agenda has become the principle driving force in the English education system, resulting in a system under which many teachers, and pupils are suffering, and social inequality is perpetuated. A key purpose for undertaking this research, therefore, is not just to explain and explore views but to add to the voices challenging the dominant political and occupational discourse, as once we are 'free from taken-for-granted ways of viewing the world, [we] can start seriously entertaining and evaluating alternative possibilities' (Robertson, 2008:34). Although this research cannot cause total emancipation from suffering for teachers of PEV&Ts, a focus is on the potential to create a more compassionate and fairer environment, through identifying additional risks to teachers' psychological wellbeing when teaching PEV&Ts and offering suggestions to mitigate against them. Here, whilst it is accepted that teachers can, and need to, act to protect their own psychological wellbeing, it is not assumed that it is solely the person rather than their environment/job which needs fixing (Maslach, 2017). As the risks associated with teaching PEV&Ts are identified, along with measures taken to enhance teachers' psychological wellbeing when they do, schools with high numbers of PEV&Ts could become more appealing

and safer places to work than they are currently often seen to be (Tierney, 2018). The likelihood of social inequality being exacerbated could be reduced, as happier teachers are associated with better retention (DuBois, 2010), pupil wellbeing (Harding et al., 2019) and pupil progress (Glazzard and Rose, 2019).

Interpretivist research aims to illuminate the experience of individuals, paying attention to human interaction and social practices (Lee, 2013). As such, I have collected highly personalised data, grounded in participants' context-dependent experiences (Crotty, 1998), rather than attempting to reduce participants' lives to objective, tangible measurements (Cohen et al., 2011). I have not only drawn on participant experience, existing theory and literature, but also on my own professional experience as a teacher/senior leader of PEV&Ts.

In this research, I am an outsider in that I had no professional involvement with participants when data was collected. However, 'as researchers we cannot escape our past histories' (McNess et al., 2013:305); thus, due to my personal biography of thirty years in the compulsory education sector (see 1.2), I have a degree of insider knowledge. This can be a strength as it enables the researcher to have 'insight and understanding [...] which may be invisible or incomprehensible to someone from outside' (Atkins and Wallace, 2012:50). Such lived familiarity can help to create credibility with participants (Holmes, 2014), and there is a shared language that does not need elaboration (Wellington, 2015). However, such familiarity can lead to researcher and participants making assumptions and as findings cannot be separated from the researcher's interpretation of the data (Yin, 2009), and neither can qualitative research be replicated, measures need to be put in place to increase the credibility or trustworthiness of the research (Tracy, 2010). In interpretivist research, there is also recognition that the researcher influences the research (Trowler, 2011. See also 3.3.3.2.2), but

rather than eliminating this, as would be expected in positivist research, influences need to be recognised and stated (Wellington, 2015). Complete transparency, however, is unlikely due to personal influences and unconscious filters and biases that I will not be aware of (Mauthner and Doucet, 2003). Measures to increase trustworthiness include providing a detailed audit trail of what was done, and why, for both data collection and analysis (Thomson, 2020). Processes applied during this study will now be explained.

3.3 Research Design

3.3.1 Overview

Data was collected from participants (n=10) via questionnaires and semi-structured interviews, which included responding to a vignette. Questionnaire data was entered into Excel, with open ended text coded alongside interview data using NVivo. Template Analysis was applied to the qualitative data. Greater detail will now be provided.

3.3.2 Participants

As participants needed to be restricted to teachers exposed to PEV&Ts, they were purposively recruited (Denscombe, 2010). Initially, I planned that participants should: be female; have a minimum of two years' teaching experience; be employed as a mainstream, primary teacher in South-West England and currently be timetabled to teach a minimum of three PEV&Ts for at least part of the week (a detailed rationale for the recruitment criteria can be found in Appendix 2). However, as some participants spoke of a desire to leave teaching, part way through data collection, two former teachers of PEV&Ts were recruited to see if the research issues influenced their decision to leave. This was important as recruitment and retention, particularly of teachers working in challenging contexts was high on the national agenda for schools and becoming increasingly so for the government (Worth et al., 2018).

The research recruitment flyer (Appendix 3) was given to potential participants, either directly by me, or by someone I knew, until the required number of participants had been found. Interested teachers were asked to contact me for more information. All but one responded, two respondents said they did not have time to participate due to commitments beyond school (interestingly, they and the non-responder were much younger and less experienced than those who participated), the remainder were sent the research information sheet and informed consent form (Appendix 4 and 5). All agreed to participate. Their schools were from three different local authorities; although all had taught in local authority-maintained schools, only one was doing so when interviewed.

3.3.2.1 Participant Profiles

All participants who agreed to participate were white British and native English speakers. They chose their own pseudonyms. They are briefly introduced here with more detailed information provided in Appendix 6.

Alex is a 36 year-old CT with 12 years' experience. She teaches year 4 full-time, in a 'good'¹⁵ school, with above the national average number of disadvantaged pupils¹⁶.

Charlotte is a 44 year-old CT with five years' experience. She teaches years 1, 5 and 6 part-time, in a 'good' school, with below the national average number of disadvantaged pupils.

Jane is a 45 year-old CT and middle leader, with 23 years' experience. She teaches year 5 full-time, in a 'good' school, with well below the national average number of disadvantaged pupils.

¹⁵ Overall judgment given by Ofsted at school's last inspection prior to research participation are shown in inverted commas for each participant

¹⁶ Measure used as a proxy indicator associated with pupils more likely to be in vulnerable groups

Jo is 59 years old and a retired deputy headteacher, safeguarding lead and SENCo, with 20 years' experience, teaching mostly in schools with above/well above the national average number of disadvantaged pupils. Post retirement, she was interim deputy headteacher in a school in exceptionally challenging and atypical circumstances and then taught part-time in a 'good' school with well below the national average number of disadvantaged pupils. The experiences dominating her narratives related to the last school where she held a fulltime, permanent role (deputy headteacher/SENCo/teacher with designated safeguarding responsibilities).

Lily is a 53 year-old CT with 30 years' experience. She teaches year 1 full-time, in a 'requires improvement' (RI) school, with well above the national average number of disadvantaged pupils.

Maria is a 56 year-old CT with 28 years' experience. She teaches year 1 part-time, in a 'RI' school, with above the national average number of disadvantaged pupils.

Martha is a 52 year-old CT and joint inclusion lead with 28 years' experience. She teaches in EYFS part-time, in a 'RI' school, with above the national average number of disadvantaged pupils.

Mary is a 39 year-old CT and assistant HT, with 15 years' experience. She works full-time, teaching a reception class four days a week, in a 'good' school, with well above the national average number of disadvantaged pupils.

Rose is a 49 year-old CT, assistant HT and SENCo. She works full-time, teaching a year 3 class two days a week in a 'special measures' (SpMeas) school with well above the national average number of disadvantaged pupils.

Suzanna is a 45 year-old former teacher with 15 years' experience. Prior to leaving teaching, she taught year 2 full-time, in a 'SpMeas' school, with well above the national average number of disadvantaged pupils.

3.3.3 Data Collection Methods

Data collection took place between December 2018 and April 2019. The content used in the data collection tools was informed by research and other literature, e.g. Hill (2011); Koenig (2014) and Stamm (2010), combined with my knowledge of the field. As this research relates to concepts where there are no agreed definitions, participants were shown definitions/characteristics selected for use in this study. This was to help to reduce ambiguity, as lack of clarity of terminology leaves research open to the criticism that it lacks 'meaningful coherence' (Tracy, 2010:840), as it may not be researching what it purports to be about (Cohen et al., 2011). Information related to psychological wellbeing (Appendix 7) and V&T categories was shown prior to data collection. Other information (Appendices 8-12) was introduced as it pertained to a specific question. At times, lists of options were provided to aid memory; participants could select all that applied. Where this occurred in the questionnaire, space was left for any other options they could think of. When used in interviews, lists were given once participants had exhausted their own suggestions.

3.3.3.1 Questionnaire

As the main aim of this research is to gain a better understanding of teachers' psychological wellbeing rather than to measure it, the purpose of the questionnaire (Appendix 13) was not to quantify teachers' psychological wellbeing as this is not in line with my philosophical position, but to gain information on a range of characteristics, key themes and opinions (Denscombe, 2010). Providing such information is recommended as in interpretivism,

context is vital (Braun and Clarke, 2013). Giving a questionnaire meant that all participants answered the same questions, and it was designed to limit the possible answers to most questions to make it easier to combine, manipulate and present the data once collected (Walliman, 2011).

To keep participant time commitment to a minimum, most questions were closed. Where they did allow greater freedom of response, space was limited to encourage short answers. Where 'yes/no' answers were requested, participants were given the option 'prefer not to say' or to add an additional comment. Participants were not asked for exact numbers of PEV&Ts taught per category as it would be extremely unlikely that all would be recalled quickly.

Although initially I planned to send questionnaires via email, following the pilot (see Appendix 14 for comments and details of adaptations), I decided it should be completed in my presence, immediately prior to the interview. Completing on paper rather than on-screen was easier as column headings and keys could be seen simultaneously, but more importantly, completing with me present meant that whilst unlikely, if a participant became distressed, I could take appropriate action. As I did not know some of the participants prior to data collection, before we began, we spent a few minutes chatting informally, to help to put them at ease and to build rapport (Braun and Clarke, 2013), which I deemed necessary given the potentially upsetting nature of the research.

Although benefits of questionnaires, highlighted above, made usage appropriate in this research, the rigid structure applied to gain information quickly meant that opportunity to expand on answers was intentionally limited. However, I found that because I was present, participants verbalised their thoughts as they were writing. As this was unanticipated, these

comments were not audio recorded. I was also conscious of not wanting to take too much of their time, so I tried to discourage them from saying too much prior to the recorded interview by: not probing their comments; physically moving away from them and engaging in an unrelated activity; reminding them that they would have the opportunity to tell me about specific situations during the interviews and providing paper for them to make a note of anything to return to later. However, where comments were made that seemed particularly relevant to my research focus, I made a note to follow these up in the interview.

3.3.3.2 Interviews

Following questionnaire completion and checks that the participant was happy and ready to proceed, we moved directly into the interview phase. Wellington (2015) describes interviews as a conversation with a purpose that gives participants a voice and a chance to make their views heard. The social situatedness of the research data (Cohen et al., 2011) can be emphasised and can add depth to understanding (Shah, 2012), thus making interviews a popular research tool where ‘the research objectives are based on understanding experiences, opinions, attitudes, values and processes’ (Gray, 2014:383). I used semi-structured interviews as they allow ‘the researcher to have some flexibility in the process, while still having the capacity to ask the same essential questions of all the participants’ (DuBois, 2010:76). Questions were open-ended to allow participants to discuss in-depth what was important to them. After a ‘warm-up question’ related to their roles and responsibilities when teaching PEV&Ts, participants were asked to comment on a vignette.

3.3.3.2.1 Vignettes

Although vignettes can be used for gathering data (Skilling and Stylianides, 2019), that was not the intention in this research. Instead, vignettes were used to provide a layer of

emotional protection for participants. As such, only limited detail is included here; however, as they may have influenced what was revealed in the interviews (see 7.3), for the sake of transparency, a more detailed explanation of the guiding principles and how vignettes were developed and used in this research is provided in Appendix 15.

Presenting hypothetical scenarios and commenting in the third person, affords participants a degree of detachment which can be less intimidating and distressing when discussing potentially upsetting material (Bradbury-Jones et al., 2014). Furthermore, they normalise discussion related to the research focus which helps participants to feel more comfortable when asked to discuss related personal experiences (Gourlay et al., 2014). After reading the three vignettes (Appendix 16), participants were asked to choose one. They were asked to discuss how the teacher might feel and then asked how they might feel in that situation. This gave me an opportunity to check that they were comfortable discussing trauma and vulnerability before I asked them about their own experiences and psychological wellbeing.

3.3.3.2.2 Semi-structured Interviews

The interview schedule comprised a set of open-ended questions (Appendix 17) which covered: their exposure to pupils' V&T; the demands they faced and the impact this had on their psychological wellbeing when teaching PEV&Ts (which included introducing them to CSI and CSat); and support for, and barriers to, their work and psychological wellbeing when teaching PEV&Ts. In the main, questions were read verbatim and in order, although where a participant's answer to one question flowed into another, the order was changed to allow continuity. In the schedule, to encourage balanced responses, where questions related to negative aspects, e.g. CSI, they were followed by positively worded questions, e.g. CSat. An initial pilot was conducted but changes were minimal (see Appendix 14). Slight alterations

were also needed (mainly tense) for the two participants who had left teaching, to account for the passage of time. All interviews were audio-recorded and conducted by me. Wellington (2015:139) suggests that there are 'various metaphors for the interviewer', including: sounding board, listener, recorder, challenger, and sharer; at some point, I found that I was all of these.

As an 'interview is a social, interpersonal encounter, not merely a data collection exercise' (Cohen et al., 2011:421), from a constructivist perspective, we each will have affected and been affected by the research process. It provided a learning opportunity for me and my participants. Giving them an opportunity to reflect on their practice and providing information about unfamiliar concepts is likely to have influenced participants' understanding of themselves and their situations and our thoughts will have mingled and potentially transformed during vocalisation. I adopted a conversational and responsive approach (Rubin and Rubin, 2012) which involved: using a lot of non-verbal communication (eye contact, nodding) and 'non-evaluative guggles, like 'mm', 'mm-hm'' (Braun and Clarke, 2013:96) to show active listening; asking follow-up questions or probing to gain more detail or to re-introduce material provided during the questionnaire, so that I could gain deeper and richer data (Crotty, 1998); asking for clarification; using summaries to check my interpretation of what was being said, as a form of respondent validation (Denscombe, 2010); and trying to keep interruptions to a minimum when participants were talking, making a note to follow-up later.

Whilst conscious of making sure that participants' experiences and voices were foregrounded and that they had latitude to talk around the subject, I needed their data to answer my RQs. Thus, if they strayed too far from my focus or were veering into territory that was substantially more appropriate for a counselling setting, I gently steered them back to the research focus, e.g. by reminding them of the question, by reflecting back a summary of what

they had said, or by making reference to a theoretical/conceptual perspective that succinctly embodied the point that they were making. I am aware that in doing so, I was influencing the research outcomes by channelling their responses to suit the purposes of my research (Denscombe, 2010). The final question, however, allowed participants the opportunity to share anything else they wanted to but had not had chance to. They were also given the option of contacting me later if they thought of something else to include, which no-one did.

I am aware that we all brought our own motivations, prejudices, biases, histories and experiences to the interview (Barker et al., 2002). Thus, I acknowledge that the information shared relies on the conscious or sub-conscious images portrayed by participants (White and Blackmore, 2016). Although it did not seem as though participants were trying to impress, shock or deceive or me, or saying what they thought I might want to hear, I cannot be certain of this; neither can I be certain of the influence I had on them, e.g. through encouraging some responses, whilst closing down other avenues. I am also aware that what was co-constructed is a partial representation of situations, filtered by both speaker and listener (Armstrong, 2012). Furthermore, when it came to data analysis, I reconstituted it through my own subjective experience and understanding (Warman, 2018), as not only was I interpreting partial representations, I combined these and selected what to present, as not all data can be reported on. To increase credibility or trustworthiness (Tracy, 2010), therefore, a rigorous analysis process was applied, creating an audit trail open to scrutiny (King, 2012). A sample interview extract with highlights and comments to show salient points can be found in Appendix 18.

3.3.4 Data Analysis

3.3.4.1 Questionnaires

As this research was conducted from an interpretivist position, the intention was not to generalise or to identify causal relationships but to gather background information as this, particularly when combined with other data, can be useful for suggesting preliminary links and setting the scene (Wellington, 2015). It is also 'important for showing the limits of what we can claim and on what basis we can claim it' (Braun and Clarke, 2013:68), which helps with establishing specific contexts where transferability may be appropriate (ibid).

Demographic data collected in the questionnaires has been used to provide specifics about the participants and their schools; much of this is presented in their pen portraits, to give a brief introduction to each person and their situation. As well as enabling a picture of individuals, other questionnaire data was collated and presented in tabular form to allow a combined impression of the prevalence of a particular feature, event or circumstance across all participants. However, I recognise that any form of collation of data can break the link to the subject and wider context which is not desirable in qualitative research (White and Blackmore, 2016). To counter such criticism, although only a summary of combined data has been presented in this document, individual's data, rather than the summary, was referred to during the data analysis process and is available in folders for audit purposes. More personalised data was also created from open-ended questions and added to the interview data for analysis.

3.3.4.2 Data from Open-Ended Questions

Template analysis, a form of thematic analysis, reliant on 'the development of a coding template, usually on the basis of a subset of the data, which is then applied to further data,

revised and reapplied' (King, 2012:426/427) was used for qualitative data analysis. Thematic analysis was appropriate due to its suitability for analysing data related to personal experiences and perceptions (Braun and Clarke, 2013). The template approach was selected as it provides both flexibility and 'a systematic and well-structured approach to data handling' (Brooks et al., 2015:218), thus, enhancing credibility and 'rich rigor' (Tracy, 2010:840).

3.3.4.3 Template Analysis

Codes, the labels given to pieces of text that contain information relevant to the RQs, are the simplest unit of analysis (Cohen et al., 2011). Potential codes were generated prior to data collection, based on the initial conceptual framework (see 2.2.6). Thus, I began with a researcher and theory-driven approach (also known as, *a priori*, 'top-down' or deductive approach) (Braun and Clarke, 2006; King 2012), as this allowed me to 'capture important theoretical concepts or perspectives that informed the design and aims of [my] study' (Brooks et al., 2015:218). This is important as theory-based frameworks can increase interpretive power (Braun and Clarke, 2013).

Analysis began during data collection as I read participants' questionnaire answers, listened to their responses whilst interviewing them and then transcribed (verbatim) the recordings. As an initial validation, transcripts were sent to participants for checking (Denscombe, 2010); a further read through was required on return to check for corrections/alterations. Only one person requested any changes, and these were for: slight wording changes, as she felt some of the terms she had used were too colloquial; the removal of a short section that she felt was too personal to be used; and in one place for words to be inserted to clarify meaning. Such immersion in the data enabled me to reflect on the template and consider potential new codes (Braun and Clarke, 2006).

After most interviews had been conducted, I returned to the literature and produced a further set of *a priori codes*, before re-reading the interview transcript which 'stood out' the most. All the data relating to the RQs was highlighted and turned into codes, adopting a data-driven ('bottom-up' or inductive) approach (Braun and Clarke, 2006). Semantic codes (alternatively called data-derived or descriptive codes) were derived, drawing on the explicit meaning of the data, often mirroring the words used by my participants (Braun and Clarke, 2013), as were latent codes (alternatively called researcher-derived or interpretive codes), based on my implicit understanding of the data (ibid). The *a priori* and data-driven codes were compared and merged so that all codes with the same meaning, used the same wording; whether this was from the 'top-down' or 'bottom-up' set depended on my personal preference and what I considered 'best fit'. This produced a fuller set of initial codes and allowed the inclusion of elements which had not been gleaned from the literature.

All remaining transcripts and questionnaires were then re-read and any data which did not seem to fit naturally into the existing codes was highlighted and new codes were devised and added. This allowed participants' voices to be heard and reduced the risk of missing or ignoring responses relevant to the RQs but outside the initial conceptual framework. Each code was then written onto a post-it note and similar codes were clustered together around a 'central organising concept' (Braun and Clarke, 2013:224), creating themes. Either semantic or latent names were given. These themes were then combined with other themes or codes, with some subsumed by another, creating a hierarchy of themes, sub-themes, sub-sub-themes and so on (King, 2012), resulting in an initial template (Appendix 19). King (2012) suggests that in template analysis, there is no limit to the number of levels allowed in the hierarchy and that researchers should be guided by the richness of the data. The levels produced allowed me to

analyse the data at different levels of specificity, e.g. I could look at positive emotions generally, or more specifically at happiness or pride.

The template created was shared with an academic supervisor and a participant. It was then transferred into NVivo and acted as an index to facilitate data organisation and the locating of vivid extracts to illustrate findings (Cohen et al., 2011). When qualitative data was allocated to codes, sufficient text surrounding the information was kept to guard against losing the context in which it was given, which is important for supporting authenticity of findings (Braun and Clarke, 2013).

A strength of template analysis is its flexibility because as inadequacies appear in the template during the coding process, adaption is encouraged (King, 2012). This iterative development allowed in template analysis appealed to my view that perceptions and knowledge are dynamic and changed as new information is processed. The template, therefore, evolved with my understanding, based on constant to-ing and fro-ing between data and theory, further increasing meaningful coherence, (Tracy, 2010). Themes were merged, split, added, removed, or moved to a different theme if it seemed a better fit, as per King's (2012) advice. Where a piece of text was relevant to more than one code, it was allocated to all applicable codes, known as parallel coding (ibid).

Language of themes 'emerging' is common in thematic analysis but 'the term "emerge" does not mean they spontaneously fall out or suddenly appear. There is agreement that themes are "extracted by a careful mental process of logical analysis of content from all data sources" (Germain, 1986:158)' (DeSantis and Ugarriza, 2000:356). As can be seen above, I played an active role in deciding on the codes and themes, thus, they reflect my subjectivity as they were not derived in an 'epistemological vacuum' (Braun and Clarke, 2006: 84). Such

subjectivity continued when I combined and reformed the data and when I selected what to report. Whilst often what I have reported is common to all or most of my participants, there are occasions where an important or interesting point has been made by only one or two participants. In qualitative analysis, frequency does not equate to saliency and it cannot be assumed that because a participant has not referred to a concept or experience, that it is not relevant to them (Braun and Clarke, 2013). Although reporting frequency of occurrence is not necessary in qualitative research (ibid), providing an indication of frequency or number of participants (a few, most, all) whose responses demonstrate a particular point can help with clarity and avoid idiosyncrasies appearing more prevalent than they were (Braun and Clarke, 2006).

3.4 Trustworthiness

Although I have stated that researcher bias cannot be removed and bringing my subjectivity to the research process can be considered a strength (Braun and Clarke, 2013), to increase the likelihood that what is reported is what was meant by the participants, checks were built in. These included: academic supervision; keeping notes and memos in a researcher diary; participants checking transcripts; discussing key findings with at least half of the participants and repeatedly moving between transcripts and literature to see if there were any new connections or contradictions. In addition, through establishing new contacts with (safeguarding/clinical) supervisors, teachers, academics, or researchers interested in teacher wellbeing and/or coaching or supervision in education, I have had the opportunity to discuss my key findings and reflect on others' experiences and comments as a form of peer validation. A typical response received in a personal email is, 'Your research bears out all that I experience as a practitioner'.

3.5 Ethical Considerations

As detail of the ethical considerations relevant to this study is included in the ethics application form (Appendix 20, along with confirmation of ethical approval from the University of Bristol) and information given to participants prior to their involvement, only the most significant considerations will be discussed here.

3.5.1 Protection from Harm

As interviews involved discussing potentially distressing situations, attention was given to putting measures in place to protect participants' (and my) emotional wellbeing. Documentation and pre-interview verbal checks made it explicitly clear that there was potential for upset and information was given on how to access emotional support. Vignettes were used to 'ease participants in' and throughout, there was no requirement to reveal graphic details of trauma/adversity, leaving participants free to reveal as much or as little as they were comfortable with. Throughout the interviews, I looked for signs of distress and regularly checked that participants were happy to continue, giving reminders that they could take a break at any point. Two participants did cry briefly but both wanted to carry on, and following the interviews, no participant showed signs of residual distress and most (unprompted) commented that they had found participating a positive experience.

3.5.2 Confidentiality and Identifiability

All data was processed according to the Data Protection Act (DPA, 2018), but participants were made aware that confidentiality was not guaranteed, as I have a legal responsibility to protect them and others from harm and to report concerns related to their

professional conduct with vulnerable people in line with local Safeguarding Children Boards'¹⁷ procedures. All participants were happy to proceed on these terms.

To facilitate anonymity, pseudonyms have been used throughout. Where transcripts were sent electronically, these were password protected and encrypted. During the write-up, every effort has been made to protect identities. To facilitate this, at times, pseudonyms/identifiers have not been used; for example: when a third party may be identifiable - for instance, where there has been a report in the media; when information attributed a pseudonym could easily be combined in a way where a participant or third party could be identified; where a comment has been made which may compromise a relationship or where comments are about current employers, as this could have consequences in the unlikely event that a participant's identity is worked out. In complying with the DPA therefore, I appreciate that the coherence for the reader is reduced and that some of the connections reported have to be taken 'on trust' as connections that would otherwise have been apparent to them are unavoidably rendered invisible.

Although participants usually have the right to be named and recognised for their research contributions (BERA, 2018), this was not appropriate for this research. Some of the participants wanted to be identifiable, as this would also identify those whose behaviour was detrimental to their wellbeing and in some cases to the profession. Whilst I appreciate their sentiments and strongly agree that certain people named by participants should be investigated and held to account for their actions, I would be breaching third-party rights under the DPA (2018) if I 'outed' them here. The same breach would also apply if colleagues and/or pupils were similarly identifiable.

¹⁷ Although now replaced, these were the relevant organisations at the time of data collection.

Chapter Four Data Analysis

4.1 Introduction

The purpose of this research is to gain a better understanding of teachers' psychological wellbeing and how it can be supported when teaching PEV&Ts. It seeks to answer the following research questions:

1. What are teachers' experiences of exposure to others' suffering when teaching PEV&Ts and how do they impact on teachers' psychological wellbeing?
2. How do environmental factors at work impact on teachers' psychological wellbeing when they teach PEV&Ts?
3. How can the interplay of work-related factors and their impact on teachers' psychological wellbeing when teaching PEV&Ts be conceptualised?

As described in chapter three, data was collected from 10 participants, using questionnaires and interviews. Rather than presenting all data collated from the questionnaires in one place and interview data in another, questionnaire data is integrated when relevant, and expanded upon drawing on interview data. Similarly, much of the analysis/discussion is integrated throughout.

Data analysis is split into three chapters. This chapter explores the broad context of teaching PEV&Ts and the impact this has on participants' psychological wellbeing and contributes to answering RQ2. Chapter five focuses more explicitly on experiences of exposure to others' suffering, helping, or wanting to help, to alleviate another's suffering, and the impact on participants' psychological wellbeing (particularly CSI and CSat), answering RQ1. As explained in chapters one and two, a key area which involves such exposure and response

comes from fulfilling safeguarding responsibilities. Although, there are many activities involved in safeguarding pupils (see 1.1.3.2), some of these fell only to those with designated safeguarding roles. Whilst these are reported where applicable, the main focus of this dissertation is the experience when in the class teaching role. This means that there is a heavier focus on issues related to abuse (emotional, physical and sexual), neglect and the impact of deprivation, rather than wider safeguarding responsibilities (e.g. safer recruitment and liaising with social workers), as it was these that dominated participants' narratives when safeguarding issues were discussed. Whilst participants often described their pupils' situations and behaviours at length, due to the constraints and expectations of doctoral study (e.g. word limit of an EdD dissertation and balance between description and analysis), these have not been reported in detail. Furthermore, not including such detail is also protective to my psychological wellbeing, as the scale of immersion that its inclusion would have entailed, increases the risk of CSI to the researcher (Whitt-Woosley and Sprang, 2018).

Chapter six continues to answer RQ1 and 2 by exploring participants' perceptions of the support they receive for their work and psychological wellbeing when teaching PEV&Ts. The initial conceptual framework outlined in chapter two (repeated in Figure 5) and the template developed, as explained in chapter three, facilitated data analysis. Issues related to the initial conceptual framework are identified the first time that they arise and drawn together in chapter seven, where a revised framework is presented, thus, addressing RQ3.

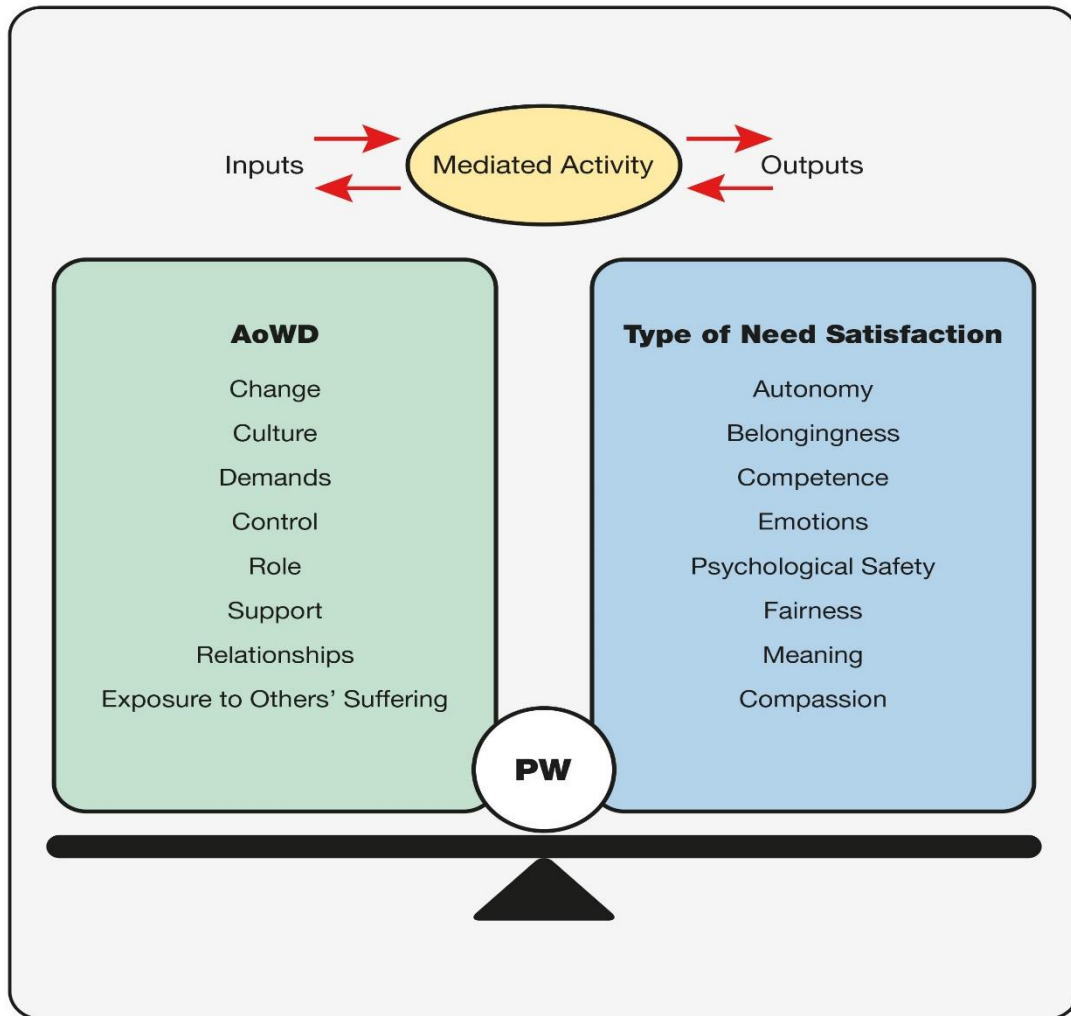


Figure 5 Conceptual framework for work-related psychological wellbeing when teaching PEV&Ts

4.2 The Impact of Environmental Factors at Work on Participants' Psychological Wellbeing

Participants were first asked about their current roles and responsibilities in relation to PEV&Ts, as: I wanted to put them at ease before asking them about potentially upsetting material; there have been many changes in recent years, thus, responsibilities have changed since participants started teaching; and findings related to teachers' attitudes towards their 'caring' responsibilities for PEV&Ts in prior studies are inconsistent (Graham et al., 2011;

Ekornes, 2017). As explained above, work at class teaching level is the main focus but role specific issues are considered as they arise.

4.2.1 Perceived Responsibilities Towards PEV&Ts

Regardless of role and setting, Rose's comment was representative of participants' perceived responsibilities towards PEV&Ts. She stated:

It's about their academic development [...] it's also very much about their social development and [...] containing some of that anxiety and stress that they suffer [...]. I have a responsibility to protect them from as much as I can.

Like Rose, all participants viewed academic development and meeting pastoral needs as part of teaching, but they were much clearer about organisational and systemic expectations related to their academic responsibilities. Beyond teachers' statutory caring duties, caring responsibilities were less formally or clearly defined, leading to statements such as, '*Although it wouldn't be on a job description, I see myself as ...*' (Rose) and, '*We just took it upon ourselves*' (Lily). All spoke passionately about activities undertaken, not because they had to but because they were '*bothered*' (Jane), reflecting the notion of *felt or assumed*, rather than *given* responsibilities (Edling and Frelin, 2013). These included: not turning away people (pupils, parents and colleagues) in need; finding jobs for PEV&Ts at break/lunchtime to give them opportunities to talk; performing informal welfare 'check ins' with PEV&Ts, including those not in their classes; and helping with issues that extended well beyond the end of the school day, or beyond those directly related to education. Lily, for example, described searching streets for missing children or keeping them at school when parents failed to collect them, including once until 9pm, thereby preventing a child being placed in a police cell until the parent was located. She also talked about spending her own money to buy food and clothes for families struggling to cope financially. Whilst she gained some satisfaction from these activities,

believing that her actions had made a positive difference to these children, she also recognised that this was detrimental to her own children who were at home without their mum.

As well as demonstrating the conflict between personal and professional roles (Kell, 2016), Lily's actions, like many of the other participants, showed that they were gifting their time, resources and emotions (Hebson et al., 2007). There were no expectations of extrinsic reward; instead, actions were motivated by commitment to meeting others' welfare needs. This can be described as 'moral agency' (Bandura, 2001:8), as they were relying on personal moral obligations and beliefs to define their responsibilities and actions (Edling and Frelin, 2013). Viewed through a SDT (Deci and Ryan, 2000) lens, participants were autonomously motivated, as their actions were derived from activity that they intrinsically valued or identified with (Fernet et al., 2012). In line with much other research (see Towers, 2017), many participants commented that it was such motivation that led them to work with PEV&Ts (or kept them doing so), in the belief that they could have a greater impact on their pupils' lives than would be possible if working with those who had more access to capitals (including cultural, social and emotional).

For Lily, working with PEV&Ts had added significance; she stated, '*As a child who's from a working-class background and a poor background, one of my buzzes is seeing disadvantaged children make progress and achieve*'. Here there are subtle differences in motivation not readily identifiable in SDT (both seemingly included as intrinsic) which at times are important to distinguish in the context of this thesis – the difference between altruism and egoism. Whilst definitions of these are contested, and they are not mutually exclusive (indeed, one may lead to another), in this thesis, altruism refers to the focus on improving others' situations/welfare ('*disadvantaged children make progress and achieve*') as a key motivator or goal, whereas in

egoism¹⁸, the focus is on improving personal situations/welfare (*'I get a buzz'*) as the main concern (Batson, 2010).

This thesis also requires a distinction between altruistic/egoistic and moral (the desire to act according to personal beliefs of what is right or wrong) and ethical (the desire to act according to the externally expected 'rules'/standards of right and wrong) motivations and activity. Whilst in SDT it could be argued that all are types of autonomous motivation, at times they were incompatible with each other and with 'preferred-selves' (Kahn, 1990). This created problems for psychological need satisfaction, and therefore, psychological wellbeing (Maslach and Banks, 2017), because, as will be demonstrated on multiple occasions, the difference between meeting others' and own welfare needs, and attaining what was valued by the system, led to conflict within and between these motivation-types. This creates problems for the initial conceptual framework as one fulcrum is insufficient and greater nuance is required within the dimensions.

Returning to Lily's comments, two facets of meaningfulness - significance and purpose (Martela and Steger, 2016) - are evident. As attaching meaning to one's work can improve psychological wellbeing (Kahn, 1990; Maslach and Banks, 2017; Brunzell et al., 2018), we might expect to see that teaching PEV&Ts enhanced participants' psychological wellbeing. Sometimes this was the case, when for instance participants felt that their input led to outcomes that were significant, defined as, 'beyond the trivial or momentary' (King et al., 2006:180). For example, Maria explained that being more compassionate herself meant that her class became more compassionate towards a disruptive pupil, and Rose spoke of getting a

¹⁸ This differs from the *selfish* focus associated with egotism. Similarly, altruism does not have to mean acting for the benefit of others to the detriment of oneself.

positive reaction from a previously 'unresponsive pupil' once she had put time into building a relationship with him. She did, however, comment that typically there was no-one there to witness the breakthrough, reflecting that 'people prefer achievements that are validated, recognised and valued by other people over solitary achievements' (Baumeister and Leary, 1995:498).

There were many other occasions where participants were intrinsically rewarded when their efforts improved situations; these were coupled with language, such as, increased '*resilience*', '*energy*', '*optimism*', '*happiness*', '*pride*', '*confidence*' and '*efficacy*', and Maria talked of '*upward spirals*' being triggered. According to Broaden and Build theory, such feelings 'broaden people's momentary thought-action repertoires and build their enduring personal resources' (Fredrickson, 2001:219); thus, by replenishing or increasing psychological reserves, they can help to counter burnout (Janssen et al., 2009) and CSI (Stamm, 2010). Moreover, important when teaching PEV&Ts, they show that adverse workplace situations do not always deplete psychological resources but can reinvigorate us, help us to thrive and satisfy psychological needs, particularly when autonomously motivated (Rego et al., 2009; Uy, et al., 2017).

However, as indicated above, there were occasions where despite motivation being autonomous and activity being meaningful, competing workplace influences meant that altruism could be costly in terms of other psychological need satisfaction. Helping others, particularly during non-contact time, often reduced the time available to engage in egoistic tasks, leading to decreased psychological wellbeing. Examples included: less 'downtime', necessary as even those who are highly engaged need time to 'recharge their batteries' (Hobfoll, 2010:18); reduced opportunities for collaborating or socialising with colleagues;

reduced time to prepare for the next session; for senior leaders, helping colleagues meant less time in school to complete leadership tasks; and, as mentioned by almost all the participants, helping at break/lunchtimes left limited, or no, time for activities such as going to the toilet, eating and drinking. Although these are physical needs and, therefore, not included as a basic psychological need in SDT (Vansteenkiste et al., 2020), decreased psychological availability may result when physical needs are not met (Kahn, 1990). Jane illustrated this when she talked of '*hanger*' in describing how she got '*angry*' and '*grumpy*' at not having time to eat when one colleague after another wanted support from her at lunchtime. At times, this created emotional dissonance (Zapf, 2002) as she did not want to upset her colleagues by enacting these emotions, further reducing psychological resources for her afternoon's teaching.

These examples show that whilst participating in meaningful activity that is autonomously motivated can increase psychological wellbeing, it can also be detrimental if more psychological resources are used than are replenished. Thus, even acting in line with values and adhering to self-regulatory standards (Bandura, 2001) can be draining and contribute to exhaustion, which can then hamper 'teachers' abilities to provide high quality learning environments' (Friedman-Kraus et al., 2014:681). Whilst reinforcing the relevance of balance, in that even too much of a 'good thing' can impact negatively on psychological wellbeing (Ryff and Singer, 2008), again, this indicates a problem with the representation of teachers' psychological wellbeing - there is no flexibility built in to show that what may be a wellbeing enhancer *at one time*, may be a stressor *at another*.

Whilst negative effects in the above examples were relatively short-term, there were occasions where acting/trying to act in line with values related to PEV&Ts had more severe and longer-term consequences for psychological wellbeing (see 4.2.3). Furthermore, the shorter-

term consequences were being experienced more frequently and intensely following budget cuts which created additional challenges to psychological wellbeing. As a result of these cuts, participants lacked instrumental and informational support (see 6.3) and had to meet PEV&Ts' needs alone due to raised thresholds, where previously social workers and MH professionals would have taken over or contributed. Due to the personal motivations outlined above, most participants felt this extended their roles to the point where they were limitless, which at times left them overwhelmed. This feeling of unlimited responsibility is problematic, as key to wellbeing is knowing where caring responsibilities end (Figley, 2002). Although a rarity, some participants coped with this unboundaried responsibility through self-talk, reflection and rationalising felt and given responsibilities, e.g. Jane stated:

As I've got more into teaching, it's trying to remove myself from personalising the responsibility [...] I obviously care for them in a teaching and learning capacity, but I can't fix it. So, it's trying to catch myself.

Martha's comment, however, was more representative. She said:

With like a vulnerable child or distressed child it's really hard because you just want to do what's best for them. I don't think we're very good at saying, "Actually you've done all you can. Don't feel bad about that".

Feelings of being unable to fix things, not having done enough and of not acting in pupils' best interests were repeatedly raised as major factors negatively impacting on participants' psychological wellbeing. Although these stemmed from feeling out of their depth due to demands outweighing resources (see 6.3) and dosage effects from immersion in suffering (see 5.4), two key factors contributing to such negative affect were pupils' needs during lesson-time and meeting expectations of 'higher-ups'¹⁹.

¹⁹ Decision-makers with the authority to administer rewards and sanctions, such as governors/trustees, inspectors and leaders more senior to themselves

4.2.2 Pupils' Needs During Lesson Time

The key problem emanating from pupils and vociferously raised by every participant is illustrated in Rose's comment:

You've got to balance [the needs of one] with what my head called the other day, 'the general good' [...] Do you spend [your time] on the little group who need extra support in spelling, or do you spend it on this one child who desperately needs someone to just acknowledge them as a person and you want to do both, and you try to do both. You're never, ever, ever going to be able to do both, so you're always going to be lacking and thinking, I haven't done enough. I need to do more for the whole class, or I need to do more for that child, or I need to find a way of balancing this better so that I am showing this child that school is a compassionate place, but also that I'm not going to be called up by SLT because my results go down because I haven't had time to deal with the academically vulnerable learners.

As well as being concerned about being taken to task by SLT about pupils' attainment (see 4.2.3.2), Rose's comment illustrates the daily struggles teachers of PEV&Ts face and the conflict in motivation-types, particularly here, ethical and moral. With regards to where to spend time during the lesson, it could be argued that all pupils should have equal attention; however, it could be argued that the most vulnerable need more support than the rest. Alternatively, as implied by Rose's head, meeting the needs of most could be considered more acceptable than meeting the needs of one. Participants felt that whichever way they went, they were in a 'no-win situation' (Lily), as they wanted to act according to personal moral codes and were expected to act ethically; yet no such action was available to them (Levinson, 2015). This was particularly distressing when being unable to support/intervene led to pupils being left in situations perceived as harmful, or where behaviour escalated and resulted in serious consequences for the pupil or other pupils' learning/safety.

In such circumstances, Sugrue (2020) argues that being unable to do what one perceives as right can create 'moral injury, [... defined as] the lasting emotional, psychological, and existential harm that occurs when an individual "perpetrates, fails to prevent, bears

witness to, or learns about acts that transgress deeply held moral beliefs and expectations” (Litz et al., 2009, p. 700)’ (Sugrue, 2020:43). As with CSI, it can result from a single severe case, or can build with repeated experiences of moral code violation (Levinson, 2015), resulting in feelings of ‘guilt, shame, anxiety, depression, and anger [...] and can lead to a loss of trust in oneself or others, existential dread, and deep demoralization’ (Sugrue, 2020:44). This takes need thwarting to a level beyond that usually acknowledged in SDT and was associated with greater detriment to psychological wellbeing than might be expected from mere need thwarting. Whilst Vansteenskiste and Ryan (2013) suggest this may be called *need frustration*, to me, this does not adequately reflect the severity of the feelings and long-term damage associated with such intensely detrimental experiences as described by some of the participants in this study. This thesis, thus, suggests the term *need violation* be used to reflect circumstances where equilibrium is severely disrupted. Again, in the current representation of teachers’ psychological wellbeing, the difference between violation and thwarting of a specific aspect cannot be distinguished.

Although due to class size, many teachers are likely to feel that they are not giving as much time as they would like to each pupil, participants felt this was exacerbated with each PEV&T. They invariably felt that they gave more time to their PEV&Ts because of their additional needs, further reducing the time they had to allocate to others (including other PEV&Ts, as there was never only one in the class (see 5.3)) who may also have benefitted from additional time. When discussing this issue, to describe how it made them feel, they used words such as ‘*guilty*’, ‘*frustrated*’, ‘*completely stuck*’, ‘*helpless*’, ‘*bled dry at the expense of the others*’ (Jane), ‘*wrung out emotionally, so that you’ve got nothing left to give*’ (Martha), and most also questioned their teaching ability. Here, we can see that although teachers have some autonomy over how they allocate their time, the environment is such that it is impossible

for them to feel as though they have done enough to feel proficient or to provide equitable experiences, and thus, fairness for their pupils. Although this was morally stressful for all, for a few participants, this appeared to be so severe as to contribute to the development of what was described above as moral injury, which, over time, had consequences for self-acceptance and trust in others.

In line with the initial conceptual framework, it is unsurprising that participants were experiencing a reduction in psychological wellbeing, which they attributed to teaching PEV&Ts. Again though, as with motivation, this further illustrates the need to distinguish between own and others' needs. Here, who 'receives' psychological need satisfaction, in this case, fairness, appears to be important. As well as not receiving fair treatment themselves in such circumstances (see 4.2.3.2), participants' psychological wellbeing was suffering by being unable to provide opportunities for others to experience psychological need satisfaction. Thus, it seems that it may not be possible to achieve psychological need satisfaction for oneself when thwarting/violating psychological need satisfaction in others. Once again, this is an area which is not identifiable in the initial conceptual framework. As the needs of one versus the rest is an environmental factor, which in inclusive schools is unlikely to change, to improve teachers' psychological wellbeing, compensatory measures are needed to create equilibrium (Dodge et al., 2012), not just related to receiving psychological need satisfaction but also for affording psychological need satisfaction to others. As will be demonstrated through the coming sections and chapters, most did not have such compensatory measures, and this was repeatedly linked to reduced psychological wellbeing.

Returning to emotions associated with meeting the needs of one pupil versus the rest, words such as '*anger*', '*rage*', '*dread*' and '*losing their cool*' were used solely in relation to those

who exhibited extremely disruptive behaviour which stopped others' learning and prevented participants delivering lessons that they were proud of and had invested time and energy into preparing. As well as adding to their already excessive workload (re-doing displays that had been ripped down by an angry child; administering behaviour charts and setting work for excluded pupils), this created emotional demands, as described in chapter two. Here the main problem was that pupils' unpredictable behaviour reduced participants' feelings of being in control, which, as found by Tsouloupos et al. (2010) and Fernet et al. (2012) significantly impacted on feelings of autonomy and competence. Also, as suggested by Tsouloupos and colleagues (2010), some of this study's participants found the emotion regulation needed to comply with personal and professional expectations draining. Although participants often liked these pupils immensely and they were the ones they remembered most fondly and got satisfaction from teaching (see 5.4), many commented that they were glad (which they then felt guilty about) when pupils with needs manifested in disruptive behaviour were absent.

My findings confirmed that misbehaviour and the related implications for teachers' psychological wellbeing given in 2.3.3.3 were also relevant to my participants, so they will not be restated here; however, there was a caveat related to perceived self-efficacy and participants' psychological wellbeing. Whilst having a proven track record of managing pupils' behaviour, the belief that no-one else could do better or attributing misbehaviour to the pupils'/environmental situations increased feelings of competence, this did not necessarily improve participants' psychological wellbeing, as would be expected according to Chang (2009) and Tsouloupas et al. (2010). Instead, this was more dependent on the way they were judged, which brings us back to Martha's and Rose's comments and the repeatedly arising concern of whether they done enough and whether it was good enough - not just according to personal standards, but in the eyes of others. Although participants were concerned about

how they were seen by pupils and peers, they were most concerned about how their ‘higher-ups’ viewed them. This was related to the power they had to administer punishments and rewards (French and Raven, 1960). The way they did so significantly affected participants’ psychological wellbeing.

4.2.3 ‘Higher-Ups’

There was a marked inconsistency in participants’ experiences of higher-ups. Whilst Jane’s comment, *‘It’s what your managers are like, I think, that’s critical’*, is aligned with other research findings (Fernet et al., 2012; Ofsted, 2019b; ES, 2019), other participants’ narratives showed it was not necessarily that simple. Firstly, the relationship with the headteacher/principal had a greater impact on participants’ psychological wellbeing than relationships with other senior leaders. Secondly, they demonstrated that ‘feelings which have been experienced in the past can be transferred into present relationships’ (Kennedy, et al., 2018:290). Positive effects from previous relationships, however, were not as durable as negative ones. Effects from a previous relationship with the headteacher/principal deemed beneficial to psychological wellbeing could very quickly be erased by the arrival of an unsupportive and critical headteacher/principal; whereas, if a previous relationship with the headteacher/principal had been deemed acutely or severely deleterious to psychological wellbeing, these effects lingered long-term and were also projected into expectations of what the future would hold. Where a previous relationship had been particularly detrimental to psychological wellbeing, it was these rather than more positive current ones (if there was one) that participants talked about by default. Comments included:

It makes you question your competence a lot. And I would say, even years later, when I’ve had lots of positive reinforcement, you still feel a failure from that time

Just told constantly how you can improve. I think most people are sensitive to it, but I think I’m permanently damaged by that feeling now, really seriously permanently

damaged by that feeling that you're, that everything that you do in life, in and out of school, is that you're not going to be doing it properly. You're not, it's never going to be good enough.

Such comments reflect the view that negative effects are more salient than positive ones and that 'loss cycles extend [...] for decades and lifetimes' (Hobfoll, 2010:11). This has important implications for enhancing psychological wellbeing and suggests that historical issues and future concerns/expectations, as well as current ones, need to be identified and addressed. As this cannot be shown in the initial conceptual framework, it needs to be remedied in the revised conceptual framework.

Headteacher/principal behaviour created schools which fell into three categories, reflecting participants' language, these groups are termed: '*team*' schools, '*them and us*' schools and '*depends on leaders' mood*' schools²⁰. *Depends on leaders' mood* schools had leaders who were inconsistent, so whilst there may have been times when they supported teachers' psychological wellbeing, they were equally (or more) likely to thwart/violate psychological need satisfaction, leading to statements like:

I tread on eggshells about whether I go and see my headteacher [...] I'm doubting whether I did the right thing frequently [...] I'm scared to go to him [...] because you never know what you're going to get [...]. Sometimes really he'll be very, very nice. Other times, he'll just cut you off [...]. That's not a great working environment.

Comments from participants working in *depends on leaders' mood* schools were closely aligned to those from participants working in *them and us* schools, so will be not considered separately. This could be because unpredictability in their treatment meant that, like participants working in *them and us* schools, they always anticipated the worst, which had a pervasive impact on psychological safety (Kahn, 1990).

²⁰ Participants were allocated to a given category based on the dominant characteristics they discussed and n = 3, 6 and 1, respectively.

4.2.3.1 'Team' Schools

Participants working in *team schools* spoke of the drive to get pupils to age-related expectations (ARE) in English and maths (or equivalent in EYFS) and from year one upwards, there was the feeling that *'you've always got in the back of your mind, what's going to be in their maths books this week? What's going to be in the literacy book this week?'*. However, what these schools had in common was that they resisted becoming *'an exam factory'*, thus, maintaining a broad and balanced curriculum (although often still not as creative or fun as they would have liked). Also, rather than teaching to the test, they focused on rich experiences which developed capitals, concept mastery and transferable skills. Where a PEV&T was struggling to behave appropriately or achieve at the desired rate, context was considered, and they felt supported rather than blamed. A sense of solidarity (Lofthouse, 2020), demonstrated by working towards shared goals that were aligned with personal values, motivations and beliefs about education, was readily apparent:

I belong to a really nurturing school [...] that's the real heart of what we believe in. That comes right from the top, from my head

Our [relatively new] head has done a lot of work to create that feeling of team [...]. What you do in reception is absolutely essential to y6 and we're all in it together and have that same vision [...]. I just feel safe with that person.

These participants spoke of being able to go to anyone for help if they were struggling, or to voice their concerns if they disagreed or did not understand something, without fear of damage to their career or reputation. There was still the need for compliance with policies and procedures, lesson observations, scrutiny of pupils' work, high expectations and knowledge that they would be held to account for their actions. However, their narratives were littered with comments that showed they felt judgements and the processes used to decide on them were fair, and they felt *'safe, respected, trusted and appreciated'*. These schools were characterised by a strong sense of belongingness, fairness and psychological safety. Although

not completely autonomous, actions could influence outcomes and were sufficiently congruent with their preferred-selves to support, rather than thwart, psychological need satisfaction. In SDT, such leadership would be termed ‘autonomy-supportive’, whilst in the field of educational leadership studies, it is widely termed *transformational leadership* (Fernet et al., 2015). It is associated with increased: employee commitment, collective enthusiasm, psychological wellbeing and performance (ibid). When compared to those without transformational leaders, the narratives of participants indicated more elements associated with better psychological wellbeing; nevertheless, they were still impacted by dosage effects from exposure to others’ suffering (see 5.4) and stressed by demands outweighing resources (see 6.3). A notable point is that none of these participants had ever taught in SpMeas or RI schools. This was in stark contrast to the participants working in *them and us schools* which will now be the focus.

4.2.3.2 ‘Them and Us’ Schools

Jo (teacher with designated safeguarding and inclusion responsibilities) was the only participant in this category who had not taught at a school when it was placed in SpMeas. The remaining five associated the rating with PEV&Ts. Comments included:

One of the major factors for us being in SpMeas was that pupil premium and SEN children didn’t make enough progress [...], the expectations that they’ve got to make more progress than children living in ½ million pound houses that are going skiing and having lovely summer holidays – it’s not going to happen

If you’re not working with the vulnerable children, you haven’t got the same issues and we wouldn’t have been in SpMeas.

When ranked by the national average number of disadvantaged pupils, only one school in the top six most deprived did not have a history of being in SpMeas. Members of their SLTs (sometimes as many as five) had been removed from their posts without a transparent process being followed and new leaders were imposed, at least in the short-term. The school

dominating Jo's narratives (see 3.3.2.1) had also had a change of headteacher/principal without standard appointment procedures being followed. Although in one case, the new head was considered an improvement, due to the exiting head being a *'hysterical'* leader *'without any idea, knowledge or wisdom'*, *'them and us'* was the term used by one who bemoaned the change in senior leaders. Her view reflected the others' narratives. She said:

Years ago, it was about teamwork, we were all a team. It's increasingly, I feel, a 'them and us'. It's management and staff and there are agendas, and those agendas can be quite detrimental to the staff and the way those agendas are applied can be quite negative.

The agendas referred to here were indicative of *transactional* rather than transformational leadership (Bass, 1985), where there is a reliance on leaders issuing directives, then applying high-stakes accountability practices. These tend to have a short-term focus and result in a culture of performativity (Ball, 2003). In chapter two, I explained how these impacted on schools and teachers, particularly those serving the most PEV&Ts as context is largely rendered invisible and unconsidered (ibid) and how for some, the constant threat from scrutiny and anticipation of punitive judgement and blame had created a *'culture of fear'*. In brief, this fear, which was linked to losing their jobs or reputation, reduced their autonomy and steered practice, resulting in teachers doing meaningless tasks which they did not think were in the best interests of their PEV&Ts. Attributed to this was a distinction between what Forrester (2005) called *'performing'* and *'caring'*, which led to teachers not acting in line with their values. Sadly, my findings showed that for participants working in *them and us schools*, they were working under the conditions associated with this culture of fear. They used language such as: *'they're coming in to catch me out'*, *'being set traps'*, *'feeling worried and anxious about what they were going to do to me next'* and *'you're constantly worrying that you're going to be next in the firing line'*. Almost all described having a physical reaction (panic

attack, knot in stomach, feeling sick, shaking) at the sight of certain leaders, and in three cases, they had similar reactions just at the sight of the school building.

Rooted in this fear, one said she wanted *'to be invisible. You just don't want them to notice you'*, and another described herself as a *'hypervigilant adult, always looking out to see if I'd made a mistake'*. Here, constantly feeling scrutinised and waiting to be judged as failing created a lack of confidence and control, anxiety, and self-consciousness. All of these reduce psychological availability, as energy is directed towards self-protection and impression management (Kahn, 1990; Skaalvik and Skaalvik, 2009). When managing impressions, 'people perform tasks at some distance from their preferred selves which remain split off and hidden [...]. They perform roles as external scripts indicate they should rather than internally interpret those roles' (Kahn, 1990:701/2). For participants in this study, preferred selves were not completely hidden as they were shared within the 'us' group due to the need to show others that they were not alone in the treatment they were receiving or the way they were feeling. Some described themselves as *'united in fear'* against the senior leaders, thus, showing a kind of belongingness but not one that could sustain psychological wellbeing, or make them feel safe (Baumeister and Leary, 1995), as it often resulted in negative emotional contagion and reinforced a lack of agency. Arguably, this also decreases belongingness at a wider level, as it can lead to collusion rather than seeing things from others' perspectives (Howard, 2020), thereby reinforcing in and out group membership (Baumeister and Leary, 1995). Again, this shows a short-coming in the initial conceptual framework, further demonstrating that greater nuance is required, as what is assumed to be a wellbeing enhancer, may, *simultaneously* decrease satisfaction within the same facet.

Preferred selves were hidden from 'them' by working towards the goals set by their heads or Ofsted/government, all of which they viewed as '*target fixated*'. This resulted in what was in English and maths books being in the front, right, left and centre rather than back of their minds like those in *team schools*. This was the case even when they felt doing activities directly related to targets was not the best way of making academic progress, or in the best interests of their pupils. The resultant dichotomy between *caring* and *performing* (Forrester, 2005) was repeatedly apparent, as illustrated here:

I don't always believe [Monday morning activities] are in the best interests of the children. You can see they've come in feeling down, angry and upset and there you are, straight away rolling out a spelling lesson and expecting them to jump on board [...]. I just feel, if you could spend ½ a day giving them a bit of time and nurturing them, talking to them, you'd get far more done.

Whilst participants wanted to see the pupils doing well in tests and, thus, were all working towards the same goal as their higher-ups, the pressure they felt to do so meant that what had started as altruistic or moral motivation, and drawn them towards teaching PEV&Ts, was being undermined by extrinsic and egoistic motivation (getting good scores so that they might keep their jobs, enabling them to support their lifestyle/families), which became their focus, or need substitute (Deci and Ryan, 2008b). Notwithstanding the caveat related to types of autonomous motivation (see 4.2.1), this shows SDT (ibid) in action, as the behaviour and motivation of participants working in *them and us schools* were controlled, thwarting psychological need satisfaction. There was considerable data showing that the actions of participants working in *them and us schools* were directed towards need substitutes. Unlike the 'upward spirals' and positive emotions associated with meaningful activity highlighted in 4.2.1, here the incongruence between action and beliefs associated with activities that do not go beyond the trivial were conspicuous and plentiful, demonstrated in this representative comment:

I'm constantly working in a way that I don't believe in [...], dragged into doing things that I think are an utter and absolute waste of time, that are meaningless [...] when I know that there's an idea that I had to do something that I believe in that would make a difference to my kids and to my class and I have no time to do those meaningful things because we're constantly asked to do something that's for show. That's a great pull there ... but you have to do it because you're going to be accountable. You're going to be scrutinised.

The accountability and scrutiny that she was referring to here, not only led to hiding preferred selves from higher-ups, but also to hiding struggles. One said:

We're not in a climate, certainly not in my school, where you can turn round and say, "Actually I'm struggling with this" because if you are, then people come in with a clipboard, monitor you doing it, then tell you you're not doing it right. It's not a supportive thing [...]; it's the road to capability and being removed.

According to Viljoen and Rothmann (2009), concern over role tenure is the most significant stressor for employees and as so many had seen their colleagues lose their jobs, it is unsurprising that they were frightened of losing theirs and kept quiet about their struggles. However, whereas this silence was intended to be a means of self-protection (Edmondson, 2014), there were other occasions where participants were denied a voice. One described how when a child made an (unfounded) allegation against her, senior leaders acted without giving her an opportunity to present her side of the story. A few talked of observation judgements being presented as final, thus, where criticisms had been made, they had no opportunity to explain context or how their professional judgement had influenced their decision-making. In such circumstances, therefore, correctability was denied (Heffernan and Dundon, 2016) and this thwarted the need for fairness (ibid). Others also reported being too scared to say anything or felt there was no point in challenging an outcome as they would be ignored, and it would not be changed. As psychological safety depends on the need to: belong; feel safe to make mistakes and learn from them; contribute; and challenge without fear of embarrassment or punishment (Clark, 2019), it is unsurprising that these circumstances reduced participants' psychological wellbeing (Maslach and Banks, 2017). Furthermore, as will be demonstrated,

this lack of psychological safety was a barrier to accessing support beneficial to creating the equilibrium necessary for psychological wellbeing.

Some of the participants who complained of a lack of psychological safety and who were critical of senior leaders practices also described how, as senior leaders, they also dished out judgements. This raises the question of where senior leaders fit into 'them and us'. They are someone else's 'higher-up' whilst also having their own 'higher-ups'. Their narratives showed additional challenges to their autonomy as they were doubly conflicted and controlled. Not only did they have pressure to get the pupils to achieve whilst they were teaching them, they also had to '*sing the company song [and] back up the headteacher, no matter what they said or did*'. One said,

I very often had to say to teachers, I know you've got this vulnerable child, but you need to meet their needs. How are you going to do that? It was almost like you felt, I'm saying this, but I want to hold up a sign saying, "I totally understand".

Another said,

I am quite uncomfortable with monitoring other people, and I don't like that part of my role. I see it as a supportive role whereas [SLT] want me to be harsher.

From their interview data, it seemed as though they often viewed themselves as 'us' whilst behaving like 'them'. They scrutinised, judged and prioritised the performing over caring. This caused huge role conflict for them, and for Jo, ended up being a significant contributor to her exit from the profession, as she felt she could not continue to '*be duplicitous*'. This provides further evidence that psychological need satisfaction is not simply about receiving it for oneself but also involves the psychological need satisfaction one affords others. It also demonstrates further problems with '*them and us*' as not all members of the same category share the same views and senior leaders are not immune to working in ways that challenge their values, autonomy, and thus, their psychological wellbeing. In fact, when their positions were linked

to PEV&Ts, they were probably in the most precarious situation of all, because as mentioned above, it was senior leaders who were the ones in these schools who had lost their jobs following Ofsted inspections. This created a need for self-protection in teachers with designated safeguarding and/or inclusion responsibilities, and as explained above, led to controlled motivation and to focusing on performance targets as need substitutes. The resultant deviation from displaying preferred selves negatively impacted on self-acceptance, reducing psychological wellbeing (Ryff, 1995).

Focusing on need substitutes was also problematic as a means of self-protection because self-determined behaviours require the ability to predict outcomes and to act to affect them (Deci and Ryan, 1980). For participants working in *them and us schools*, the most valued outcome was avoiding punishment, as tragically, for this group, there was barely a mention of gaining reward or recognition from their higher-ups. But what was clear was that on many occasions, they did not know how to affect the outcome or believed that no matter how much effort they put in, the necessary outcome was still unattainable. This was the case even when their own practice or abilities had not been called into question but was often based on their view of outcomes being more associated with pupils' capitals (see 2.3.2) than anything they did, and on witnessing/knowing about the treatment of their (often former) colleagues. As stated above, some participants had lost colleagues (and friends) when they were removed from their posts. In some cases, they were banned from contacting them, discussing them, and from knowing what had happened to them and why - indicative of being 'disappeared' and 'gagged' (see 2.3.2). As well as creating sadness at the sudden breaking of a bond, which reduced psychological wellbeing associated with belongingness (Baumeister and Leary, 1995), in some cases they believed their colleagues' treatment was so unjust, that it severely disrupted their confidence and trust in the decision-makers' and in the education system. This

bears many of the hallmarks of moral injury, resulting from what some participants perceived as an acute violation of moral standards by those in positions of authority, which severely shook their moral belief system (Sugrue, 2020). Furthermore, this lack of transparency reduced feelings of predictability and control over outcomes. Without specifics of why colleagues were removed (when participants saw them as competent and as having good conduct), they did not know how to avoid the same thing happening to themselves. This created feelings of vulnerability and helplessness (Edmondson, 2014). One said,

You didn't know who was going to be next because you do feel that you're not good enough and what bit of where you're not good enough are they going to pick on?

This unpredictability was heightened by a lack of consistency:

It seemed so subjective on who was failing and who wasn't failing. So people that had failed lots of lessons would get a good pass in something, but it didn't seem it was related to your skill.

This created a sense of inevitability about outcomes. One stated:

There's always this feeling in teaching, there but for the grace of God go I. It's happened to a colleague down the corridor, but you know it could have happened to you. It's just chance that it wasn't you it happened to because these decisions, they're not personal.

It does appear from the data that decisions were not due to personal/professional 'inadequacies' but more at the 'whim' of higher-ups. In addition to those already covered, examples where participants felt outcomes were beyond their control included: being given unrealistic targets to ensure they could not be met due to '*professional jealousy*'; another was simply told, '*her face didn't fit*'; and one spoke of being '*too expensive*'. So, despite repeatedly having had her teaching rated as '*outstanding*', because the school budget was '*dire*', she felt that the senior leaders were constantly looking for a way '*to get rid*' of her. This resulted in the clearest demonstration of detriment to self-image, as she commented, '*I feel like a disposable resource - I could be a pencil!*'. These three participants were the only ones who

had taken time off with work-related stress. It seems that their low psychological wellbeing was underpinned by a lack of fairness which meant that they felt they lacked agency, and, therefore, the ability to achieve their valued outcomes.

Looking at all the participants' data, it seems that fairness was vital to participants' psychological wellbeing. With it, participants felt safe to be their preferred-selves with their higher-ups, (i.e. participants working in *team schools*); without it (participants working in *them and us schools*), psychological safety and self-acceptance were compromised (Kahn, 1990). What was important here was that it was not just their own treatment which affected their psychological wellbeing but also how fairly they treated others (see 4.2.2), and how fairly they felt others were being treated by others.

Participants' responses were closely aligned to the situation set out in 2.3.2, with many narratives associating the unfairness they felt with teaching PEV&Ts. They were dissatisfied with the ratio of effort put in to the benefits they got out (although it had not always been that way). They were also dissatisfied with this ratio when they compared it to others who they felt did not have to work as hard, yet received greater accolades for their pupils' achievements. Thus, many felt the interpersonal treatment they received at the hands of their higher-ups (mostly but not always inclusive of their senior leaders), the processes applied when making decisions, and the outcomes awarded, were unfair, as was the lack of opportunity for correction and remediation. Respectively, these show a lack of interactional, procedural, distributive and rectificatory fairness, which are the four characteristics of perceived organisational justice (Aydin and Karaman-Kepeneci, 2008).

Heffernan and Dundon (2016:214) suggest that 'when managers are seen to satisfy employees' need for organisational justice [...] employees respond positively to the

organisation [...]. In contrast, perceived inequity can result in disengagement and increased turnover'. This is pertinent to this research, as whilst none of the participants working in *team schools* talked of leaving their schools, those in *them and us schools*, had either left, or wanted to leave, but were staying because they could not afford to leave. What was interesting though was that whilst Ryan and Deci (2019) note that 'where retention is concerned, it is often said that people don't leave jobs, they leave their bosses' (p.40), this study's findings show that it was more damaging to the profession than this. The talk (and action for Jo and Suzanna) was not just about leaving their jobs or bosses, but of leaving the profession. This suggests that their issues extend beyond individual leader and organisational level, to systemic level. Putting measures in place to increase fairness at systemic level could, therefore, be beneficial for both teachers' psychological wellbeing and teacher retention. This would be particularly advantageous to PEV&Ts, as, in this study, it was their teachers and teachers with designated safeguarding and/or inclusion responsibilities who were most adversely affected.

Applying Adams' Theory of Social Inequity (1963) could shed additional light on why unfairness was felt to impact so negatively on the psychological wellbeing of teachers with designated safeguarding and/or inclusion responsibilities and those teaching the most PEV&Ts. The first two elements of the theory, 'equity norm' and 'social comparison' (Clayton, 2020) involve the ratios referred to above. However, the third and compensatory element that is supposed to restore a sense of fairness, 'balance redress' (ibid), was missing. Here the expectation is that fairness can be restored by adjusting the amount of effort put in so that the ratios feel more acceptable. Thus, where the effort is felt to be too great, less effort should be applied to make the social comparison ratio more acceptable. However, as explained above, for self-protection and/or altruistic reasons, those who chose to stay, pushed themselves even harder, in the (sometimes vain) hope that what they did would be good enough, both to avoid

punishment and to sufficiently meet their felt responsibilities. In doing so, they made the ratios more unacceptable, exacerbating the sense of unfairness, further reducing their psychological wellbeing. This will be returned to in chapter seven.

Responding to RQ2, this chapter has explored how environmental factors impacted on participants' psychological wellbeing when teaching PEV&Ts. Findings reveal a complex balance between stressors and psychological need satisfaction and identify the importance to psychological wellbeing of fairness from systemic to interpersonal level, as its absence was linked to a lack of psychological safety. Self-protection, rather than altruism then became the key focus, meaning many participants violated their moral codes. This created incongruence between behaviour and preferred-selves, which negatively impacted on self-acceptance and desire to remain in the field. The HSE's (2018a) areas of work-design, combined with Maslach and Banks' (2017) psychological needs were helpful in facilitating the exploration and their inclusion in the initial conceptual framework for understanding teachers' psychological wellbeing when teaching PEV&Ts is warranted; however, shortcomings in the initial conceptual framework have been identified, and will be revisited in chapter seven. The dimensions explored in this chapter only provide part of the picture though, because as Maria notes, teaching pupils *'that you know are incredibly miserable or incredibly unhappy and with incredibly raw needs, having that on top of all those other demands, that's what becomes unbearable'*. Here she was referring to the impact of dosage effects from exposure to others' suffering, which is the focus in chapter five.

Chapter Five The Impact on Psychological Wellbeing of Exposure to Others' Suffering

5.1 Introduction

In chapters one and two, I explained that the impact on psychological wellbeing from the dosage effects of exposure to others' suffering is well researched in sectors such as H&SC but noted the paucity of this and the concepts of CSI (or kindred concepts, Russell and Brickell, 2015) and CSat (Stamm, 2010) in education research and literature. Believing them to be relevant to teachers' psychological wellbeing when teaching PEV&Ts (based on personal experience in the field and literature reviewed), exposure to others' suffering and compassion were added to the HSE's (2018a) areas of work-design and to Maslach and Banks' (2017) psychological needs respectively, to form the initial conceptual framework for this thesis. Due to their absence from research in schools in England, specifically in mainstream primary teachers who teach PEV&Ts, answering RQ1, this chapter focuses in detail on these added elements to gauge whether their inclusion in a framework related to understanding teachers' psychological wellbeing when teaching PEV&Ts is warranted. Teachers' experiences of workplace exposure to others' suffering are explored, as is how helping (or wanting to help) PEV&Ts impacted on participants' psychological wellbeing. Some sections are necessarily descriptive to shed light on how participants found out about, and what they knew about, their PEV&Ts' situations, and how these impacted on participants' psychological wellbeing when teaching them.

5.2 How Do Teachers Find Out About Their PEV&Ts' Experiences?

As well as witnessing the impact of pupils' suffering (or perceived suffering) during daily contact with them, questionnaire data showed that participants heard about the lives of their PEV&Ts from multiple sources (Table 3). Extra detail was then given during interviews.

Table 3 How teachers heard about their pupils' situations

How teachers hear	N =	How teachers hear	N =
Directly from child (including in their work)	10	Child's sibling	6
Another pupil	3	An adult member of the child's family (not sibling)	9
The child's neighbour	2	A member of staff who lives in the community	6
The child's previous teacher	9	A senior member of staff	8
Another member of staff	10	Read in an official report	7
Told by social worker	4	Told by other external professional	7
Already aware from teaching another family member	10	Read in a newspaper/saw in the media, including social media	2
Other (please state)	0	Other (please state)	0

Most information came from the previous teacher, teachers with designated safeguarding and/or inclusion responsibilities and from pupils' files passed on at the start of the academic year. These files often had 'patchy' coverage or were so voluminous that they were not read in detail. Not all information was written down and a substantial amount was carried in people's heads and 'drip-fed' as it became pertinent. This could be problematic in terms of lost historical knowledge when teachers left, particularly when there was no transition period if teachers were removed without notice (see 4.2.3.2). Such abruptly severed relationships were also often detrimental to PEV&Ts and their families, as for some, it had taken years to build trust (Rose).

Often those who knew the most PEV&Ts' narratives were the teachers with designated safeguarding and/or inclusion responsibilities (particularly if they were established), as their remits extended beyond the pupils in one class; thus, they were more likely to be dealing with more 'cases' in their school than a CT. In addition, when new information was shared with school during meetings with external agencies or in pre-admission interviews with parents/carers, although CTs occasionally attended these (which they found helpful and some wanted to do more often), teachers with designated safeguarding and/or inclusion responsibilities were most likely to do so. They were also more likely to receive written reports or verbal updates directly from official sources. Whilst Jo felt this was beneficial to her psychological wellbeing as she *'had a finger on the pulse of everything that went on'* and people would go to her for information which made her feel *'needed'*, she also recognised that repeatedly hearing narratives of pupils' situations could be simultaneously detrimental to her psychological wellbeing. As working with higher 'caseloads' of V&T increases workload and risk of CSI (Sprang et al., 2007; Killian, 2008; DuBois, 2010), it is perhaps understandable that, although not labelling it as CSI, recent research has focused on supporting psychological wellbeing through supervision for teachers with designated safeguarding and/or inclusion responsibilities rather than mainstream CTs (Reid and Soan, 2018; Kennedy and Laverick, 2019; Bainbridge et al., 2019). Whilst the findings of this study concur with the view that teachers with designated safeguarding and/or inclusion responsibilities are likely to benefit from support akin to supervision, and in naming CSI, provide additional explanation to justify such support, I propose that CTs are also at risk of CSI and would benefit from support. However, although there are some similarities between risks faced by teachers with designated safeguarding and/or inclusion responsibilities and CTs, there are also differences which may affect the development of CSI in distinct ways; further exploration is, therefore, warranted.

Where CTs were not the first to receive new information about their pupils, it was often shared via technology-based systems. CTs were expected to check these daily, thus increasing demands, despite having no time designated to doing so. This meant it was often done whilst eating their lunch, with associated challenges to wellbeing (see 4.2.1). In addition, reading distressing information when alone in their rooms gave them no opportunity to talk through this information and there was not always time to psychologically process it, which also increases the risk of CSI (Killian, 2008).

Participants wanted to know information about their pupils, as this meant they could plan accordingly to avoid situations that might trigger negative reactions, increasing feelings of control, associated with better psychological wellbeing (Ryff, 1995; Tsouloupos et al., 2010; HSE 2018a). However, it appears that there was a tension and some confusion related to confidentiality regulations as to what could and should be shared with CTs. Whilst new information on SEN/D was generally shared in full, whether detailed safeguarding information was shared was dependent on the teacher with designated safeguarding and/or inclusion responsibilities. Although some teachers with designated safeguarding and/or inclusion responsibilities said they shared everything with CTs, another said she did not because CTs did not need to know, and she wanted to protect them from distressing information. She had not, however, shared this reasoning with her colleagues, so despite thinking she was acting in her colleagues' best interests, she ran the risk of creating/perpetuating a 'them and us' situation, as some participants commented that not being provided with safeguarding information left them feeling untrusted and unworthy. To avoid a 'them and us' situation developing, or CTs being unnecessarily distressed by hearing safeguarding information, involving CTs in decision-making, or at least providing them with the rationale around decisions, could increase transparency and appreciation of others' motives and needs. This could potentially build trust

and feelings of being cared for, which are associated with psychological safety and belongingness (Kahn, 1990; Baumeister and Leary, 1995).

In addition to planned/formal channels, participants also heard about PEV&Ts' experiences on an ad hoc or opportunistic basis, including from family members, colleagues and directly from pupils. When this happened, they had to inform others (first in person and then followed up in writing) which added to their workload but could also create practical and psychological difficulties. Rose stated:

As a teacher, you're dealing with so much and the thing is, in H&SC you're aware of it because that's all you're dealing with really [...] so they're geared for it, they're set up for it. Whereas you come in to teach and you're naïve. You think I'm here to teach a subject. [...], you think it'll be fine and then it suddenly hits you – Bam! Oh my goodness and I don't know how to deal with this because this isn't what I signed up for.

Where not already covered, these issues, which will be discussed throughout the remainder of this and the next chapters, include: conflicting simultaneous demands, lack of resources and training, a lack of forewarning so they could not steel themselves against painful stories/images (Cunningham, 2004), common-shock (Weingarten, 2003), fear of making things worse, differences between what H&SC professionals and teachers expect to face, and what is expected of them in the execution of their roles (Hurry et al., 2020). Taken together, these contributed to a lack of preparedness and control which participants felt, to different degrees, affected their ability to alleviate their PEV&Ts' suffering. Before exploring some of these in more detail, some examples of others' suffering that the participants discussed will be given.

5.3 What Types of V&T are Teachers Exposed To?

Table 4 shows a summary of questionnaire data related to pupils from the V&T categories that participants had experience of teaching in the 12 months prior to interview²¹ and across their careers. Even with just these ten participants, all categories are represented²².

Individual data revealed that half the participants had taught pupils from all ten categories across their careers, and all had taught pupils from at least seven categories. Thus, as was anticipated, given the situation set out in chapter one, data confirmed that experience of teaching PEV&Ts was not just a one-off but that exposure to a range of issues was common. This was the case regardless of role or school context and suggests that exposure to others' suffering should be considered a predictable risk, meaning that employers have a duty to put measures in place to reduce associated risks to employee wellbeing (HSE, 2018b).

²¹ Or in their last role if they had left the profession.

²² Some categories with the lowest scores involve situations more readily associated with older C&YP.

Table 4 Participants' Exposure to Others' Suffering by V&T category

Type of vulnerability/adverse situation (NB one child may be exposed to more than one category)	Number of teachers with current/latest pupils in the category		Number of teachers with previous pupils in the category	
	1 pupil	>1 pupil	1 pupil	>1 pupil
Children receiving statutory care or support – including children in care, or in custody and those being supported by children's services.	3	5	2	8
Children known to have experienced neglect or specific intentional personal harm – including children who have been abused, exploited, bullied or who have witnessed domestic violence	2	7	0	10
Children with a disability, ill-health or developmental difficulties – including mental ill health and special educational needs.	2	8	0	10
Children in households or families with characteristics or locations that indicate higher potential likelihood of current and future harm – including poverty, homelessness, growing up in a household where there is an adult with: alcohol/drug dependence, mental health needs, or a parent/sibling in prison	0	10	0	10
Children who are vulnerable or of concern by virtue of their identity or nationality – including LGBTQ+ children and young people and refugees	6	2	3	6
Children at risk in relation to activity or institutions outside the home – including children involved in gangs or radicalisation	1	1	1	4
Children caring for others - including children caring for their parents or siblings	3	1	2	5
Children who have experienced a family tragedy - including bereavement, separation/divorce, attempted suicide or murder, parental job loss, familial financial worries, criminal investigation, health crisis	2	7	2	8
Children who have been directly involved in an accident or one-off traumatic experience for example car, fire, explosion, physical attack, community or natural disaster	0	4	4	5
Children who have witnessed a traumatic incident where the victims were not close friends or relatives – e.g. car accident, fire, assault	4	1	2	4

In their interviews, participants had the opportunity to talk more specifically about their pupils' situations and how these affected pupils' readiness or ability to learn. If arranged in terms of 'intentionality' of the parent/carer, rather than V&T category (as this often affected the type of emotion felt or where the 'fault' was seen to lie), situations fell broadly into three categories (with some pupils in complex situations, thus, in multiple categories). One category involved pupils who were suffering from the effects of wilful neglect and abuse directly against them, including, but tragically not limited to: child trafficking; death or serious injury resulting from lack of supervision; sexual abuse, including multiple disclosures of rape, assault by family members and being forced to watch sex acts; physical beatings; deliberate withholding of food; emotional abuse, such as extreme favouritism of a sibling by parents, constant belittling and name calling; and leaving children to fend for themselves or forcing them to stay outside/on the streets alone at night.

Another category involved situations which were not intentionally directed at harming the child but were likely to do so. These were potentially avoidable; however, either parental lifestyle 'choices' or inadequate welfare systems meant pupils had experienced significant disruption, were living in situations where their needs could not be met, or where they witnessed extreme violence. Examples included: parents with physical or mental health needs; custody battles; housing issues, including displacement to avoid violence/conflict (domestic and/or civil), homelessness and living in communities where violence/intimidation was hard to avoid; the effects of poverty, such as lack of appropriate/clean clothing and food; drug and alcohol related issues, including being in the house during night-time police drugs-raids and witnessing drug dealers maliciously threatening/attacking their parents; pupils whose relatives or neighbours had been murdered and parent on parent domestic violence, such as disclosed by one teacher who said, *'One child saw her dad slit her mother's throat and stab her ... she*

had major separation issues when she started school, her screams could be heard throughout the school'.

A further category included naturally occurring or accidental situations. Martha and Rose spoke of watching health deteriorate when terminally ill pupils were still well enough to attend school and of dealing with the impact of bereavement on family, colleagues and pupils following pupil deaths from illness or accident. Other examples included teaching children with disabilities, including pain and considerable mobility challenges, e.g. stroke (Alex) and Duchenne Muscular Dystrophy (Charlotte). Pupils with SEMH and behavioural needs, including those described as *'shut-down', 'aggressive', 'scared' or 'upset'* and other learning needs are also included in this group, as these, whilst often avoidable if living in different situations, were largely natural reactions to circumstances that were beyond pupils' control.

As many of the situations had H&SC or emergency services involvement, although participants were not usually involved at the scene as first-hand witnesses, they were hearing some of the same information as other professionals. However, participants' roles meant that their relationships with their PEV&Ts could last years and for CTs include 20+ hours' involvement a week. Participants were exposed to both daily and long-term effects of PEV&Ts' situations, making them significant rather than fleeting relationships, which increases the risk of CSI (Figley, 2002). Also problematic for CTs particularly, was that they had to adhere to inflexible timetables, arranged around the primary task of curriculum delivery to a whole class. This meant they had limited, if any, opportunity to walk away and remove themselves from distressing situations or to respond to them in the way others with greater flexibility might. So, although time away from others' suffering is recommended to reduce the risk of CSI in clinicians when caseloads are high (Killian, 2008), this was not usually an option for CTs, and

they often had to continue to be immersed in their pupils' suffering. Furthermore, there was often no recovery time or immediate support when they had borne the brunt of pupils' emotional and sometimes violent responses to their situations. Most participants spoke of being verbally abused or threatened by pupils or parents/carers, over half talked of being hit, punched, kicked and/or bitten by their pupils, and a couple talked casually of furniture being thrown in their direction. Whilst Jo (teacher with designated safeguarding and/or inclusion responsibilities) said that she was able to go back to her office to *'frantically tidy to try and get rid of the adrenalin'* after being punched in the face by a pupil (*'in a state of arousal'*), Mary, after being bitten hard on the leg, *'took [her]self to the toilet and then pretty much went straight back into [lesson delivery]'*. Martha, on the other hand, had to continue teaching with no time out at all after being hit. She commented that this made her feel uncared for, illustrating reduced psychological wellbeing associated with a lack of belongingness (Deci and Ryan, 2008a). As they were still expected to conform to professional standards, such situations required considerable emotion regulation, which as suggested by Isenbarger and Zembylas (2006), they found emotionally draining (see 5.4).

Participants were not the only targets of PEV&Ts' violence, cruelty or indeed their over-dependence/attachment. What participants found more stressful than behaviour directed at them, was witnessing their colleagues or pupils being *'abused'* (Rose) or having their learning or work spoiled by PEV&Ts' behaviour. Although such behaviour made them and their colleagues cross at times, Martha stated, *'I find I have quite a lot of sympathy if I know they've got a really difficult life at home'*. She went on to say:

I feel a huge feeling of guilt. I don't know what to do. I've never experienced the things that they've gone through. It does break your heart. [Then returning to talk about a specific child,] he's going through all these massive things and no-one's

really caring for him and all I want to do is take him home [...] and give him a nice life. But obviously, I can't do that.

Martha's distress is clear, but her comment reinforces the need for the distinction made in chapter four between self and other. Here, the implications for her psychological wellbeing are rooted in concern for another's welfare and actions she can (or cannot) take to improve their situation but these have considerable implications for her own welfare. This is indicative of compassion (as defined by Strauss et al., 2016, see 2.2.2.1.2), which will now be explored further in relation to participants' psychological wellbeing.

5.4 Compassion

Participants identified their PEV&Ts' suffering and tried to connect with its impact based on personal experiences, reflecting the first three elements of Strauss et al.'s (2016) view of compassion. However, whilst Rose said, *'there would be things that would strike a chord with me and I could just see my little self in that'*, she noted that *'most of them are just so far beyond my comprehension'* because like Martha and others, she had no experience of them. She saw this as *'protection'*, meaning that her inability to understand what the pupils were going through meant the intensity of feelings was lower than it might otherwise have been (Weingarten, 2003).

Particularly related to safeguarding issues, most also made comments, such as, *'What's normal to them, isn't normal to me. And it shouldn't be normal'* (Suzanna). With only a few exceptions, e.g. the child who was trafficked, participants from schools with above/well above the national average number of disadvantaged pupils talked of pupils' experiences that were further from their view of what should be normal than those teaching in schools with below/well below the national average number of disadvantaged pupils. For example, where issues related to moving house were discussed, in schools with less than the national average

number of disadvantaged pupils, these mostly related to parental separation or having to move to 'down-grade' because they could not afford the rent, whereas in schools with more than the national average number of disadvantaged pupils, these also related to moving to refuges due to violence (domestic or civil) and children being taken into care. Participants from schools with less than the national average number of disadvantaged pupils appeared to be exposed to extreme experiences less frequently, yet in their questionnaires, reported feeling the effects on their psychological wellbeing of teaching PEV&Ts as regularly, if not more so, than participants from schools with higher than the national average number of disadvantaged pupils.

Looking at interview data, Weingarten's (2003) work provides a possible explanation. She suggests that events that fall outside our version of normal create shock but the more we witness or hear about them, the less shocking they become. This is problematic for psychological wellbeing as she also suggests that this makes the impact harder to discern. This links into Russell and Brickell's (2015) notion of dosage effects, and from participants' narratives, it did seem that lower doses (less intense and/or less frequent) were felt more keenly by those with less experience of being exposed to others' suffering, whereas these lower doses were not as noticeable to those exposed to higher doses (more intense and/or more frequent). Suzanna gave the clearest example of this; she *'found it difficult'* when she first started working at a school with well above the national average number of disadvantaged pupils because she *'wasn't used to the trauma the children had in their lives'* but over time, with supportive senior leaders, colleagues, and systems, she *'enjoyed working with the children and felt [she was] making a difference'*. However, she *'hadn't realised how stressed [she] was from constantly hearing about and sorting out their problems'* until taking extended and enforced non-work or stress-related leave. This provides evidence of the co-existence of

stress/wellbeing and the importance of not viewing them as mutually exclusive opposites (Leon et al., 2015).

Suzanna was the participant whose school had the highest level of deprivation and although she was experiencing CSat, she was also experiencing the cumulative impact of high doses of exposure to her PEV&Ts' suffering. Other participants' narratives showed Suzanna was not alone in this. In other professions, this is known to leave practitioners at risk of cognitive distortions, resulting in a change in worldview (Fortune et al., 2015). This is one of the more distressing elements of CSI, as our sense of safety, for self and others, is disrupted (Cunningham, 2004). Rose's comment shows that teachers are not immune to this:

Makes you feel that the world's a dark place because for some children it is very dark and it possibly skews it because you don't hear of all the great things that happen to all the other children, so all the light in the world, and there's much light in the world, you don't see and that colours it and you think, God, this world's horrible.

Whilst Rose's view was the result of a gradual build up, CSI can also be triggered by an extreme incident (Russell and Brickell, 2015), which, applying the dosage metaphor, creates an 'overdose'. This happened to Jo when one of her pupils died due to the negligence of a 'responsible adult'. She explained how she became unable to cope with situations that she had previously been able to manage, and her thoughts and dreams were consumed by her pupils' safety and her inability to protect them. She said,

Hearing about something that you couldn't do anything about. Just dreadful [...] I found it very difficult to not think of the world as an extremely bad place. [...] because of seeing what some children went through, I started to see it everywhere and worry.

She needed a period of extended sick leave and was diagnosed with secondary PTS. Trauma literature (Lepore et al., 2000; Benight and Bandura, 2004; Spence and Joseph, 2016) suggests that feelings of the environment being fraught with danger result from the brain's inability to

successfully process biological stress reactions; thus, thoughts remain unprocessed, the body's system remains in a high state of arousal and coping abilities are overwhelmed. In this instance, Jo received counselling to help her to process her thoughts, reassess threat levels and enhance her perceived coping abilities. She also had a supportive headteacher who repeatedly reminded her that she had '*a career worth saving*'. She was able to recover and went on to become a teacher with designated safeguarding and inclusion responsibilities. Although her support was reactive rather than preventative, it demonstrates the benefits of dialogue (see 2.2.5.1.1) and the need for successful emotion management, which relates to the fourth element of Strauss et al.'s (2016) definition of compassion – *distress tolerance*.

Participants suggested when interacting with their PEV&Ts that their emotion management was mostly automatic or required little effort, even when changing from one emotion to the next in rapid succession. At times, however, it did become more challenging, but as with Martha (5.3), there were many comments that showed they were using cognitive reappraisal to rationalise pupils' behaviour and needs based on their knowledge of their circumstances. This allowed them to act compassionately and according to the display rules they perceived were expected of a teacher. When they successfully regulated their emotions and handled challenging situations well, they felt competent and reassured that they could do the job effectively, increasing their psychological wellbeing (DuBois, 2010). When situations pushed them beyond their limits, some commented that because they were resilient they were able to bounce back quickly. Two said that experiencing trauma in their own lives had made them more resilient at coping with pupils' circumstances, which is interesting as some research suggests this increases the risk of CSI (DuBois, 2010); instead, this seems indicative of post-traumatic growth (Benight and Bandura, 2004; Spence and Joseph, 2016). However, reflecting Greenfield's (2016) view of resilience, a couple of participants working in *them and us schools*,

noted that emotion regulation and their ability to handle challenging situations became more difficult when they were feeling vulnerable due to their treatment at the hands of their higher-ups (see 4.2.3.2). For all though, the situations that required the most effort to manage emotionally were those that created sadness and worry and frustration or guilt at not being able to stop their PEV&Ts' suffering.

Some of the most intensely upsetting situations involved supporting pupils who had suffered bereavement or where they had suffered abuse at the hands of their parents. Examples included: supporting pupils following a fatal stabbing in the community (where the victim was a former pupil, so she was also dealing with her own grief); Martha said, *'I teach a little girl whose brother's died and it absolutely breaks my heart. She holds onto my clothes as I walk around. I just want to pick her up and sit with her mum and cry'*; and another described hearing *'hideous'* information in a meeting about a child who was trafficked, stating, *'you just had to cry because you felt so broken for the situation'*.

Such a spontaneous emotional display of sadness was unusual and although this participant was embarrassed at having cried during the meeting and with her colleagues (including her headteacher/principal), she felt this was healthy. She did, however, say that following the meeting, she had to *'flick that professional switch'* so that she could do a presentation to parents. Others similarly reported that whilst they were saddened, there were multiple reasons why they felt unable to show this in school, e.g. they: had more than one pupil's needs to focus on (see 4.2.2); did not want to behave in a way that might be seen as not coping (see 4.2.3.2); or felt it would be unprofessional to show them at the time. This demonstrates that 'although we are socialised to believe that expressing emotions is key to wellbeing [... they were] subscribing to professional norms that posit that emotionality in the

job undermines performance' (Weingarten, 2003:106). This can be extremely damaging to psychological wellbeing (ibid) and proved to be for some of my participants.

Some explained how they saved their expressions of grief for outside school, including Suzanna, who regularly cried whilst driving home. In contrast, at times, a couple of the participants suggested that for self-protection, they just had to block out their feelings, as demonstrated by Alex:

Basically, it just makes me feel very teary but at the same time, I'm not sure if I just cut off to it [...]. I think I've had to learn and almost teach myself to just be urm as much as I care at the time, I've had to try to learn how to shut it down or brush it to one side [...] because I can't do anything because it's too stressful [...]. Put it in a box and deal with it later. Or never!

Both Suzanna and Alex provide examples here of potentially harmful ways of responding to distress. Suzanna's parents wanted her to leave her job for fear that she would have an accident on her way home, whilst emotion suppression, which can lead to depression and physical illness (Parvez, 2014), was believed by Alex to have contributed to her voice problems; these resulted in her taking time off. As Suzanna followed her parents' advice and left teaching part way through the year, both strategies resulted in additional costs to their schools and disruption to their pupils, which has the potential to reduce their wellbeing and attainment (Rose). Both outcomes, therefore, arguably work against the neoliberal principles of financial efficacy and target attainment and show that there is a need to focus on the emotional demands as well as workload. In addition, it suggests that spending money on proactively rather than reactively supporting teachers to deal more effectively with their emotional demands might be less expensive (financially, academically and emotionally for staff and pupils) than not supporting them (see 1.2).

Mary was one of the participants who, whilst being exposed to amongst the highest doses of suffering, did not usually find conforming to display rules effortful but she was saddened by hearing about her pupils' suffering. Her narrative contained multiple examples of 'high dosage' experiences, including attending a meeting about a pupil in her class (and sibling) where their foster mum talked about them rocking when she put the Hoover on, and how following years of neglect, even after being in a stable foster placement for some years, they were still obsessed with knowing when the next meal was coming. She found it difficult to know that parents could deliberately inflict so much damage on their children. These sentiments were echoed by many of the participants and their concern for PEV&Ts' wellbeing and safety increased when they were not in school, especially during holidays, following an incident or at 'crunch' times (such as transitioning between separated parents' homes). This resulted in them being unable to switch off from PEV&Ts' circumstances. Lily's comment is representative of every participants' view:

When you know the lifestyle, the quality of life they've got, you sort of suffer anxieties and concerns about the children. You invest an awful lot of emotion, and it comes home with you.

Thus, teachers were not just taking home work measurable in hours, e.g. marking or planning, they were also taking home the 'residue of emotional energy from the empathic response' (Figley, 2002:1437) arising from their work with PEV&Ts, which again, is known to increase the risk of CSI in other professions (ibid). A number also talked of having intrusive dreams or lying awake at night thinking about them. These are indicators that their emotional responses were unresolved, thus, remaining active in their memories, and arousal levels related to exposure to others' suffering were remaining high (Lepore et al., 2000). They were not getting the opportunity to fully recover from emotional stressors; over time, these can impact on both

physical and psychological wellbeing as the effects of energy depletion linger, accumulate and gain momentum, impacting on future effectiveness (Uy et al., 2017).

In addition to sadness and worry, frustration was a common emotion and was mentioned by every participant, often as a forerunner to other more intense and potentially destructive emotions, e.g. anger and guilt. There were multiple sources of frustration, often with themselves, but parents and a '*broken society*' were also mentioned as a key source. Ineffective parenting (as opposed to destructive parenting through abuse or neglect) was raised by over half of the participants, for example: lack of ambition and support for their children's education; lack of interaction between parent and child, with social media/television regularly blamed; poor vocabulary/skills and not teaching their children how to share/take turns. Although in many cases there was some sympathy for the parents' situations and recognition that at times they were doing the best they could, participants were drained by the additional energy needed to compensate for such lack of capitals in their pupils (even though a couple had not realised that this was the cause until they were asked to comment on the given list of demands (see Appendix 8) shown as part of their interviews). Participants were also sometimes disheartened that despite their best efforts, they often felt their PEV&Ts were stuck in unbreakable cycles of vulnerability (Desai, 2010). Whilst there was a sense that making a difference to one PEV&T's life or seeing the '*penny drop*' (Jane) was stimulating and motivational, thus, increasing psychological wellbeing through CSat (Wagaman et al., 2015), this was by and large insufficient to compensate. In line with the Effort-Reward Imbalance principle (Siegrist, 2002), this was not usually enough to counter work-related stress. Whilst this is usually associated with amotivation (Deci and Ryan, 2008b) and depersonalisation or cynicism (Maslach et al., 2001), I found limited evidence of such depersonalisation or cynicism directed towards PEV&Ts. Instead, because of the meaning attached to making a difference

to their PEV&Ts' lives, where they felt safe to do so (see 4.2.3.2), participants appeared to work harder to make up for the deficiencies and to act to alleviate pupils' suffering, both in their immediate and longer-term futures. However, there was depersonalisation towards higher-ups and considerable cynicism, criticism and frustration expressed towards systems.

Systemic failures, flaws and obstacles, which limited the help participants could provide or access for their PEV&Ts, were repeatedly referenced. Whilst much related to the education system (as discussed in chapter four), there were also systems beyond education that impacted heavily on them which would not have been so significant were they not teaching PEV&Ts. Cuts to other services were detrimental to participants' psychological wellbeing (see 6.3.2) but even where services existed, participants reported that they were disappointed, shocked and even angry that these were not always working for the benefit of their PEV&Ts. Mary talked of what she perceived as failure of the judicial system and expressed incredulity that after a child had been taken into care following disclosures of inappropriate touching, a judge had to return her to her family, only for her to be abused again before finally being removed permanently.

Many participants said that they or their pupils were not listened to, resulting in vulnerable pupils not being able to thrive, or remaining in situations that put them at risk of harm. Suzanna and Jo both said that when pupils disclosed to them that they were being abused, despite all the school procedures being followed, because the pupils would then not repeat the disclosure to social workers (as they had no established relationship with them), there could be no follow-up at the time. This left the participants feeling frustrated, helpless, and not knowing where to turn. They were far from alone in these feelings and helplessness and hopelessness featured heavily in participants' narratives linked to external factors. As well

as being symptoms of CSI (Wolpow et al., 2009), they are strong negative emotions, linked to lack of agency (Bandura, 2001) and reduced feelings of competence (Maslach and Banks, 2017), with a profoundly negative impact on psychological wellbeing, as discussed in 4.2.3.2. Measures, therefore, need to be put in place to counter these feelings as Jenmorri (2006) raises the question, how can those without hope offer hope to those who are in despair? These measures are the focus of chapter six.

Powerlessness was also mentioned by a few of the participants as they recognised that due to formal role boundaries, their authority was limited (e.g. a CT without power to affect action in school, or a teacher with designated safeguarding and/or inclusion responsibilities who cannot directly remove a child from an abusive parent), so they were reliant on others to take action to alleviate their PEV&Ts' suffering. Often these actions were felt to be neither swift nor effective enough to convince participants that enough was being done to reduce PEV&Ts' suffering. This demonstrates that agency cannot always be isolated from dynamics of power (Zembylas, 2007) and that there is a need for collective agency (Pantić, 2015). Without multi-agency working and effective systems beyond school level, participants were left immersed in their pupils' suffering. As suffering is aversive, if we cannot take action to alleviate it, control its impact on us through cognitive reappraisal, or suppress it, the only option to reduce risks to psychological wellbeing may be to remove ourselves from it (Russell and Brickell, 2015). This was the case (in part) for both Jo and Suzanna, and could be the case for more teachers, given the current 'teacher-retention crisis' (Kelly et al., 2020:1). Again, therefore, to mitigate against this, measures are needed to both reduce exposure to others' suffering by alleviating pupils' (and their families) suffering, and where this is not possible, to support teachers with healthy emotion management (see 6.3.3).

5.4.1 Relevance of CSI

The above findings show that participants, to a greater or lesser extent, experienced: disturbing emotions, e.g. sadness, hopelessness, guilt and frustration; powerlessness; change in world-view (impacting on psychological safety); intrusive thoughts and imagery and feelings of reduced competence and autonomy, which they attributed to exposure to others' suffering. When rooted in others' suffering and helping or wanting to help, all of these are characteristics associated with CSI (Sprang et al., 2007; Fortune et al., 2015); thus, I assert that these findings, as with teachers in North America (DuBois, 2010; Hill, 2011; Abraham-Cook, 2012), provide support for the conceptual premise that teachers of PEV&Ts in England are at risk of experiencing CSI. Whilst I anticipated that findings would support my view of CSI's relevance to teachers, once they had talked about their experiences of exposure to others' suffering and its impact on their psychological wellbeing, participants were explicitly asked for their opinions on this. Suspecting that most participants would be unfamiliar with the concept, they were given a brief outline of CSI, along with information to distinguish it from primary trauma and burnout (see Appendix 9). Only one was aware of the concept, but without exception, participants instantly recognised its relevance to them and applicability to teachers more widely, reflecting Lander's (2018) experience of teachers in the USA. Representative responses included:

Yes, definitely, yeah and I would say to most, if not all teachers (Alex)

I'd say that's absolutely what it is to teach V&T children [...] particularly in primary school (Rose).

Charlotte's response was also note-worthy. On reading the information sheet, she said, *'I think I'm going to cry'* (which she did briefly). However, the explanation she gave was unexpected as she talked about how watching a television programme about children exposed

to domestic abuse had upset her. She explained how this helped her to understand what some children went through and made her want better things for her pupils. She continued by explaining that she was less upset for her pupils, as she could act to make a difference to them. Charlotte was the only participant to say she felt more CSat than CSI. Although only based on one person's responses (and she had many recognised protective factors against work-related stress/CSI, e.g. seemingly the lowest dosage, working least number of hours and only five years in teaching so she thought she was '*not completely jaded and tired*'), this finding appears to offer support to the suggestion from other contexts that CSat can buffer against the effects of CSI (Stamm, 2010). Other participants' CSat related comments will now be analysed to see if there was further support for this finding.

5.4.2 Compassion Satisfaction

Again, anticipating (correctly) that teachers may be unfamiliar with the concept, they were given information on CSat (see Appendix 10) and asked to comment on its relevance. They felt it should be relevant and for many was linked to their key motivation for working in their particular schools. An extended quote from Rose is included here as it covers most of the points raised by others and continuity in the comment aids coherence in analysis.

When you gave me the [information sheet], that's what I picked up on. If you get through to a child, it's the best thing in the world. When you know you've made a vulnerable child's life better in some small way, but the problem with CSat is, you're not with the child long enough for things to be sticking and it might absolutely take years before you realise what you've done for that child. So, while the negative's in your face every single day, moments of glory are few and far between. They may all add up to that child going on and having a fantastic life, but you don't see it at the time, so you've got all this [point to CSI information], 'cos you're battling it. It's not a case of you go, well, I got them to sit down today, and they did a piece of work, and you think great and then the next morning they come in and they rip up their work and trash the classroom because something else has happened, or the breakthrough you've made hasn't stuck yet. It's only been the beginning.

Of interest in this and other responses was how quickly talking about a positive reverted to talking negatively, no matter how many times I asked for a positive or referred participants to the psychological wellbeing information which was worded entirely positively. Responses reflected a common feeling that '*in the moment*', the experience of CSat, whilst great, quickly evaporated. It was usually overtaken by something negative and the knowledge that just because there had been a breakthrough one day, there was still anxiety that it would be reversed the next, reflecting Hobfoll's (2010) view that positive emotions can be difficult to sustain when exposed to acutely or chronically negative situations. Jo, amongst others, also drew attention to the multiple demands faced simultaneously by teachers (see 4.2.2) and the fast pace of activity which meant CSat was immediately gone. Rather than having time to bask in CSat, therefore, the feeling of '*in your face*' battling prevailed which led Alex to comment that she was cynical about the concept of CSat, as it did not recognise the extent of the struggles gone through before it could be achieved. As scholars such as Stamm (2010) and Dodge and colleagues (2012) suggest that wellbeing is achieved through balance, if the struggles or other factors outweigh the sense of CSat overall, it may be that despite experiencing it, it will be insufficient to enhance psychological wellbeing. This appeared to be the case for most of my participants but was particularly evident for participants working in *them and us schools*, when, as discussed in chapter four, the dominant performative culture and resultant technicist approach to teaching was perceived as thwarting opportunities for compassionate acting and also as leading to moral code violation. Thus, working in such a culture limited participants' opportunities to feel competent, proud and to gain recognition for the skills that they had in meeting the needs of their PEV&Ts, so reducing their opportunities to counter CSI and moral injury with CSat.

Such thwarting and violation were significant contributors to Jo and Suzanna leaving teaching, and interestingly, unsolicited, both said they would like roles working with V&T populations outside teaching. Both felt they had much to offer and were missing the CSat they got from working with PEV&Ts. In a similar vein, the teacher quoted in chapter four who said she was '*constantly working in ways [she] didn't believe in*' (and wanted to leave teaching, but could not afford to), felt that the only way she could experience CSat, despite being exhausted by her schoolwork, was by doing voluntary work in the community. She said,

I didn't associate anything about that building or that workplace with anything that made me feel good about myself. And it worked. So, I worked for XXX [organisation supporting vulnerable people in the community] and from day one, it was nurturing for me. [...]. I just felt that I was doing simple, small things in the world to make the world a slightly better place. [...] I think that I was feeling something pure and not toxic by doing this.

To me, it is a shocking indictment of the English education system that teachers felt they could not make a difference to V&T people through their teaching role, and I propose that this finding has important implications for recruitment and retention in schools, particularly for those serving the most vulnerable communities. This research, in common with studies from other countries (Oplatka, 2009; Towers, 2017; Brunzell, 2018; Andreychik, 2019), suggests that a major reason for working with PEV&Ts is to make a difference, not just academically, but socially and emotionally. I therefore suggest that restricting opportunities to care and be compassionate when immersed in others' suffering, be that due to powerlessness, performativity or any other reason, thwarts the need for CSat and removes a key motivation for teaching PEV&Ts and in maintaining the ability (as opposed to just the desire) to do so. One way of increasing CSat identified in chapter two, which is also known to be beneficial to psychological wellbeing more broadly, is through social support, which is the focus of the next chapter.

Answering RQ1, this chapter has focused on participants' experiences of exposure to others' suffering and the impact this has on their psychological wellbeing. Findings have shown that teachers, regardless of role or school circumstances, knew about and were immersed in the suffering of their pupils, and were impacted both directly (additional workload; physical assault) and indirectly (sadness and common shock from observing suffering). Participants provided many examples of symptoms associated with CSI when they had been unable to alleviate their pupils' suffering, but at times, also experienced CSat when they perceived that their efforts had helped to alleviate pupils' suffering. Findings also show that whilst CSat could buffer against the risks of CSI, for most, more opportunities to experience CSat were needed to create a satisfactory equilibrium. Based on these findings, this thesis argues that exposure to others' suffering as an area of work-design and compassion as a psychological need, are relevant to teachers in this study, and thus, their inclusion in the conceptual framework for understanding teachers' psychological wellbeing when teaching PEV&Ts is warranted.

Chapter Six Support

6.1 Introduction

Further contributing to answering RQs1 and 2, with the overarching aim of gaining a better understanding of teachers' psychological wellbeing and how it can be supported when teaching PEV&Ts, this chapter focuses on participants' perceptions of the support they were/were not receiving. When analysing the data to do so, problems with the initial conceptual framework, additional to those already highlighted in previous chapters, became clearer. Firstly, reflecting Vygotsky's (1978) view that psychological functions, physical tools, and social interaction mediate our perceptions of the environment, thereby impacting on psychological wellbeing, mediation was included in the initial conceptual framework; however, these form part of demands, support, and relationships, which are included as areas of work-design. As there is much overlap, mediation is not needed separately. Secondly, when designing the initial conceptual framework, despite identifying demands and support as opposing forces, both were included on the input side of the fulcrum. However, classifying areas of work-design and psychological needs as inputs and outputs is unnecessary, as in a balance, there is a 'reverse action' (Gillespie, 2007:12), i.e. outputs become inputs as they interact. Resolution of these issues is discussed in 7.2.2.

Returning to participants' perceptions of support, questionnaire data (Table 5) overwhelmingly suggests that participants felt that support available to them was insufficient to protect their psychological wellbeing, or to meet their own or others' expectations of them when teaching PEV&Ts. Most also felt that challenges faced were not well understood by others. This is concerning given that frequently these were 'higher-ups' who have responsibility for policies and practice which should protect teachers from risks to their wellbeing (HSE, 2018b). This study's findings could, therefore, be beneficial to those with such

responsibilities, as it could help with problem identification and highlight where support is needed.

Table 5 Perceptions of support/recognition of challenges associated with teaching PEV&Ts

	Yes	No	Prefer not to say or space for additional comment (if you want to expand)
Does your school have a designated mental health lead teacher?	3	6	1 - allegedly
Do you think that the expectations on schools relating to mental health, safeguarding and inclusion are reasonable and manageable currently?	0	10	
Do you think you have the knowledge and resources to meet the needs of your V&T pupils in the way that you would like to?	0	8	2 – have the knowledge but not the resources
Do you feel the challenges of teaching V&T pupils are recognised/acknowledged by your:	4	5	1 – some of them
Senior leaders			
Governors/trustees	0	8	2 - don't know
Local authority/academy leaders	0	8	2 – don't know
Ofsted	2*	7	1 – no dealings with them *but they don't take it into account
Government	0	10	
Non-teaching friends/relatives?	*	3	*7 some to some extent
In general, do you consider that work-related stressors for primary school teachers are largely kept within reasonable limits/offset by resources in the current English education system?	0	10	
Do you receive any sort of formal/planned support* via your workplace to protect your emotional/ psychological health and wellbeing from risks associated with your role/s? (e.g. restorative coaching, clinical/safeguarding supervision, groups/networks, training related to protecting your wellbeing)	2*	8	*2 – supervision, 1 as in EYFS, other due to safeguarding role
Do you consider that your school does enough to provide appropriate knowledge and means for staff to protect and support their emotional and psychological health and wellbeing?	1	8	1 – does some but could do more
If you were experiencing moderate/significant stress, would you feel comfortable discussing your psychological/emotional health and wellbeing concerns with a senior leader at your school?	5*	4	1 – not sure * one specific leader but not others

In their interviews, some participants said that recently, more activities were being provided that were intended to support their general workplace wellbeing/MH. The chapter

continues by looking briefly at these before moving to focus more specifically on support related to teaching PEV&Ts and its impact on psychological wellbeing, starting²³ with informational, then instrumental support. Emotional and appraisal support are then considered. Whilst I appreciate that there is much that teachers can (and should) do to support their own psychological wellbeing (Maslach, 2017), this is not the focus of this study.

6.2 General Wellbeing/MH Activities Provided at School

Over half of the participants said that their schools (as a recent development) had a wellbeing teacher/team/governor, although they were unclear what this 'role' involved, beyond organising one-off activities which focussed on short-term mood enhancement (Manning et al., 2020). Whilst some of these activities were enjoyable (e.g. shared staff lunches (although this caused some inconvenience as they had to *'go out and buy some decent food'*)), even when well-intentioned, they were not always well received and did not necessarily improve wellbeing. Charlotte talked of SLT occasionally covering classes and sending teachers home early to improve work-life balance. However, there was no negotiation as to when this would happen, no acknowledgement that tasks still had to be completed, or that having 'free-time' in school might be more convenient/practical. This suggests that to improve teachers' psychological wellbeing, teachers need a say in what will be offered and how strategies will be implemented, rather than others making assumptions about what is needed (Stevenson and Farmer, 2017).

Similarly, there were multiple references to end-of-term yoga/meditation/mindfulness sessions; Lily summed up the general feeling: *'We all lie there for an hour thinking about everything we need to do'*. Despite these activities creating extra demands on their time, with

²³ There is considerable overlap in support types provided by one activity type, so 'best fit' has been applied.

implications for psychological wellbeing, only one had gone to her headteacher/principal to opt out. As she felt psychologically safe, she was not afraid to use her voice (Edmondson, 2014) and so was able to use her time in a way that better matched her needs. Of note here, is that some who complained about attending such sessions paid to attend them elsewhere. This suggests that it was not the activity itself that was not valued/enjoyable but shows that wellbeing interventions are not necessarily transferrable between contexts, or suitable/desirable for all employees (Nielson and Randall, 2013). This was particularly so where the need for autonomy was thwarted, or when it prevented another psychological need, or even need substitute, from being satisfied.

Maria highlighted another problem related to 'add-on' wellbeing sessions. She was the only one to say that her school had had a '*wellbeing talk*'. She felt this was '*patronising*' as they were told to watch their '*favourite boxset in the evening and not drink too much wine*'. Such an approach places the burden of psychological wellbeing on the individual (Maslach, 2017), as teachers are 'encouraged to believe that they are at fault if they experience stress and are then commanded to improve their wellbeing without addressing the systemic causes of stress' (Manning et al., 2020:79). Maria was angered by such an approach, commenting that talk of wellbeing was '*just lip service and now if anyone mentions wellbeing, it makes teachers furious because it's such silly nonsense*'. '*Tick-box exercise*' was also mentioned by a few, with the feeling that '*as much as we have the ideas, they don't go anywhere*' because '*no-one really cares*'. However, their narratives suggest it was not that no-one cared, but that most perceived their 'higher-ups' as caring more about performance targets (see 4.2.3.2) than staff wellbeing. As far as at least half were concerned, their psychological wellbeing would not improve unless the headteacher/principal and sometimes other senior leaders were replaced by more compassionate leaders who would listen to, and act on their views. This sentiment is

aligned with that presented in much other research/literature (Sammons, 2019; Howard, 2020). However, this risks shifting the blame from one individual (self) onto another who is also a pawn in the same performative culture, and who, as highlighted in 4.2.3.2, may have more reason to be focused on self- rather than other-protection. Nonetheless, headteacher/principals still have considerable power to affect their school's ethos (Fernet et al., 2012) and even when enacting difficult decisions, they can choose to treat people fairly, with dignity and compassion.

Only a few participants (those working in *team schools*) felt they had compassionate leaders and appreciated the gestures they made. Their headteacher/principals looked for informal and regular opportunities to support psychological wellbeing, e.g. regularly 'checking-in'; saying thank-you and well done; having an '*open-door policy*'; putting support measures in place when problems were foreseeable; and allowing staff occasional time off, e.g. to attend a family event or to compensate when specific work-related tasks created extra workload. One participant said this created a spirit of '*give and take*', and although previously people had taken advantage of this, which '*caused a lot of bad feeling*', a new head had put '*robust systems in place [...] that made things a lot fairer [...] and] tighter*'.

These findings highlight the importance to psychological wellbeing of the perception of genuine, on-going care and concern (Baumeister and Leary, 1995) that '*comes from the top*', so underpinning the workplace culture, rather than being an add-on (Howard, 2020; Manning et al., 2020). These examples also illustrate that general day-to-day interactions, where they support the need for autonomy (within structured and fairly applied guidelines) and other psychological need satisfaction, can be more beneficial to psychological wellbeing than interventions requiring financial outlay but that thwart psychological need satisfaction. Not all

psychological needs could be satisfied without financial input, however, particularly when related to meeting PEV&Ts' needs.

6.3 Support for Teachers' Psychological Wellbeing and for Teaching PEV&Ts

Chapters four and five highlighted some of the challenges affecting participants' ability to help PEV&Ts and the impact this had on their psychological wellbeing. Social support was identified as a means of overcoming challenges and improving teachers' psychological wellbeing. Table 5 (above) shows that only two participants felt they were equipped with the knowledge they needed to meet their PEV&Ts' needs in the way they wanted to, whilst none felt they had sufficient resources. These fall into the categories of informational and instrumental support (Moeller and Chung-Yan, 2013).

6.3.1 Informational Support

Although the internet was recognised as a great source of information, participants did not always have the time to look or know where to start. What almost all wanted, was face-to-face training; however, when they received this, much was delivered '*whole school*'. As suggested in 2.2.5, such universal training was not always useful or developmental, e.g. when it did not take their existing knowledge, skills and experience into account, or did not provide information relevant to their situations/needs of their pupils at the time. With no choice of non-attendance, this also felt like another token gesture 'done to them'. This limited their autonomy and did not fulfil their developmental/learning needs, both of which are important for intrinsic motivation (Ryan and Deci, 2020). Many participants stated that they would like more 'bespoke', self-selected, or targeted training, relevant to their/their pupils' needs, because:

If you're not trained, the guilt [from not giving enough time to PEV&Ts (see 4.2.2)] is compounded with, "Am I doing this wrong?" [which] is not an issue in maths because I'm trained to teach maths, I know what I'm doing (Rose).

What came out strongly from the data was that whilst relevant training was necessary for competence, it was vital for avoiding moral code violation (see 4.2.2) and the negative emotions associated with causing harm (Figley, 1995), or allowing it to continue (Hargreaves and Tucker, 1991).

One participant who had benefited from targeted training specific to teaching PEV&Ts, was Maria (not a teacher with designated safeguarding and/or inclusion responsibilities). Unlike the others, she had the '*privilege*' of being trained in trauma-informed practice (externally funded diploma). She stated:

The great thing about that course was for two days a month, you had time to go away and think about the kids in your class in an intellectual way and somebody was discussing the kids that you work with and possible ways that you could work with them and firing off all these other ideas. So you would return to school after the two days full of ideas that you could put into place that made a difference. There was a definite positive thing happening all the time.

Her interview was permeated with references to this course and how she had utilised the knowledge, strategies and skills learned, not only for the benefit of traumatised children in her class, but for the rest of the class, as a calmer, more caring and productive learning environment was created.

This is an important finding, as Maria illustrated how underpinning a classroom's ethos with care created conditions conducive to higher pupil attainment. In doing so, she demonstrated that tensions between 'caring' and 'performing' identified by Forrester (2005) and felt by so many participants in this study, can be balanced, and that enhanced teachers' psychological wellbeing can be achieved in the process. Maria also talked of: training office staff, which resulted in them being more compassionate towards late pupils, who were then

more ready to learn when they arrived in class; developing play activities with support staff so that pupils had '*joyful experiences through play*'; changing whole school policies to make them trauma-informed; and giving talks to teachers from other schools to increase awareness of the need to understand and consider pupils' trauma.

As a result of her training, Maria '*felt more confident, with more tools in [her] toolkit to deal with [PEV&Ts]*'. Unlike Rose above, she demonstrated how mastery experiences boosted feelings of competence, self-efficacy (Choong et al., 2020) and CSat (Stamm, 2010), and how her new-found confidence enabled her to take on extra challenges, despite not being paid any extra for doing so. The demands on her increased but these were self-generated and undertaken willingly and enthusiastically, increasing rather than decreasing her psychological wellbeing, which is in line with SDT (Ryan and Deci, 2020). She became a passionate advocate for trauma-informed practice, confirming that experienced teachers can be revitalised by professional development activities (Chang, 2009).

Maria's experience shows how training one teacher not only improved individual efficacy but also created a positive ripple effect, contributing to collective efficacy, competence and performance (Pantić, 2015). However, this did not always happen and some of the participants noted that colleagues had been on courses, but information was not shared, or was shared via email, so engagement with it was limited and did not result in changes to practice. Colleagues were, though, identified as important sources of knowledge, and teachers with designated safeguarding and/or inclusion responsibilities and senior leaders were turned to for informational support related to PEV&Ts' needs. As an experienced teacher with designated safeguarding and inclusion responsibilities, for Jo, this was not usually a problem, as over time, she had gained extensive knowledge and strategies for supporting staff (and

other stakeholders). She also knew how to access systems beyond school and had developed a network of professionals to turn to/refer to when necessary; this can be described as knowing 'the code' (Lofthouse, 2021). She was often able to provide relief for her colleagues and to see that her actions were making a difference to pupils. She said this *'made me feel good at my job and that kept me going'* and that getting *'recognition from people I respect would compensate for the stresses and strain'*.

Rose and Martha were new to their designated safeguarding and/or inclusion roles, and unlike Jo, had limited training and did not know/have access to 'the code'. They lacked knowledge and connections, and used words such as *'foolish', 'embarrassed', 'incompetent', 'inadequate', 'out of my depth'* and *'guilty'* to describe how they felt when colleagues went to them looking for advice and support; none of which are associated with good psychological wellbeing. When added to the paperwork and emotional demands of the role and their class teaching responsibilities, it is unsurprising that they reported low psychological wellbeing and CSI and questioned how long they would be able to sustain their energy to remain in the profession. Ensuring that senior leaders and teachers with designated safeguarding and/or inclusion responsibilities have the appropriate support and training is, therefore, important, not only for their own psychological wellbeing, but also for the wider school population and profession, as there are difficulties recruiting people into these statutory roles (Sobel, 2016). Furthermore, employees need to have confidence in their superiors, as without this, they are less likely to complete tasks with confidence, which is linked to setting less ambitious targets for pupils (Choong et al., 2020), and lower collective efficacy and resilience during times of adversity (Bandura, 2001).

Whilst these examples show how informational support can impact on psychological wellbeing when teaching PEV&Ts, both Jo and Maria went on to explain why this was not enough to sustain their psychological wellbeing. Jo described how a change in headteacher/principal left her feeling that her caring roles were undervalued and unappreciated. This led to her feeling '*not up to the mark, [...] even though [she] knew in [her] head it wasn't that way*'. This illustrates the view that perceived self-efficacy, self-esteem and identity are linked to recognition from others, and that roles that do not have status within an organisation lack the power to provide a sense of meaningfulness; thus, they do not increase psychological wellbeing (Kahn, 1990; Blader and Tyler, 2003; Zembylas, 2003). For Jo, this was exacerbated, not just by her perception of the absence of status, but by its loss (Hobfoll, 2010). Not only did these reduce CSat (see 5.4), they also made her question what her experience/career amounted to, which impacted on self-acceptance. In combination, she blamed these factors for a rapid reduction in her psychological wellbeing and her ultimate withdrawal from the profession.

In Maria's case, immediately following her sentence about the positive impact of her course, she stated that once it was finished, she was back on '*the normal treadmill*' of teaching, going on to explain that the demands of teaching exceeded the instrumental support available to her. Thus, despite her improved knowledge, she was still experiencing significantly reduced psychological wellbeing. These examples support the view that increasing one resource will not necessarily reduce stress if it is not sufficiently matched to the stressor (Chrisopoulos et al., 2010). This is another issue with the initial conceptual framework, as with a single fulcrum with multiple dimensions included within a block, it cannot be shown that specific issues need matched solutions to compensate. The need to demonstrate such matching is crucial to increasing understanding of teachers' psychological wellbeing and how it can be supported

when teaching PEV&Ts, given that coping with exposure to the suffering of others requires specific strategies (Killian, 2008; Gentry and Baranowsky, 2013).

Chang (2009) suggests that coping requires the identification and labelling of the emotions created by demands faced. This was interesting in this research, as when asked to talk freely about the demands they faced (and support for meeting them), workload featured heavily but there was a noticeable absence from many of reference to emotional demands, including those which triggered compassionate actions. Yet, when shown the lists of demands and asked if they were applicable²⁴, compassion and emotional demands featured much more prominently, triggering responses such as, *'Gosh, I hadn't even considered that and it's so big'* (Alex) and *'It's quite emotional isn't it when you think about it. No wonder it's a stressful job!'* (Charlotte). This was quite telling and suggests that what seems an obvious demand when pointed out, can easily go unnoticed when absent from the dominant narrative (see 2.3.3.3). Increasing the focus on emotions could, therefore, be useful, as they provide an important source of information (Benita et al., 2020), but without being tuned into, they cannot be meaningfully interpreted (Roth et al., 2014). Leijen et al. (2020) suggest that this requires access to relevant professional discourse, as this provides the language and concepts to better understand practice. Where teaching PEV&Ts was concerned, it was clear that most participants, as with education literature/research, were missing important discourse related to exposure to the suffering of others which is not missing from other sectors working with V&T populations (1.1.4.1). Introducing educators to the concepts of CSI and CSat could support them with labelling their feelings and identifying the impact of their work. Then, as suggested by Schepers (2017), once named, measures could be put in place to enhance teachers'

²⁴ This occurred prior to questioning on CSI and CSat

psychological wellbeing when exposed to others' suffering. A key way of mitigating against CSI and enhancing psychological wellbeing is increasing CSat (Stamm, 2010) but returning to Maria's comment above, this did not just need information, it also needed instrumental support.

6.3.2 Instrumental Support

As mentioned above, all participants identified instrumental support as being insufficient to meet demands associated with teaching PEV&Ts, and all said this was detrimental to their psychological wellbeing. Commenting on the demands sheets, some felt that all were relevant, and the remainder commented that there were only a few specific things that they did not do (e.g. setting work for excluded pupils, looking for missing pupils and intervening in fights). There were also a few demands that participants said they did not have/had little of but wanted more of. These were invariably things that demanded time but that were considered beneficial to their psychological wellbeing and pupils' (holistic) outcomes, e.g. training, attending meetings about pupils, and facilitated reflection (see 6.3.3). Time was repeatedly and universally raised as an issue, and confirming other research (Ofsted, 2019b; ES, 2019; Ryan and Deci, 2020), what was clear, was that participants did not mind giving their time to activities that they considered meaningful; however, they were resentful of things that were done for 'show'.

A lack of money was mentioned regularly, but there were differences of opinion related to pay. Whilst some said that theirs was not a bad salary (with good but much needed holidays), others noted that bearing in mind the time given, if converted to an hourly rate, pay did not reflect their responsibilities, creating some disgruntlement, which could be explained by Adams' (1963) principles of social inequity. Whilst salary was not the primary motivator for

teaching, a couple who wanted to leave commented that they could not afford to, as they had families or a lifestyle to support and they would not be able to get a commensurate salary elsewhere at their age. However, despite taking a significant pay cut (as do many teacher-leavers (Worth et al., 2015)), leading to concerns about their financial wellbeing, Jo and Suzanna may be considered 'principled leavers' (Santoro and Morehouse, 2011:2670), leaving because they were not prepared to continue compromising their integrity or psychological wellbeing by changing their practice to fit with their school's changed ethos, which they believed to be harmful to both pupils and staff.

In relation to finances, there were far more mentions of concerns about impact on physical resources/support in school at a time when expectations related to pupils' academic outcomes and meeting pupils' welfare needs had increased (see 1.1.3; 4.2.2), than there were to salaries (with some spending their own money on consumables). When referring to trying to access tangible (and other types of) support for their work with PEV&Ts, the most frequently mentioned problems related to accessing:

- external professionals/agencies - blamed on cuts as highlighted in chapters one and two, leaving many participants to feel limitless responsibility, with associated challenges to psychological wellbeing as discussed previously
- specialist equipment, such as that needed by pupils with physical disabilities
- community events, organisations or spaces that gave PEV&Ts access to activities that supported their development
- support from colleagues employed by the school (e.g. due to reduced paraprofessional hours or senior leaders with increased teaching commitments), resulting in less

developmental support (e.g. 1:1/small group targeted programmes; covering classes to allow course/meeting attendance) and reactive support (e.g. on-call support for pupils wetting/soiling themselves; finding runaway pupils; facilitating teacher recovery following a distressing incident).

Participants (both those with and without designated safeguarding/inclusion responsibilities) used words such as, '*battling*', '*struggling*', '*fighting*', '*pleading*', '*time-consuming*' and even '*pointless*' in relation to accessing such support; all words associated with asserting additional energy. The time spent trying to access support, or to compensate for its absence, increased the demands they faced and made their jobs more challenging. In line with resource-based models of stress/wellbeing (Hobfoll, 2010; Dodge et al., 2012), they felt that this often affected their ability to conduct their roles effectively and left them feeling drained, physically, and psychologically. This can decrease autonomous motivation (Fernet et al., 2012) and impacts on how long people will persevere when they face challenges (Skaalvik and Skaalvik, 2009); thus, again, there are implications for retention and absenteeism (Killian, 2008) and teachers' mood, with associated impact on pupils' progress (Glazzard and Rose, 2019).

Lack of money, however, was not the only reason given for reduced instrumental support. Participants were annoyed when they perceived that senior leaders were unwilling, rather than unable/unavailable to support them, particularly with behaviour incidents. They were annoyed when no-one turned up or when incidents were not dealt with in accordance with the behaviour (or equivalent) policy, as this left them feeling uncared for and lacking trust in their leaders. One participant described the impact of a (post-Ofsted, enforced) change in senior leaders and their unwillingness to give support related to behaviour. She said that, when asked for advice, a removed leader (teacher with designated safeguarding and inclusion

responsibilities) had not only given information but helped to draw up and implement behaviour support plans and then actively checked in regularly with both staff and pupils. She said, *'I didn't feel vulnerable at all, [...or] worried for the children's safety'*. However, with the new leaders, she *'didn't feel backed up. It was full of fear for the children's safety and for your own safety'*. The first way was *'brilliant'*, with the whole team working together, whereas the second was *'really scary'* and meant that she stopped going to ask for help as she felt that she would be considered an *'incompetent inconvenience'* (with associated consequences, see 4.2.3.2) and that no help would be given anyway. Thus, the collective efficacy and responsibility, and sense of belongingness that she had experienced previously, had been replaced with silent struggles, negative emotions and reduced perceived self-efficacy; none of which are conducive to psychological wellbeing (Baumeister and Leary, 1995; Bandura, 2001), or to improving outcomes for the pupils (Choong, et al., 2020). In this instance, however, school performance data did improve but the participant put this down to the socially unjust practices the new leaders engaged in (e.g. data manipulation, 'off-rolling' PEV&Ts and chaperoning staff conversations with inspectors during monitoring visits), further reducing her psychological wellbeing.

These findings confirm the importance to psychological wellbeing of having optimal demands that are balanced by support, as without these, demands are likely to thwart psychological need satisfaction (Deci and Ryan, 2000). Furthermore, they demonstrate that an individual's chance of thriving cannot simply be reduced to personal tendencies but are dependent on their environment (Greenfield, 2016; Ainsworth and Oldfield, 2019). This supports Maslach's (2017) assertion that limiting work-related stress solutions to those which focus solely on improving the person rather than the environment are likely to be insufficient in combatting work-related stress. Nonetheless, stress reactions are linked with emotions and

appraisal of environmental factors (Bachkirova, 2005), and the ability to process perceived threats to psychological wellbeing can reduce the negative impact of, and time taken to recover from, associated distress (Benight and Bandura, 2004). Although some participants noted that, at times, work-related stress could be reduced alone through self-talk and self-reflection, a couple said that when left to their own devices, they could lose hours just ruminating on the same issue/pupil. For some, as shown in 4.2.3, the effects of unprocessed stress lasted much longer than hours, prompting one to say:

There's no time to talk about past things and I think there's a danger that we're carrying all these past experiences and every single time something else is put upon us that is exactly the same as experiences before, you're nearer breaking point. We need a voice. We need a voice!

Thus, participants wanted someone who would listen compassionately and without judgement to support them with processing, coping with and learning from stressful situations. These fall into the categories of appraisal and emotional support (Moeller and Chung-Yan, 2013). Whilst at times, these could be separated, there was often overlap and psychological need satisfaction was best supported when they co-occurred.

6.3.3 Appraisal and Emotional Support

When asked about appraisal support, most participants' first reactions were linked to reflection involving proficiency, judged using lesson observations and performance management criteria. This type of reflection may result in teachers feeling the need to 'maintain a protective veneer [... which works against developing] personal practice through openness and honesty' (Kirkman and Brownhill, 2020:98), which appeared to be the case for many of the participants in this research, particularly those working in *them and us schools*. Although the outcomes of their observations and meetings sometimes made them feel capable and competent, for most, they were just another opportunity to tell them what else they

should be doing to impress Ofsted; thus, most feedback had ‘controlling significance’ (Deci and Ryan, 2020:1). Moreover, because of the potential consequences of ‘failure’ (see 4.2.3.2), to reduce risk, some participants spoke of grappling with whether they should tell Ofsted the truth during inspections, and of the moral dilemma of whether to keep PEV&Ts in class during judged lesson observations. Occasionally keeping them in class could result in additional support²⁵, but more frequently the outcomes were not so positive for the teacher, which then impacted on perceived threat for ensuing observations. As the sympathetic nervous system is activated in response to perceived threat, Buckingham and Goodall (2019) suggest a ‘fight or flight’ (I would also add freeze) response occurs. This is a contributory factor in the ‘feedback fallacy’ (the flawed belief that improved performance requires ‘rigorous, frequent, candid, pervasive, and often critical feedback’ (ibid:99)), as the resultant reduction in psychological availability impairs rather than increases learning and development. As such, participants did not often see this type of appraisal as supportive of teachers’ psychological wellbeing.

Rose, however, showed an alternative perspective to lesson observations. As a senior leader, she observed her colleagues and found this was not only an opportunity to learn from them, she also found it validatory. In her CT role, she felt isolated in her room and often doubted her abilities, believing that others were better than her. Through observing colleagues, she saw that this was untrue, which enhanced her feelings of self-efficacy. Here Rose is demonstrating the benefits of engaging with colleagues in class, although due to the difference in pressure to perform, her colleagues were unlikely to feel the same benefits. This could easily be transformed into a mutually beneficial situation where ‘colleagues are

²⁵ An illustrative example of this is included as part of the sample interview transcript in Appendix 18).

simultaneously learning from and imparting knowledge' (Howard, 2020:224) to one another, by adopting coaching or lesson study approaches (see Mynott, 2017).

A few participants had some experience of such approaches, which they valued. One suggested that rather than *'being given another list of things to do because that person thinks I'm rubbish'*, she felt supported to come up with her own solutions which *'gives your self-efficacy, your competence back'*. Thus, the feeling was that such activities which relied on *'critique rather than criticism'* (Ball, 2021); involved *prelection* (insight-based preparation for future action) rather than just reflection (Hawkins and McMahon, 2020); and saw *'mistakes'* as learning opportunities, were more beneficial to both psychological wellbeing and improving practice than activities potentially involving punitive judgements, as they enhanced agentic beliefs (Benight and Bandura, 2004). In SDT terms, they were more autonomy supportive and collaborative, engendering a sense of empowerment (Ryan and Deci, 2019) and communal growth, which is a strong predictor of wellbeing (Bauer et al., 2008); thus, they were in stark contrast to the situation presented in chapter four which created fear and a need for self-protection. They were also better for PEV&Ts, as there was no *'need'* to exclude them, as there were no grades to affect, so removing the moral dilemma above and related moral stress. Opportunities to participate in these activities were, however, noted as rare, short-term, and always had a problem-focus (usually technician), but they were activities that participants wanted more of, particularly if they had a say in what the focus would be.

The only two participants to have regular and ongoing formal/organised appraisal support that specifically related to their work with PEV&Ts, rather than their wider teaching responsibilities, were Martha and Mary. They both received (mandatory) supervision, which unlike the other activities mentioned above, had a holistic focus; involved both problem- and

emotion-based approaches; and could combine appraisal, emotional and informational support. When the others were asked about planned/organised emotional and appraisal support for their work with PEV&Ts, *'there isn't any. You have to find your own'* (Alex) was a representative response. This was done on an informal and ad hoc basis. Key to what was sought here was a psychological 'safe haven' (Feeney and Collins, 2015:113) provided by benevolent others who would provide 'effectance-promoting feedback' (Ryan and Deci, 2000:70). Where these existed, participants were willing to be open and honest and to show their vulnerabilities in a bid to establish that *'what I've done isn't stupid'*; *'I haven't lost my touch'*; and that *'I'm feeling the right emotions'*. Where this was not the case, they wanted comfort, advice and support with processing their situations, because as suggested by Alex, not doing so could be *'dangerous'*, as *'your self-belief starts going downhill [...as] you're not always thinking things through rationally and someone else can challenge that'*.

Although as shown in 4.2.3.2, turning to colleagues could sometimes result in negative emotional contagion, more often, having a colleague to turn to supported psychological wellbeing and confirmed the benefits of reflecting through dialogic support given in 2.2.5.1.1, e.g. vocalising could help with: problem identification, making challenges feel less daunting; seeing things from a different perspective; and acknowledgement that they could not solve every problem alone. However, a lack of time for (p)reflection as development activities was a recurrent theme, as participants, and their potential supporters, were caught up in the day-to-day practicalities of teaching. So, for most, any reflection (beyond that including data) relied on snatched moments and was reactive rather than proactive. This is concerning as reflection is key to wellbeing (Ryan et al., 2008) and 'agentic power' (Pantić, 2015:763). A few said that participating in the research interview had given them an opportunity to reflect on their skills and a better understanding of why they were finding their roles stressful. Maria also said, when

talking of her PEV&Ts, *'even talking to you now, I'm thinking, I'm recognising patterns that I hadn't [spotted]. There's no breathing time, there's no space to reflect in teaching'*. Some stated how ludicrous this was given the emphasis placed on reflection as a means of learning and development during initial teacher training, an issue also highlighted by Kelly et al. (2020). Opportunities for reflection are also important for CSat (Stamm, 2010) and given Rose's comment in 5.4.2 that it was in the longer term and when not dealing with in-the-moment battles that the difference made could be realised, reflection can also provide hope and so be an important mitigator against despair (Jenmorri, 2006).

Such mitigation was another important reason given by participants for having someone to talk to. Featuring prominently in the narratives, was the need to 'offload', both in general, but more specifically when exposed to others' suffering. The participant who had attended (with a colleague) and cried during the child protection meeting where child trafficking was discussed, stated, *'I remember sitting in the car on the way back and saying, "What about that bit? and [...] I couldn't believe it when the person said that!" [...]. It's not that you're enjoying it, but it just needed to be out'*. A teacher with designated safeguarding and/or inclusion responsibilities said that following distressing situations, she and the learning mentor (trained supervisor) always spoke to each other before leaving school, or rang each other in the evening, as she *'just need[ed] to empty it out of [her] brain'*. Offloading is important where multiple things have gone wrong in a short space of time or where traumatic situations are involved, as when we witness/know about violations and trauma, or when we are victims ourselves, our sense of safety can collapse (Weingarten, 2003); the environment can feel fraught with danger and we see threat everywhere, resulting in reduced psychological availability and potentially, CSI (ibid), as demonstrated in 5.4. Once coping abilities are overwhelmed, regaining balance alone may not be possible (Gentry and Baranowsky, 2013).

In this situation, it is suggested that nothing is more effective for lessening the effects of trauma (primary or secondary) than having 'people to process with that *get it*' (Killian, 2008:36). In addition to this restorative function, talking with someone who gets it prior to this stage can also have a resourcing effect (Hawkins and McMahon, 2020), i.e. one can refuel before becoming, or whilst on, empty. So, the question is, who could provide such functions for teachers, where emotions and events are processed, rather than just offloaded?

Although not the focus of this study, friends and family were helpful here, particularly if they were (ex-)teachers or H&SC practitioners. Whilst talking to them was acceptable in some situations, participants were aware that confidentiality regulations prevented them sharing details about individuals/their circumstances, which is why opportunities to access such support via the workplace are needed (Reid and Soan, 2018). Some saw colleagues as potentially being able to provide these functions, with a minority saying that a senior leader (including headteacher/principal) or close colleague already fulfilled the restorative role as needed (which they could not continue in teaching without), but there was no planned provision for the resourcing element.

Some participants felt that they provided both restorative, and (less frequently) resourcing functions for their colleagues. This had happened naturally as they did not '*go around wearing a badge*' but meant the same person got '*dumped with everyone's emotional issues*' and ended up not having time to meet their own demands/needs, which as seen in 4.2.1, affects psychological wellbeing. Formal buddy/peer support systems were raised as an option by a few but were quickly dismissed as unworkable for multiple reasons, e.g. the buddy might not have the requisite skills and knowledge to meet needs; if assigned to a buddy, you might not get on with them but if given a choice, the same person might get overloaded; there

could be stigma attached to being seen with a designated supporter, *'as it might look like you couldn't cope, even if you were talking about something else'*; and, as with the yoga sessions, if autonomy was reduced, time with a buddy might be seen as preventing another need/substitute being met. These are similar issues to those found by Kidger et al. (2016) following implementation of peer support systems for secondary teachers.

Both that and the current study also found that teachers did not want to upset/be a burden to their colleagues when they were already busy. But by far the biggest concern with speaking to a colleague for many, was confidentiality, and worry that what they said would get back to their headteacher/principal and be used against them in future. To a lesser extent, there was concern about how they would be viewed by their other colleagues. One of this study's participants said she did not want to *'be sitting across the room from a colleague in a staff meeting, wondering what they think of me because of what they know about me'*. This was a bigger issue for senior leaders, as linked to role identity, they felt they should be able to cope alone (Linseman, 2016). This makes it difficult for helpers to admit that they are the ones who need help and to reach out for it when they know they need it (Figley, 2002; Weingarten, 2003). Added to this was the view that it was unprofessional to speak to more junior colleagues, whilst not wanting to show higher-ups that they were struggling. One senior leader felt that this left her with no-one at school to talk to. At the same time, as a senior leader, she was also experiencing the flip-side of the issues above. She was concerned about her own competence and that when dealing with others' issues, she might *'open a can of worms and not be able to get the lid back on'*. She also worried that knowing information about a colleague could subconsciously affect her decision making, e.g. when allocating staff responsibilities. The findings, therefore, suggest that to be most beneficial to teachers' psychological wellbeing, the

person/people fulfilling the restoration/resourcing role should not be a colleague and definitely not a line manager.

This finding has implications that organisations currently introducing supervision training for senior leaders (so that they can supervise colleagues) need to be aware of. Firstly, some teachers may feel inhibited in being open and honest with them simply as a colleague, then as a 'higher-up' with positional and decision-making power (French and Raven, 1960). In addition, as shown here and in previous chapters, the senior leader, particularly if a teacher with designated safeguarding and/or inclusion responsibilities, may already: be one of the most conflicted members of staff, with associated reduction in psychological reserves; have higher dosage effects from exposure to others' suffering, so at higher risk of CSI; and have a heavy workload, so adding another role would create additional demands. These challenges should not be insurmountable, as for example, there could be reciprocal arrangements between schools, allowing senior leader/supervisor swaps, with the senior leaders getting their own supervision elsewhere. Ideally, however, schools would be more psychologically safe, as teachers working in such schools are more likely to be willing to share concerns with colleagues (Linseman, 2016). Schools also need to be better resourced, so that teachers have less unachievable demands and more time to talk, which could increase the potential to work together to find solutions to alleviate concerns, whilst also contributing to belongingness (Baumeister and Leary, 1995).

Returning to the views of this study's participants, beyond the desire for someone external, the question remains, who is best placed to provide restorative and resourcing support? Martha and Mary received such support through supervision, delivered by external supervisors. Although not all participants were familiar with supervision, once explained, with

its potential benefits, they all thought that all teachers of PEV&Ts should receive such support. The preferred choice for all was that any supervisor should have a teaching background, as using Killian's (2008) term, these were the ones perceived as best placed to 'get' the education system, its pressures and the challenges of being in a classroom. They did however want this person to have additional skills, knowledge, and training in supervision so that they could provide the restorative element. They also wanted them to be able to offer strategies for meeting PEV&Ts' needs and teachers' multi-faceted roles and responsibilities, therefore, also fulfilling the developmental element of supervision (Reid and Soan, 2018). Martha's supervisor met these criteria, plus she was a trained counsellor. Martha found her supervision '*fantastic [...] I go in there a complete mess and I come out with strategies and I feel I can cope again*'. But with tight budgets, she was waiting for it to be cut. Expense and purse-string holders not recognising the need for, or benefits of, supervision were raised by all participants as the main barriers to accessing supervision, particularly as in a performative culture where outcomes that cannot be measured by a short-term metric are not considered valuable (Ball, 2003). However, Martha felt that not having supervision would be more expensive as '*there'll be a lot more people going off sick*'. The cost-effectiveness of supervision was also claimed by Bainbridge and colleagues (2019).

Martha's supervision was, therefore, felt to increase her psychological wellbeing, however, Mary's experience was different. Her supervisor had a clinical not an education background. Participants felt that a supervisor with such a background would be preferable to no supervision, but felt strongly that without an education background, educator supervisors must still have a good understanding of the impact of PEV&Ts in the classroom and the pressures of the education system. Mary was not sure that her supervisor had this. She said, '*he can kind of talk the talk, but I don't know how fully he gets what it's like when you've got 30*

small people'. She felt that whilst *'not unhelpful [...] having a vaguely counselling experience at school doesn't overly work for me'*. She had not had a say in who her supervisor was and would have preferred someone from a teaching background. However, hers is only one experience, and she had only had three supervision sessions (despite it theoretically being mandatory for her prior to that). Again, this finding has implications for those offering supervision services to schools, as some insist on clinical/psychology-based qualifications but have no requirement for school-based qualifications/knowledge/experience. Not only does this potentially exclude teachers from a role that sustains and enhances their own profession, it may not provide teacher-supervisees with what they want/need, thus, limiting potential for success.

Besides the issues already given with accessing supervision-type support, more were raised. These were largely practical issues, e.g. when and where supervision would take place. There was also discussion, but no agreement, as to whether supervision should be mandatory. Some felt that if mandatory, employers would be more likely to provide it, but if imposed from above (e.g. government, trust/local authority or senior leader), teachers might view it with suspicion, and as another way of *'perpetuat[ing] punitive aspects of governmentality'* (Bainbridge et al., 2019:1). Given that most of Martha's colleagues did not receive supervision but wanted it because they saw the benefits to her psychological wellbeing, and that participants in this study could also see its benefits and wanted it, it seems that convincing teachers of the potential benefits of accessing supervision would be the easy part. However, as seen with other interventions, if offered, supervision would need to be implemented in collaboration with teachers, so as not to be considered something else (albeit expensive) that is done to them, that puts additional demands on their time, so becoming another challenge to, rather than support for, their wellbeing (Manning et al., 2020).

This chapter has focused on the support that teachers receive for their work generally and with PEV&Ts and the impact on their psychological wellbeing, further answering RQs1 and 2. Findings show that general wellbeing was supported when, rather than being an (often burdensome) 'add-on', it underpinned the school culture. Participants were stressed by demands being outweighed by resources and by the perception that others', particularly higher-ups, did not understand the additional challenges they faced when teaching PEV&Ts, or the impact on their psychological wellbeing. Although increases in all four areas of social support were needed, organised, rather than ad hoc, appraisal support (which extended beyond that with controlling significance) and emotional support were largely missing for most. These were considered particularly necessary when teaching PEV&Ts. Supervision was a desirable support strategy, as it could provide space for honest and open dialogue, where the focus did not need to be on self-protection, increasing psychological availability to focus on pupils' needs and the impact of these on psychological wellbeing; many (potentially resolvable) issues were highlighted with providing such an intervention. Findings also indicate that support needs to be matched to demands, highlighting another problem with the initial conceptual framework, adding to those given in previous chapters. Therefore, to facilitate a deeper understanding of teachers' psychological wellbeing and how it can be supported when teaching PEV&Ts, revisions to the initial conceptual framework are needed; these are considered in the next chapter.

Chapter Seven Revising the Conceptual Framework and Conclusion

7.1 Introduction

When I began this thesis, reference to teacher wellbeing was barely evident in national policy and documentation related to MH/wellbeing in schools; however, in the last few years this has changed significantly. Driven by concerns about teacher recruitment, retention and absenteeism, policy-makers have increasingly recognised the need to support teacher wellbeing (Gibb, 2020). In late 2018, using its areas of work design, the HSE published a *Talking Toolkit* specifically for schools (HSE, 2018b), to ‘help school leaders start the conversation, because [dialogue] is an important first step towards preventing work-related stress and actions employers need to take to comply with the law’ (p.4). Nevertheless, Manning and colleagues (2020) argue that a lack of well-conceptualised teacher wellbeing models and unclear definitions in policies, mean that interventions may not meet individual teacher needs and, therefore, fail to improve, or even harm teacher wellbeing. Given this, and that stress impedes the ability to nurture the increasing number of vulnerable pupils being taught (McBrearty, 2019), although the rationale for undertaking this research was to increase my own understanding of teachers’ psychological wellbeing so that I could better support those teaching PEV&Ts, the findings and related implications could have benefits which extend beyond the teachers with whom I work directly.

Following a review of stress/wellbeing literature in chapter two, an initial conceptual framework of teachers’ psychological wellbeing when teaching PEV&Ts was presented. However, this study’s findings and further engagement with literature show that the initial conceptual framework requires multiple improvements. These provide the focus in 7.2,

answering RQ3. How can the interplay of work-related factors and their impact on teachers' psychological wellbeing when teaching PEV&Ts be conceptualised? This draws on analysis of findings from RQ1. What are teachers' experiences of exposure to others' suffering when teaching PEV&Ts and how do they impact on teachers' psychological wellbeing? and RQ2. How do environmental factors at work impact on teachers' psychological wellbeing when they teach PEV&Ts?

The chapter continues with a brief re-cap of the initial conceptual framework before the revised conceptual framework is presented and explored. The subsequent sections consider the strengths and limitations of the thesis and state its contributions. A summary of findings and overall conclusion, along with implications for policy and practice and future research are given. The final words show the on-going, and currently heightened, relevance of this thesis.

7.2 Revising the Conceptual Framework

7.2.1 The Initial Conceptual Framework.

The initial conceptual framework was underpinned by a dialectical theory perspective of stress and wellbeing, as applied by Leon and colleagues (2015). At its simplest, this involves observing and explaining the dynamic interaction between opposing but interdependent forces. To aid identification of environmental 'forces' or factors relevant to teachers in this study, the areas of work-design as identified in the HSE's (2018a) work-related stress *Management Standards*, plus culture (previously rejected by the HSE) were used. In addition, to identify 'internal' factors, Maslach and Banks' (2017) categories of psychological needs/conditions for workplace wellbeing were used. Although some research related to teacher wellbeing has focused on comparing stress/wellbeing levels between professions

(Jerrim et al., 2020), this research sought not to say which profession had ‘better/worse’ wellbeing, but to establish whether anything could be learnt from other sectors. Drawing from H&SC, exposure to others’ suffering and compassion (incorporating CSat and CSI) were added to the areas of work-design and psychological needs respectively, to see if they were also impacting on teachers’ psychological wellbeing. Reflecting the importance of balance to psychological wellbeing (Ryff and Singer, 2008) and utilising Dodge et al.’s (2012) depiction of wellbeing, the areas of work-design and psychological needs were placed on a seesaw. Here, external and internal forces were represented as being ‘opposing forces’; mediation was placed in between, reflecting that humans can influence both internal and environmental factors (Vygotsky, 1978).

7.2.2 The Revised Conceptual Framework

7.2.2.1 Overview

Balance was repeatedly found to be relevant to teachers’ psychological wellbeing, and what is clear is that participants experienced many factors which they perceived as being at odds with each other, each with their own (dis)equilibrium. As these cannot be represented by a single fulcrum, the revised conceptual framework (see Figure 6) replaces the initial conceptual framework’s seesaw with a mobile. In the absence of a single fulcrum, areas of work-design and psychological needs cannot be represented together on opposite sides, so they are represented by shapes which distinguish between environmental and psychological factors. This acknowledges that the initial thinking was fundamentally flawed, as areas of work-design can conflict with/offset each other, as can psychological needs. Unlike in the initial conceptual framework, areas of work-design and psychological need dimensions are not fixed in the revised conceptual framework but are given as ‘banks’ to choose from. Different sized shapes (reflecting relevance at the time) can be placed on different levels (reflecting

importance over time), allowing greater flexibility, nuance and personalisation. Letters can be used to highlight: residue from unresolved historical issues; future desires or expectations; and cumulative/insidious risks, which if identified and addressed early, could reduce CSI and burnout symptoms (Stamm, 2010). Thus, the revised conceptual framework demonstrates, in a way that the initial conceptual framework cannot, that psychological wellbeing is not fixed and varies from person to person, and time to time (Robertson, 2021); that support needs to be bespoke and matched to the issue (Chrisopoulos et al., 2010; Lewis, 2017); and that psychological need satisfaction needs to be given, received and witnessed (shown using colours). Mediation is not included separately, as there was considerable overlap with areas of work-design.

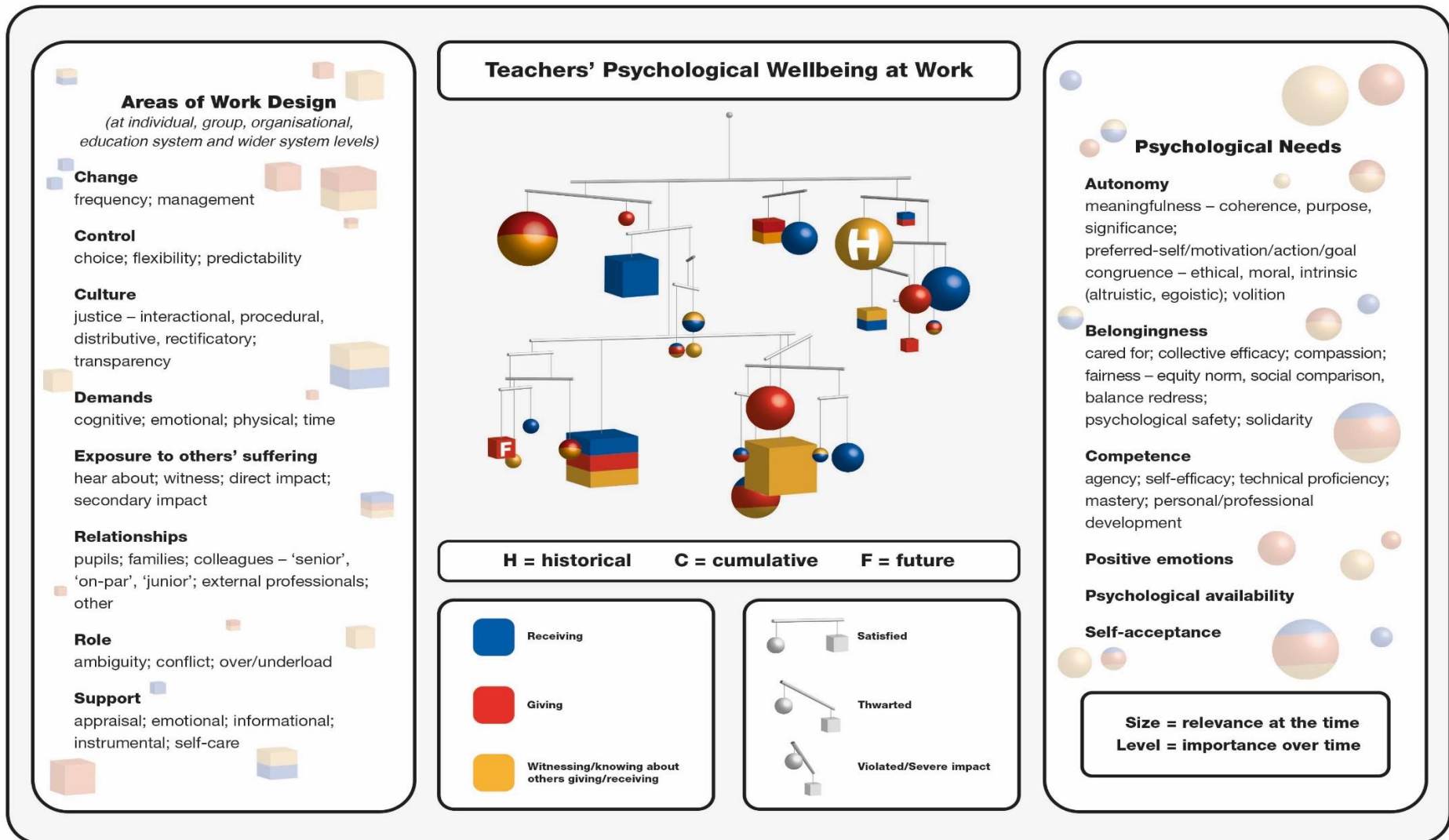


Figure 6 Conceptual framework for understanding teachers' work-related psychological wellbeing

7.2.2.2 A Closer Look at the Revised Conceptual Framework

Firstly, it is important to state that the revised conceptual framework is not intended to be used ‘mathematically’, with meticulously balanced opposing forces. Instead, it provides an interactive, visual representation of the complex interactions affecting teachers’ psychological wellbeing, thereby acting as a stimulus which encourages deeper reflection, engagement and ownership than is likely with the initial conceptual framework, or the mostly closed questions of the HSE’s (2018b) Talking Toolkit for schools. Multiple issues with the initial conceptual framework have already been illustrated in the analysis chapters and key features of the revised conceptual framework which resolve these have been given in the overview. The next section focuses on the elements included in the ‘banks’, as these are crucial for identifying potential stressors/wellbeing enhancers.

7.2.2.3 Areas of Work-Design and Psychological Needs

The effectiveness of using the HSE’s (2018a) areas of work-design to identify stressors is repeatedly affirmed in this study, e.g. *changes* to expectations in inclusion/safeguarding and the impact this had on teachers’ *roles* and the unboundaried *demands* they faced. The findings endorse the use of these areas of work-design in the Talking Toolkit for schools and the initial conceptual framework; thus, they are needed in the revised conceptual framework. However, as explained above, if only using these areas of work-design, important risks to teachers’ psychological wellbeing when teaching PEV&Ts could be missed, so exposure to others’ suffering was included in the initial conceptual framework to determine its (in)applicability to teachers in England.

Findings show that participants had been exposed to numerous situations where they perceived their PEV&Ts would be suffering. Consistent with other school-based literature that

focuses on pupil behaviour/MH (Tsouloupas et al., 2010; Blick, 2019), this study found that teachers were impacted by direct stressors and demands (disrupted teaching, physical assaults, extra workload), with associated consequences for psychological wellbeing. Whilst the Talking Toolkit for schools includes demands, it focuses heavily on workload/time but does not mention emotional demands. This is an important omission, given that, as with some other research, this study highlighted the relevance to teachers' psychological wellbeing of emotional demands (Tuxford and Bradley, 2014), including the emotion management needed to conform with display rules (Isenbarger and Zembylas, 2006), both in general and when exposed to the suffering of others.

This research also focused on the indirect stressors emanating from the empathic bridge to others' suffering (Weingarten, 2003). In this thesis, unlike in the hedonistic tradition which suggests that psychological wellbeing is dependent on the absence of negative affect (Deci and Ryan, 2008c), negative emotions are acknowledged as being necessary for psychological wellbeing when teaching PEV&Ts. As seen in 5.4, negative emotions associated with exposure to others' suffering stimulated compassion and motivation to alleviate the suffering, which when perceived as being successfully enacted, created CSat, contributing to positive emotions and enhanced psychological wellbeing. It was also noted that post-traumatic growth could result from negative emotional experiences, which, as suggested by Bonanno (2004), had sometimes, increased participants' resilience when facing negative emotions, including from exposure to others' suffering. However, frequently, and for various reasons, participants felt they were unable to successfully alleviate their PEV&Ts' suffering, and their inability to help created CSI symptoms (e.g. intrusive thoughts, guilt, powerlessness, reduced trust in self and others). Sadly, for most participants in this study, positive emotions and CSat were outweighed by negative emotions and CSI, although many noted this had not always been

the case. As balance is fundamental to psychological wellbeing, teaching PEV&Ts was considered to have become more costly than beneficial to participants' psychological wellbeing and the findings highlight consequences for sickness absence and tenure for some.

Unlike studies in North American schools, this study (although only ten participants) included teachers with and without specialist roles, and from schools ranging from well-below to well-above the national average number of disadvantaged pupils. Findings suggest that regardless of role or school context, and despite the difference in 'doses', and how they were experienced (e.g. CTs were usually more immersed in witnessing the impact, whilst teachers with designated safeguarding and/or inclusion responsibilities were likely to hear more narratives/details), exposure to others' suffering, CSI and (albeit less frequently) CSat were applicable to all. Thus, their inclusion in the initial conceptual framework, and therefore, the revised conceptual framework, along with positive emotions as a psychological need, is warranted.

In the revised conceptual framework, to reduce the risk of different demand-types being overlooked, they are explicitly mentioned as sub-categories. Whilst exposure to others' suffering could arguably be included as a sub-category, due to unfamiliarity with the uniqueness of its risks and benefits within the sector, it has been included as a distinct category. These (sub)categorisations facilitate a more nuanced identification of stressors/wellbeing enhancers than the initial conceptual framework or Talking Toolkit for schools, which is beneficial for identifying matched support (Chrisopoulos et al., 2010). Such matching could decrease the likelihood of wellbeing support being a tick-box exercise (Howard, 2020) and of wasting money on strategies that do not have long-term (if any) benefits (Manning et al., 2020). This is particularly important where CSI is involved, as mitigation against it requires specific

strategies (Bober and Regehr, 2006; Gentry and Baranowsky, 2013; Russell and Brickell, 2015). This finding is significant, as, by recognising exposure to others' suffering as an environmental hazard, and CSI as a natural consequence rather than a personal weakness (Schepers, 2017), such exposure and related emotional demands can be treated as predictable risks to teachers' psychological wellbeing; thus there are implications for policy and practice (see 7.6).

Important to this thesis is the view that it is often hazardous work environments rather than employees that need 'fixing' (Maslach, 2017:148). The Talking Toolkit for schools acknowledges this, focusing on organisational factors as experienced by individuals. Whilst this study's findings support this focus, they highlight limitations in the Talking Toolkit for schools, as it does not look beyond the organisation. Doing so is important in the context of education given that the findings of this study, along with an ever increasing body of research in the areas of performativity, high-stakes accountability practices, teacher motivation and wellbeing (outlined in chapters one and two), cite factors including cuts to other services, Ofsted, and the government, as influencing what happens in schools.

This brings us to culture, and, although excluded from the HSE's final standards as it underpinned all other areas of work-design (MacKay et al., 2004), this study's findings show that emphasising culture explicitly in the initial conceptual framework, and therefore, the revised conceptual framework, is not only justified, but crucial. In addition, the revised conceptual framework differentiates between individual level, organisational level and beyond. Although school culture was vital to participants' psychological wellbeing, without reference to the wider systemic culture or beyond (e.g. H&SC), this study found that many participants were initially limiting the blame for their stress (beyond the imbalance between demands and resources caused by funding cuts) to their senior leaders. When their narratives

were challenged during interviews, however, there was acknowledgement that senior leaders were responding to the same forces emanating from the performative culture/neoliberal agenda as they themselves were. This is important for teachers' psychological wellbeing as seeing situations from others' perspectives reduces *in/out* group behaviour (Decety and Cowell, 2015), increasing belongingness and associated benefits from collective endeavours (Bauer et al., 2008).

This thesis emphasises the benefits to psychological wellbeing of challenging narratives through dialogue, and supportive dialogue was something that participants valued and wanted but felt they lacked enough of. Multiple ways in which dialogue supported psychological wellbeing were highlighted, e.g. validation, offloading, learning and problem identification. Thus, this thesis endorses the sentiment underpinning the Talking Toolkit for schools and others which use dialogue for supporting teachers' psychological wellbeing, including for PEV&T specific issues (e.g. Hanley, 2017; Blick, 2019). However, some of these (e.g. Fonagy, 2018; HSE, 2018b) rely on talking to peers or line managers, yet the findings from this study, confirm Kidger and colleagues' (2016) view that participants were often reluctant (at best) to disclose struggles to colleagues, particularly line managers. Whilst for some this was linked to culture and a lack of psychological safety, another key reason was that they felt colleagues would not have the resources or requisite skills and knowledge to meet their needs, particularly where exposure to others' suffering was concerned. This has implications for providing support to teachers, e.g. who could deliver it.

Although the revised conceptual framework (even once developed into a resource with dimension explanations and descriptions of positive and negative outcomes, akin to Ryff (1995:101)) cannot completely resolve knowledge issues, it supports more readily with gaining

a deeper understanding of teachers' psychological wellbeing than the initial conceptual framework or Talking Toolkit for schools. Firstly, drawing on relevant theory/literature, sub-categories have been added, creating more detail. This provides additional insights into factors affecting teachers' psychological wellbeing and why it is important to consider them. In addition to the demands referenced above, culture, benefited from this. Applying the principles of organisational justice (Aydin and Karaman-Kepenekci, 2008) and extending these to systemic level, this study highlighted multiple ways in which participants, particularly those teaching most PEV&Ts/teachers with designated safeguarding and/or inclusion responsibilities, were experiencing injustice, and rooted in these practices were many of the dichotomies identified as impacting negatively on teachers' psychological wellbeing. Such understanding is useful as it has implications for what individuals can do to make a fairer organisation but also has implications for where to target collective responses to create a fairer education system.

Fairness emerged as a significant factor impacting on teachers' psychological wellbeing and is identified by Maslach and Banks (2017) as a psychological need. This brings us to the second key advantage of using the initial or revised conceptual framework, rather than the Talking Toolkit for schools. By including both areas of work-design and psychological needs, the initial and revised conceptual frameworks bring together environmental factors and potential psychological responses to them, thereby facilitating a deeper understanding of *how* and *why* teachers' psychological wellbeing might be impacted by their work than is facilitated by the Talking Toolkit for schools. Whilst this is not a new approach, unlike some other studies which focus on one/a few areas of work-design or psychological needs (e.g. Skaalvik and Skaalvik, 2011; Worth et al., 2020), this study took a more holistic approach. This supports

with identification of risks and potential mitigators found in the complex interactions between dimensions.

This is important, as this study's findings show that psychological need satisfaction in one area does not necessarily lead to improved wellbeing in other areas, or overall. For example, as illustrated by Jane's 'hanger' in 4.2.1, acting altruistically had knock-on effects for restoring physical and psychological energy which impacted on her efficacy in afternoon activities. This also indicated the importance of psychological availability (Kahn, 1990) to psychological wellbeing; thus, although not included in the initial conceptual framework, it has been added as a psychological need in the revised conceptual framework. In addition, it also seems likely that whilst offsetting is vital to psychological wellbeing, there are tolerance thresholds (Kahn, 1990); if one of the facets is violated/imbalance well beyond that which is acceptable to the individual, presence of other facets is unlikely to compensate (e.g. if feeling psychologically unsafe with the headteacher/principal, feeling cared for by less powerful colleagues did not compensate enough to increase psychological wellbeing). This cannot be shown in the initial conceptual framework but could be identified by severity of tilt in the revised conceptual framework. It also highlights an issue with the initial conceptual framework's psychological needs.

The initial conceptual framework began with the basic psychological needs of SDT (autonomy, belongingness, competence) (Deci and Ryan, 2008b); however, when trying to analyse the data, these basic psychological needs were too broad and could not show that one facet within a basic psychological need could be present when another was simultaneously absent, or that they could conflict with each other (e.g. morality/ethicity; altruism/egoism). Other researchers have highlighted issues with only having three basic psychological needs and

have suggested additions, including morality (Prentice et al., 2019), beneficence (Martela and Ryan, 2016) and meaning (Martela and Steger, 2016). All of these are evident in this study's findings, as are the yet undiscussed additional dimensions included in the initial conceptual framework.

Having these additional dimensions provided nuance and more detail, thereby aiding understanding; however, when deciding which dimension to allocate a psychological response to, at times there was overlap. In the revised conceptual framework, this was overcome by making some of the initial conceptual framework dimensions into sub-categories (e.g. including psychological safety, fairness, and compassion as part of belongingness). But, extra elements were also needed, either as distinct categories or sub-categories. In addition to the reasons given above, new facets were needed to clarify the use of language. The best example of this related to competence, as perhaps unsurprisingly given the panoptic control (Page, 2016) most felt, participants were limiting their view of competence to judgements made against externally set standards. Technical proficiency has, therefore, been used to represent this important but not exclusive aspect of competence.

In contrast to the additions, beneficence, although relevant to participants' psychological wellbeing, has not been included in the revised conceptual framework's bank of psychological needs. Concurring with Martela and Ryan (2016), my findings show a need to distinguish between being the benefactor and beneficiary (i.e. *giving* and *receiving*) but this was not independent of other psychological needs or areas of work-design, e.g. personal feelings of competence and belongingness resulted from improving others' competence; whilst congruence between preferred selves and actions suffered when thwarting/violating others' psychological need for autonomy when expecting them to prioritise 'caring' over

'performing'. Rather than differentiating between giving and receiving as separate psychological needs or sub-category of belongingness, this thesis argues that they are applicable across multiple dimensions. In the revised conceptual framework, this is accommodated by using different colours, acknowledging that some situations will involve more than one colour. Furthermore, given the importance to this study of the impact on participants' psychological wellbeing (moral injury, CSI, CSat) of knowing about, witnessing and/or immersion in others' distressing situations (colleagues and pupils), there is a need to know that others are receiving/giving psychological need satisfaction from/to others; this also requires a colour.

This leaves one psychological need category from the revised conceptual framework unaddressed. During the literature review, self-acceptance was noted as an element identified by Ryff (1995) as important to psychological wellbeing, yet it was not included in the initial conceptual framework. Analysis of this study's data shows this was a significant oversight. Self-acceptance involves the unconditional acceptance of self, regardless of the outcome of one's behaviour or others' approval (Popov, 2018). This was problematic for over half the participants on both counts, with a clear distinction between narratives from participants working in *team schools* and participants working in *them and us schools* (all of whom had taught in schools in SpMeas/RI and were teaching high numbers of PEV&Ts/were teachers with designated safeguarding and/or inclusion responsibilities).

For participants working in *them and us schools*, higher-ups' approval was considered vital for role/job tenure, and yet, they reported nearly always feeling that whatever they did, it would not be good enough. Secondly, in an attempt to try to be good enough in higher-ups' eyes, they behaved in ways that were incongruent with their preferred-selves (Kahn, 1990).

Goals and actions were directed towards need substitutes (Deci and Ryan, 2008b), creating multiple dichotomies which were insufficiently balanced to support psychological wellbeing, including: them/us; autonomous/controlled motivation, and crucially to participants' psychological wellbeing, pupils' needs versus their own self-protection. Their desire to make a difference to their PEV&Ts' lives remained but their willingness to do so in the way they felt was in the pupils' best interests reduced. Although this could often be tolerated in the short-term, when actions were evaluated against personal moral codes which defined their felt responsibilities to their pupils (Sugrue, 2020), their narratives show that over time, they questioned their achievements and abilities, leaving them dissatisfied with what their careers amounted to. Without exception, they had either left teaching, or wanted to. This was not the case for participants working in *team schools*, who had no plans to leave.

Whilst only based on ten teachers' experiences, this finding has important implications for teachers' psychological wellbeing and retention. According to MacInnes (2006), self-acceptance can be fostered by being supported to learn from mistakes and accepting that we are fallible. This is problematic for many teachers in their current situations as 'there is not even an inch' for fallibility (McBrearty, 2021) and the related consequences, as perceived by participants working in *them and us schools*, meant that they did not feel the psychological safety necessary to admit mistakes, or to show any kind of vulnerability (Edmondson, 2014) to their higher-ups and often their colleagues.

In 4.2.3.2, I suggested that findings indicated psychological safety and self-acceptance required fairness. Using Social Inequity Theory (Adams, 1963), I explained how perceived unfairness impacted on psychological wellbeing when teaching PEV&Ts and how balance redress from reducing effort was not an option due to self-protection and/or altruistic reasons.

However, adjusting effort is not the only way to redress balance. One solution, as demonstrated by Suzanna and Jo, is to leave (ibid), clearly compounding, not alleviating teacher retention issues.

Another solution involves adjusting the outcomes/benefits to make them more acceptable (ibid). For those working with the most PEV&Ts or teachers with designated safeguarding and/or inclusion responsibilities in this study, that meant not punishing them for factors beyond their control and recognising and celebrating the contributions that they made to pupils' holistic development. This would allow them to act in line with their values (Skaalvik and Skaalvik, 2011), to find meaning in their work (Brunzell et al., 2018), and when exposed to others' suffering, could increase the likelihood of CSat (Stamm, 2010); according to the revised conceptual framework, all contributors to psychological wellbeing. Thus, this thesis adds to the many voices (e.g. Barton, 2020; Baird, 2021; Ball, 2021) calling for a culture shift in the education system, away from judgement, competition, blame, silence and exclusion, to collaboration, support, agency, voice and inclusion. This does not mean no regulations or accountability; it means fair and transparent accountability against goals which are appropriate for the context, rather than a 'one size fits all'. Whilst this will not remove the dichotomies identified by this study's participants, the findings suggest that it could bring them closer to equilibrium. It is such balance, rather than the absence of dichotomies that this thesis argues are central to teachers' psychological wellbeing when teaching PEV&Ts.

In bringing this study's findings and literature together to produce the revised conceptual framework, this chapter has responded to RQ3. In applying a dialectical perspective to teachers' psychological wellbeing, the revised conceptual framework's mobile-approach demonstrates the dynamic and complex interactions between environmental and

psychological factors present when teaching PEV&Ts. It shows that it is not the presence of dichotomies that is problematic to psychological wellbeing but that there is a need for an acceptable balance between the resultant tensions. This acceptability varies from person to person, time to time, and facet to facet, and therefore, needs bespoke, matched support which creates ('near-enough') equilibrium. Despite its strengths, the mobile-approach can only ever be a partial representation of the dynamic interactions between multiple factors at play in our lives and would benefit from additional connections between shapes. It would also benefit from being enclosed within 'dream-catcher-type hoops', to include ecological factors, as with Bronfenbrenner's model (1989); however, in a two-dimensional representation, this risks becoming overly 'entangled'.

7.3 Research Limitations and Strengths

The findings of this thesis must be considered in the light of its methodological strengths and limitations. Common strengths and limitations of the study's methodology and how they were addressed were included in chapter three, so will not be revisited here. However, when applying Tracy's (2010) best practice in qualitative research criteria, some key points specific to this study remain.

As with much small-scale research, diversity amongst participants was limited (e.g. none were under 30; all identified as female; none were from 'outstanding schools'; all were white British and from a limited geographical area). Although issues related to representativeness and applicability across a broader population are pertinent (Cohen et al., 2011), given the validation process, it seems that the findings may resonate with many who teach PEV&Ts.

Sincerity in research can be achieved through self-reflexivity (Tracy, 2010), and when reflecting on the data, I was disappointed by the lack of mentions of positive effects on participants' psychological wellbeing when teaching PEV&Ts. Although researcher positionality/influence was considered in chapter three, perhaps the tools used were more influential than anticipated. The criteria shared with participants to define psychological wellbeing at the start of data collection were worded entirely positively, and when asking the interview questions, I followed a negatively oriented question with a positive equivalent. However, as the order of questions can make a difference in wellbeing research (White and Blackmore, 2016), perhaps I had already set a negative tone through the measures taken to reduce potential emotional harm to participants when discussing the impact of exposure to others' suffering (disclosure during the recruitment and consent processes; giving numbers of services that provide emotional support; and using vignettes to normalise discussion of suffering). An alternative explanation could be that the prevalence of negative responses reflects the pathogenic approach to wellbeing (Trần, 2020), which dominates related discourse in the research context (Roffey, 2012). Or it may simply be that the ratio reflects participants' work-life, which given the current retention and wellbeing crisis (Kelly et al., 2020) in teaching, particularly affecting mainstream schools serving PEV&Ts (Allen and McInerney, 2019), seems plausible.

Given this on-going 'crisis', there are organisational, systemic, political and societal reasons for this research, which makes it timely and relevant, thus fulfilling Tracy's 'worthy topic' criteria. Research should also make a 'significant contribution' (Tracy, 2010); whilst caution is needed in the light of the research limitations, contributions of this thesis will now be given.

7.4 Thesis Contributions

Firstly, findings from this study challenge wellbeing research and initiatives which reduce teacher wellbeing to 'measurables', e.g. hours worked, or teacher pay, because in ignoring teachers' motivations and the immeasurable 'weight' of the emotional/psychological impact of their work, important sources of stress are missed. By applying what is known about the impact on psychological wellbeing of working with V&T populations in sectors such as H&SC, this thesis has identified the importance of exposure to others' suffering, specifically, the relevance of its secondary impact when teaching PEV&Ts. This thesis, moves the concepts and language of CSI and CSat into the professional discourse of teaching in England. Recognising the teacher as a witness, 'knower' and 'helper', who is immersed in suffering, contributes to knowledge by viewing teacher stress/wellbeing from an alternative perspective, thereby providing new insights into the problem of teacher wellbeing and extending research in this field. Similarities and differences in how exposure to others' suffering may impact by role and the national average number of disadvantaged pupils have been identified and ways of countering these specific risks, likely to be helpful to all teachers, have also been identified. This knowledge is useful, as stress resulting from traumatic experiences, even vicarious ones, disrupts psychological wellbeing in a way that is not always readily remedied by more conventional stress relief strategies (Gentry and Baranowsky, 2013). One such recommended strategy is supervision, but this research identified issues which have implications for future researchers, policy-makers, and practitioners alike, e.g. a lack of its understanding and of a definition of supervision suitable for the school context. A new working definition specific to education is, therefore, offered (see 7.6).

Secondly, by conflating this study's findings and multiple stress and wellbeing theories, this thesis presents a conceptual framework which illustrates the importance of balance to psychological wellbeing in a novel and nuanced way. Its mobile approach indicates the multi-faceted, complex and dynamic nature of teachers' psychological wellbeing when teaching PEV&Ts. In creating banks of dimensions, it gives detail to deepen understanding, whilst providing flexibility, thereby demonstrating that stressors and wellbeing enhancers need to be matched, and that psychological wellbeing is personal and temporal (Chrisopoulos et al., 2010). Also highlighted are the long-term effects of residual emotions from historic events, cumulative effects of stress, and future expectations on current teachers' psychological wellbeing. The framework can be used as a tool to inform future research but can also be developed into toolkit to support with wellbeing conversations in the workplace. The revised conceptual framework is, however, 'untested' and has been designed based on only a small number of participants, thus, future research is needed to gauge its transferability to others.

In addition to making contributions to knowledge, knowledge gained from this study has been shared in a variety of ways, thereby contributing to policy and practice. In relation to policy, in the planning stages, literature reviewed combined with experience in the field afforded contributions to National Audit Office and House of Commons Education/Health Select Committee consultations, including: alternative provision/illegal schools; the efficiency and effectiveness of Ofsted; and a response to the green paper, 'Transforming C&YP's MH Provision'. Key findings following data analysis have been shared with Barnardo's Scotland, feeding into their discussions with Scottish government related to supervision in education, and with the Chartered College of Teaching, which fed into the government's advisory group focusing on teacher wellbeing.

On a practical level, findings have been shared with others researching and/or delivering coaching or supervision to teachers. In collaboration with the Centre for Supervision, Training and Development (Bath) and a group of educators, further research has been conducted exploring teachers' perceptions of supervision and courses are currently being developed in response to these findings. These will provide training in education specific supervision, one course for teachers and another for qualified, non-teaching supervisors. Information in the form of articles has also been shared with local school leaders. One article explained the benefits of coaching to general wellbeing; another introduced the concepts of CSI and CSat, and the role that supervision can play in supporting teachers' psychological wellbeing when teaching PEV&T, or when in a designated safeguarding or inclusion role.

7.5 Summary of Findings and Conclusions

The findings of this qualitative research are based on the narratives of ten experienced female teachers from mainstream state primary schools in South-West England. Data was gathered from questionnaires (providing background information) and semi-structured interviews.

In essence, the main findings contributing to the research aim of providing an understanding of teachers' psychological wellbeing and how it can be supported when teaching PEV&Ts, are shown in the revised conceptual framework presented in 7.2.2. This reflects that key to achieving psychological wellbeing is a complex balance involving myriad dualisms and tensions; each of which is subject to a tolerance threshold and unique to each teacher. Conflating multiple theories, the revised conceptual framework supports with identifying these tensions. In addition to the traditionally acknowledged areas of work-design (HSE, 2018a) and psychological needs/conditions for workplace psychological wellbeing

(Maslach and Banks, 2017), the revised conceptual framework adds culture, exposure to others' suffering and compassion (incorporating CSI and CSat). Its mobile-approach communicates that specific stressors/strains need to be offset by matched wellbeing enhancers (as perceived by the individual). Historical and/or cumulative factors and expectations for the future are shown as relevant to teachers' psychological wellbeing, as is the need to give, receive and witness others giving/receiving psychological need satisfaction.

In terms of the psychological wellbeing of participants in this study, findings indicate the relevance of exposure to others' suffering and that teachers, regardless of role or school context, had experienced CSI symptoms. It is, therefore, concluded that CSI is relevant to teachers and is a predictable risk to teachers' psychological wellbeing. As such, employers have a duty to mitigate against both direct/primary and indirect/secondary risks associated with exposure to the suffering of others. Supervision, whilst not currently available to most, was seen as a desirable means of providing such mitigation, although many (potentially solvable) challenges were identified (e.g. purse-string holders not recognising the need for it; lack of people with requisite skills and contextual knowledge to provide it). CSat was also found to provide a powerful buffer against CSI; however, for most, CSat was only fleeting and opportunities to experience it had reduced in recent years. The thesis concludes that it is largely the *not* helping, rather than the helping which is most detrimental to teachers' psychological wellbeing.

Findings indicate that participants defined their helping and other professional responsibilities using a personal moral code (Edling and Frelin, 2013), which stimulated altruistic motivation. However, this code was frequently violated when intolerably imbalanced dichotomies associated with a neoliberal agenda of cuts to public spending and a performative

culture (Ball, 2003) made it impossible, or too dangerous to adhere to. For the former, budget cuts meant there was insufficient support to meet PEV&Ts' needs; thus, participants were in a 'no-win' situation, as no moral option was available (Levinson, 2015). For the latter, high-stakes accountability practices unfairly blamed and penalised those teaching PEV&Ts (including role/career loss), resulting in a lack of psychological safety, which created a fear of speaking out and of showing preferred selves. This meant that controlled motivation subsumed key sources of meaning, altruistic motivation, and enjoyment for teaching PEV&Ts, as self-protection (Kahn, 1990) and need substitutes (Deci and Ryan, 2008b), rather than meeting others' welfare needs became the key motivators for some. Critically for participants' psychological wellbeing and the desire to remain in teaching, self-acceptance was negatively impacted by the resultant incongruence between preferred selves, and behaviour and outcomes.

Such lack of psychological safety and self-acceptance linked with moral code violation, when added to dosage effects from exposure to others' suffering and lack of social support, increased the risk of work-related stress, CSI and moral injury. These reduced psychological availability, which in turn was detrimental to effective performance and impacted on the satisfaction of all psychological needs, and thus, participants' psychological wellbeing. As teacher wellbeing is suggested as being important to pupil wellbeing (Harding et al., 2019), their progress (Glazzard and Rose, 2019) and public spending (Monitor DeLoitte, 2017), they arguably work against the outcomes so desirable in neoliberalism (Lynch, 2017).

Therefore, the thesis concludes that the assumption that competition and high-stakes accountability practices are the best way of raising standards for PEV&Ts is seriously flawed. For most participants, they created a fear and the need for self-protection, limiting their ability

to meet PEV&Ts' needs and simultaneously diminishing trust in themselves and others. This meant that the anticipated, and previously felt benefits of teaching PEV&Ts were outweighed by the costs, thus psychological wellbeing suffered, which impacted on desire to remain in the profession.

To improve teachers' psychological wellbeing when teaching PEV&Ts, therefore, and potentially ease retention and absenteeism issues, this thesis suggests that the government and policy-makers might do better to foster the altruistic motivation and commitment to social justice that so many teachers have (Towers, 2020), rather than using punitive judgements. As illustrated herein, working with V&T populations comes with risks of its own; these should not be added to by an unfair system which penalises teachers of PEV&Ts for acting compassionately and with moral purpose. Instead, these teachers should be able to experience the heightened benefits to psychological wellbeing, manifested as positive empathy and CSat (Andreychik, 2019). For this to happen, there needs to be a culture shift, and tensions between the dichotomies associated with neoliberalism, if not completely balanced, at least need to be brought within tolerance thresholds.

This requires that an adequately resourced, fair system which takes context into account and values both teachers and pupils holistically, is given precedence over a socially unjust performative culture. Teachers need to feel psychologically safe to be open and honest about the impact of their work and their struggles, rather than silenced by them, so that they can learn from them. This requires a tuning in to emotions and the use of professional discourses to (p)reflect on/in practice (Hawkins and McMahon, 2020). Whilst supervision and certain types of coaching (see 2.2.5.1) can help with this, more generally, teachers' psychological wellbeing needs to underpin a school's ethos and social support should focus on both

individual agency and environmental mastery but also on collective efficacy, collective agency and relational resilience. Teachers should be treated as professionals, who not only know how to do their jobs but are given the tools they need to do them. They need to use their voices to call out injustices and to teach with integrity, working in solidarity rather than in competition with each other.

Thus, much needs to be done to support teachers' psychological wellbeing, both generally and when teaching PEV&Ts. It must be remembered that whilst teachers have a duty of care to their pupils, teachers must also be cared for when they are doing so (HSE, 2018b). The revised conceptual framework can help with this, and this research has implications at many levels (systemic to individual) and across a range of stakeholders (teachers, governors/trustees, trainers and inspectors). Key implications with suggestions relevant to policy and/or practice which need to be heeded to reduce risks to, and indeed, to enhance teachers' psychological wellbeing when teaching PEV&Ts will now be given.

7.6 Implications and Recommendations

Firstly, the unique risks and benefits to psychological wellbeing of exposure to others' suffering (CSI and CSat) need to be acknowledged as relevant to teachers. Measures need to be put in place, both in policies and practice, to mitigate against the primary and secondary risks of related dosage effects. Suggestions include:

- Education practitioners and those involved in making policies, decisions and/or judgements about practice (including Ofsted) should receive training on work-related stress/psychological wellbeing which includes exposure to others' suffering and CSI/CSat, so that there is a shared professional discourse (Leijen et al., 2020) and a better understanding of the potential impact of working with PEV&Ts.

- Risk assessments must assess the psycho-social hazards (including cumulative and historical), as well as physical hazards of teaching. Where possible, teachers should be involved in this process and in identifying matched support strategies, as increased ownership can increase the chance of successful implementation (Briner and Walshe, 2015).
- Teachers and those working with PEV&Ts should be equipped with the knowledge and tangible resources to meet their PEV&Ts' needs. This should include being trauma-informed (as standard, not as the '*privilege*' Maria described it as), and when new requirements are introduced or included in initial teacher training, training should also be available for experienced teachers, where needed. This training should be followed-up with regular needs-based training, advice, and support, where it is remembered that teachers are not H&SC workers and will usually be working with more than one pupil at a time
- Opportunities for reactive support, e.g. respite/recovery for at least a few moments after acutely distressing events; debrief opportunities; and awareness of employee assistance programmes/organisations (e.g. Education Support) offering restorative support/counselling
- Opportunities for protective support/psychological resourcing, on the basis that 'an ounce of prevention is better than a pound of cure' (Bontempo and Malcolm, 2012). Supervision was considered desirable for all, but essential for those with acute/insidious exposure to others' suffering, whether CTs or teachers with designated safeguarding and/or inclusion responsibilities; this could also help with 'no-win'

decision-making and its consequences (Levinson, 2015). As multiple issues were identified with such provision, the following suggestions are made:

- o Supervision provided should be education specific, reflecting the multi-faceted nature of teachers' roles and responsibilities (i.e. it should not be assumed that H/SC models will be effective for educators). Suitable training needs to be available so that, in time, supervision in education can become more self-sufficient, i.e. delivered by supervisors with a teaching background, rather than being heavily reliant on supervisors from other sectors. In the meantime, supervisors new to education supervision, from a non-teaching background, may benefit from increasing their knowledge of the education system. The training developed at Bath CSTD in response to this research could support with these.
- o Where teachers, leaders and purse-string holders are unfamiliar with supervision, information on its purpose, benefits and how to be a good supervisee will be needed. A new education-specific working definition, clearly distinguishing supervision from performance management-type judgement/surveillance may be useful. As a working definition, I propose:

Supervision in education is a non-judgemental, collaborative process where education practitioners are supported to reflect on their values, practice, relationships, the emotional demands of their work and the impact of these and the wider education system on their psychological

*wellbeing. It can contribute to best practice, effective relationships, enhanced wellbeing, and professional and personal development*²⁶

- Increasing opportunities for teachers to feel CSat, to observe others being treated compassionately, and to be treated compassionately themselves, as this increases care-giving capacity (Figley, 1995).

In 7.5 it was explained that opportunities to experience CSat and other psychological need satisfaction when teaching PEV&Ts were reduced by budget cuts and a performative culture. For some, this resulted in intolerable disequilibrium in the multiple dichotomies it created, triggering a desire to leave the field. As balance is key to psychological wellbeing, redress is needed; in the words of one participant this means *'the whole focus has to change so hugely. Instead of a feeling of judgement, there should be a feeling of being nurtured'*. Suggestions as to how this could be achieved include:

- Wellbeing should pervade the school's culture and looking after teachers should be considered vital, not indulgent (McBrearty, 2021). Transformational rather than transactional leadership made a substantial difference for this study's participants (so there are implications for the type of leaders appointed to schools serving high numbers of PEV&Ts). This requires that the current short-term 'quick-fix' focus needs to be changed to a more sustainable one, which also considers the longer-term needs of society more widely (Baird, 2021)
- Creating a fairer system, which does not: reduce everything that a school does to a single grade; fail to take account of context; or blame and punish teachers for being unable to resolve societal issues that are beyond their control (Ball, 2010). Where

²⁶ Adapted from Hawkins and Shohet's (2012:5) definition with input from Judy Ryde.

issues are within teachers' control and they have failed to act appropriately, accountability practices should be transparent, proportionate, and ethically applied

- Instead of the focus being dominated by measurable and largely academic outcomes, greater recognition and esteem should be given to the 'caring' work that teachers do
- Instead of competition, there should be collaboration. Those who benefit under the current system need to stand in solidarity with those who do not (e.g. through movements such as More than a Score and Burn Brighter: Change for Education), and inclusion should provide extra opportunities for psychological need satisfaction, rather than being career threatening/ending
- Limiting the 'feedback fallacy' (see 6.3.3), so that time and resources used for surveillance and punitive judgements, could be redirected to support, e.g. through lesson study, coaching and/or supervision, where reflection and prefection are facilitated.

These measures should enhance psychological safety and availability and make it less dangerous for teachers to use their voices and to act in line with their personal moral codes; thus, creating space to focus on their own and others' holistic needs, rather than silence, self-protection and need substitutes. This would promote psychological need satisfaction, particularly self-acceptance, which was key to participants' psychological wellbeing, and impacted on absence and desire to remain teaching PEV&Ts, so could be helpful in alleviating the current wellbeing and retention problems (McBrearty, 2021).

7.7 Future Directions for Research

This research has extended conceptual understandings of teachers' psychological wellbeing when teaching PEV&Ts but has raised further questions and avenues which might usefully be explored in future research. These include:

- Developing the revised conceptual framework into a practical tool (see 7.2.2), with research undertaken across a broader range of settings/demographics to establish its usefulness in identifying issues impacting on teachers' psychological wellbeing (and possible solutions), particularly when teaching PEV&Ts. This should include those with a foot in both leadership/ and teaching camps
- Further exploration of CSI and moral injury in teachers in different situations (e.g. NQT/RQT, Ofsted category, age of pupils/students taught, geographical location, sex), which could also be extended to include ecological factors (e.g. using Bronfenbrenner, 1989). This might also usefully investigate the relationship between CSI and CSat, and between CSI, moral injury and burnout
- Exploring the relationship between CSat and intention to remain in the field when teaching PEV&Ts
- Evaluating the role of both coaching and supervision in supporting teachers' psychological wellbeing when teaching PEV&T and how this could be delivered, including: whether there is a difference in impact on psychological wellbeing between engaging in coaching or supervision; who is best placed to deliver this, e.g. qualified/trained/untrained; internal/external provider; teaching/non-teaching

background; does/how does what is delivered need to differ according to teaching role and between teaching and other helping sectors?

- Investigating the ways in which teachers are ‘silenced’ and the impact this has on PEV&Ts’ wellbeing, individual teachers’ psychological wellbeing and psychological wellbeing across the teaching population, as ‘silence and secrecy rarely keep people safe’ (Weingarten, 2003:245). The use of non-disclosure agreements, and arguably settlement agreements in general, warrants particular attention, as ‘legal and just do not always go together’ (Decety and Cowell, 2015:3), and as demonstrated by this study’s findings, justice is vital to teachers’ psychological wellbeing, and to their ability to meet PEV&Ts’ short and longer-term needs.

7.8 Final Words

In the process of validating my findings, I have had further contacts with most of my research participants and spoken to those providing wellbeing coaching or supervision to teachers. In the light of changes since data collection, specifically the government’s and Ofsted’s new emphasis on teacher wellbeing and a broader curriculum (Ofsted, 2020), I hoped that the findings would be confirmed as accurate at the time, but that participants’ psychological wellbeing had since improved. However, not only did narratives confirm my findings, they also confirmed their on-going relevance, as practices had not improved. Notable examples include:

- less PEV&Ts-related support due to funding cuts
- ‘new’ Ofsted inspections meant ‘*a two-pronged attack with more areas the school can be failed on*’ (as predicted by Rose)

- more participants (or their colleagues) had left teaching. Reasons included: work-related stress early retirement; settlement agreement following a grievance against an employer (compensation conditional to signing a non-disclosure agreement); arrival of a transactional leader, with colleagues leaving without new jobs; and a SENDCo's on-the-spot dismissal (reportedly after raising concerns about senior leaders re-directing SEND funding away from CWSEND).

Even more recently, coronavirus has had a huge impact on the country (and beyond). Although all pupils have had learning disrupted, and many pupils have suffered bereavement, will be frightened for their own or their loved ones' safety, a 'COVID-19 gap' has been created, hitting the most vulnerable hardest (Lancet, 2021). Bearing in mind McBrearty's (2019) statement (see 1.1) and the findings of this research prior to the pandemic, this thesis has even greater significance now.

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Appendix 1 Categories of Vulnerability and Trauma

Type of vulnerability/trauma
Children receiving statutory care or support – including children in care, or in custody and those being supported by children’s services.
Children known to have experienced neglect or specific intentional personal harm – including children who have been abused, exploited, bullied or who have witnessed domestic violence
Children with a disability, ill-health or developmental difficulties – including mental ill health and special educational needs.
Children in households or families with characteristics or locations that indicate higher potential likelihood of current and future harm – including poverty, homelessness, growing up in a household where there is an adult with: alcohol/drug dependence, mental health needs, or a parent/sibling in prison
Children who are vulnerable or of concern by virtue of their identity or nationality – including LGBTQ+ children and young people and refugees
Children at risk in relation to activity or institutions outside the home – including children involved in gangs or radicalisation
Children caring for others - including children caring for their parents or siblings
Children who have experienced a family tragedy - including bereavement, separation/divorce, attempted suicide or murder, parental job loss, familial financial worries, criminal investigation, health crisis
Children who have been directly involved in an accident or one-off traumatic experience for example car, fire, explosion, physical attack, community or natural disaster
Children who have witnessed a traumatic incident where the victims were not close friends or relatives – e.g. car accident, fire, assault

Appendix 2 Recruitment Criteria and Rationale

- A minimum of three PEV&Ts was chosen so that participants would have experience to draw on.
- Although no two teachers will have the same experiences, even within the same setting, there are some common differences between school types (for example: primary and secondary; special and mainstream; private and state) and the exploration of all these would be beyond the scope of a dissertation of this length
- Primary school teachers were less likely than their secondary colleagues to have access to specialist school-based services related to meeting the needs of PEV&Ts, e.g. counsellors and usually spend more time with the same children (Place2Be/NAHT, 2016)
- Primary teachers are more likely to have regular contact with the children's families (Speck, 2019) and are more likely to report a safeguarding concern (BBC, 2014)
- In research conducted by Ekornes (2017), the younger the child, the more teachers felt responsible for supporting their pupils' mental health needs. Although there are teachers engaged in teaching pupils younger than those of primary age, in England, assessment of children's learning and development is not statutory until the end of the academic year in which they turn five. As statutory assessments are widely blamed for decreasing teacher wellbeing (see chapters one and two), teachers who were not accountable for the attainment of pupils five years old or above were not included in this study.
- The majority of primary teachers are directly engaged in teaching and this contact with children differs from those with no teaching responsibility, it also has different challenges. Some teachers with leadership roles were also included to reflect that in

primary schools many teachers have multiple roles. Unlike most research where teachers tend to be allocated as either class teacher or leadership team member (e.g. ESP, 2018; Ofsted, 2019), I wanted an opportunity to explore the similarities, differences and interplay between these multiple and often conflicting roles. Also, unlike other research which focuses on teachers' work with specific types of PEV&Ts (e.g. behaviour (Tsouloupas et al., 2010), mental health (e.g. Kidger et al., 2016) or teachers with designated safeguarding and/or inclusion roles (e.g. Reid and Soan, 2018)), I wanted to explore whether there was commonality in impact on teachers' psychological wellbeing when working with PEV&Ts across the different roles. This reduces the chance that those in one role will be privileged in research terms whilst those who may have similar issues but do not have that specific role, are overlooked

- Mainstream teachers generally teach larger classes than those teaching in a special school setting
- Based on professional conversations and observations, teachers in special schools are more likely to have access to specialist support and facilities related to their pupils' specific needs
- Unlike state schools, private schools are not dependent on the government for the majority of their income
- As a former primary school teacher/leader, SENDCo and DCPO, my expertise lies in working with primary school children, their families and their teachers/support staff
- Whilst I consider that paraprofessionals such as learning support assistants and learning mentors play a vital role in supporting pupils in mainstream schools and are thus a group worthy of research, they were not included in this study for a number of reasons, which include: they are not subject to the same set of professional standards as

teachers and usually do not have as many duties to execute; they are not usually held accountable for the pupils' academic progress in the same way as teachers; they often spend more time alone with the PEV&Ts or work with them in smaller groups than the class teachers; they are not usually remunerated as well as teachers; they usually have limited input to decision-making and their wellbeing receives even less attention than teachers.

- Caring for and educating young children have traditionally been seen as women's work (Forrester, 2005) and according to latest figures, only approximately 15% of primary teachers are male and a larger ratio of these are in leadership roles (therefore less likely to have a teaching responsibility) than their female counterparts (Spalding, 2018). In Early Years, this percentage is even less. As only ten participants were to be included in this research, if using a quota approach to participation, including data from more than one male would be disproportionate to the population being researched, and using one male would arguably be tokenistic
- As stated in chapter two, teaching is a profoundly emotional occupation and burnout and CSI studies suggest that women seem to experience more emotion related wellbeing issues than men. Also, teaching and caring are considered to require substantial emotional labour (see chapter 2) and theory related to emotional labour emanated from Hochschild's (1983) view of the powerlessness of women in the workplace. I wanted to give voice to 'the primacy of women's personal subjective experience' (Cohen et al., 2011:41)
- A minimum of two years' experience was chosen as newly-qualified teachers must have a mentor and recently qualified teachers often do too. It is much less common however for experienced teachers to have a mentor and thus their access to

occupational social support, found to be a key contributor to managing work-related stress (Killian, 2008; Kinman et al., 2011), is potentially lower. Additionally, teachers with less than two years' experience may not have had substantial exposure to PEV&Ts to allow for the collection of rich data

- Supporting teacher development is vital, as relying purely on knowledge and skills from initial training is likely to be insufficient (Hawkins and Shoheit, 2012), particularly for those mid and late career teachers in the light of changes to inclusion and its associated demands which require 'the adaptation of new kinds of thinking, attitudes and methods from teachers' (Alila, 2016:352). As highlighted in chapter one, cuts to funding in services that have traditionally supported PEV&Ts have put additional responsibility onto the teachers for meeting their needs, even though they may not have the skills, training and resources to effectively do so.
- Participants were restricted to those in South-West England as face to face interviews were considered preferable due to the potentially upsetting content. Being able to see the participants meant that I might be more likely to notice if they were becoming distressed and could take appropriate action, e.g. making a cup of tea, which would not have been possible at a distance. Thus, following Denscombe's (2010) advice that research needs to be feasible, as the research is not funded, to limit travel expenses, participants needed to be conveniently located. As I live in, and have established links in The South-West, these links were exploited.

Appendix 3 Research Recruitment Flyer

Do you teach pupils who have experience of trauma or with additional safeguarding, behaviour/SEMH or other inclusion needs?

If the answer is yes, could you spare a maximum of two hours of your time to share your views (positive and/or negative) about how teaching vulnerable and/or traumatised pupils impacts on your wellbeing and how it could be enhanced?

Who is conducting the research?

Rachel Briggs is undertaking this research as part of her Doctor of Education studies at the University of Bristol. She has considerable experience teaching in primary schools and supporting those who teach pupils with additional needs. The work is being supervised by Dr Lucy Kelly and Dr Jo Rose.

What is the purpose of the research and why should you get involved?

It is widely accepted that there is an impact on the wellbeing of professionals in health and social care when they work with vulnerable and traumatised children, and training and support is widely provided. Although there is an increasing expectation on schools to support pupils with adverse experiences, there is little attention given to the impact this work has on teachers and how they can be supported. This research offers teachers the opportunity to share their experiences confidentially, with the aim of developing a better understanding of how teachers view the costs and benefits associated with teaching vulnerable and traumatised pupils. It is hoped that along with being interesting and informative for the participants, recommendations can be made to inform policy regarding training and support for those involved in educating pupils facing trauma and adversity.

Who can be involved?

To meet the criteria for this particular research, you need to:

- be female
- have a minimum of two years' teaching experience (not including teaching practice) in a school in England
- currently be employed as a mainstream primary school teacher in a school in South- West England, timetabled to teach at least three pupils living with trauma or in a group classed as vulnerable (see overleaf).

What would your participation involve?

There are two parts to the research:

1. a questionnaire to collect background information (max. 20 mins)
2. an interview (approx. 1 hour)

What should you do if you would like to participate?

If you would like to discuss any aspects of the research, get more information or to register your interest in participating, please contact Rachel Briggs, asap, via email rb16454@bristol.ac.uk or call her on [REDACTED]. Please don't use an email address that names your school, unless you are happy for her to know it. **Actual names (schools, participants or third parties) will not be used in the study.**

Thank-you.

Categories of vulnerability and trauma/ adversity for the purposes of this study:

Children receiving statutory care or support – including children in care, or in custody and those being supported by children’s services.
Children known to have experienced neglect or specific intentional personal harm – including children who have been abused, exploited, bullied or who have witnessed domestic violence
Children with a disability, ill-health or developmental difficulties – including mental ill health and special educational needs.
Children in households or families with characteristics or locations that indicate higher potential likelihood of current and future harm – including poverty, homelessness, growing up in a household where there is an adult with: alcohol/drug dependence, mental health needs, or a parent/sibling in prison
Children who are vulnerable or of concern by virtue of their identity or nationality – including LGBTQ+ children and young people and refugees
Children at risk in relation to activity or institutions outside the home – including children involved in gangs or radicalisation
Children caring for others - including children caring for their parents or siblings
Children who have experienced a family tragedy - including bereavement, separation/divorce, attempted suicide or murder, parental job loss, familial financial worries, criminal investigation, health crisis
Children who have been directly involved in an accident or one-off traumatic experience for example car, fire, explosion, physical attack, community or natural disaster
Children who have witnessed a traumatic incident where the victims were not close friends or relatives – e.g. car accident, fire, assault

IF YOU ARE CURRENTLY EXPERIENCING SEVERE DISTRESS, SUPPORT IS AVAILABLE – SEE BELOW.

Contact Details to Access Emotional Support

Immediate Support

Education Support Partnership 24/7 free telephone support and counselling for all education staff

Phone 08000 562 561/020 8987 6212 Text 07909 341229

Email and online chat available:

<https://www.educationsupportpartnership.org.uk/helping-you/telephone-support-counselling>

Samaritans 24/7 free telephone support

Phone 116 123 Email – jo@samaritans.org

SANELine 4.30 – 10.30 pm only free telephone support

Phone 0300 304 7000

NHS 24/7

Phone 111

NHS support – not immediate

Contact your own GP or your GP out of hours service

Self-referral to psychological therapies. Find your local NHS service through:

[https://www.nhs.uk/Service-Search/Psychological%20therapies%20\(IAPT\)/LocationSearch/10008](https://www.nhs.uk/Service-Search/Psychological%20therapies%20(IAPT)/LocationSearch/10008)

List of support services for specific conditions with contact details:

<https://www.nhs.uk/conditions/stress-anxiety-depression/mental-health-helplines/>

Research Information Sheet (Teacher Wellbeing When Exposed to Pupils' Trauma and Adversity)

Introduction

My name is Rachel Briggs and I am currently undertaking research as part of a Doctorate in Education. I worked in a residential setting for teenagers with severe emotional and behavioural needs before gaining over 25 years' experience of mainstream teaching (including the role of deputy head with responsibility for SEND and safeguarding), training and supporting teachers both in this country and overseas. My research interests lie in learning through adversity; the impact of accountability and coaching for staff development and wellbeing.

Background and purpose of the study:

In 2017, Theresa May announced her intention to transform the nation's mental health, starting in schools and workplaces. A recent green paper set out increased expectations on schools related to pupils' mental health needs, adding to existing expectations related to inclusion and safeguarding.

It is widely accepted that working with vulnerable and/or traumatised (V&T) clients can impact on the wellbeing of health and social care professionals and training and support is provided. However, little attention is given to the impact that such work has on teachers, or to their associated training and support needs. This research aims to develop a better understanding of teachers' exposure to pupils' trauma and their views on the costs and benefits to their wellbeing when they teach V&T pupils. It also aims to explore teachers' perceptions of support that could mitigate against any associated risks that may be found, with a view to making recommendations to inform policy regarding training and support for the wellbeing of those involved in educating pupils living with trauma and adversity.

Voluntary participation:

Your participation is entirely voluntary, and you will be asked to sign a consent form on this basis. You can withdraw at any point, without giving a reason, until two weeks after the interview transcript (and if applicable, follow-up information) has been made available for you to verify, as beyond this point it will be merged for analysis. On the pre-interview questionnaire and during the interview, you have the right to decline to answer any question, and in the interview, you can take a break or terminate the interview at any point, should you wish to.

Criteria for participation:

You need to be female, with a minimum of two years' teaching experience (not including teaching practice) in a school in England and currently employed as a mainstream primary school teacher in a school in South-West England who is timetabled* to teach at least three V&T pupils in a week (V&T categories on last page).

(Females have been selected for this research as they make up close to 90% of those with class teaching responsibilities in primary schools in England. *You are still eligible to participate if you are currently off sick.)

What participation in the research involves:

Part 1 - a questionnaire to collect background information (max. 20 mins)

Part 2 - an interview (up to 1 ¼ hours), conducted face to face at a mutually convenient time/location. You will be asked about exposure to pupils' trauma and your perceptions of the impact (positive and negative) that teaching vulnerable and traumatised pupils has on your emotional and psychological health and wellbeing. It will also explore your views on how such wellbeing can be maintained or enhanced. To ensure that your data is accurate, you will be asked to consent to the interview being recorded. The recording will be transcribed by the researcher and you will be given the opportunity to check that the transcript accurately reflects your views.

Potential risks and benefits of participation

This study is designed to give teachers a voice and with your participation, it is hoped that the information gained may contribute to raising the profile of the needs of teachers who teach V&T pupils and assist in the development of support mechanisms to enhance teacher wellbeing. There are no anticipated risks to participating in this study, however given the focus of the research, discussing particular events may trigger distress, particularly for those currently experiencing high levels of stress. The research has been designed to reduce such risks and where stimulus material is used, you will be given a choice of which you want to discuss. Although this is a research interview and is not intended to be therapy, interviews conducted by other researchers in North America on a similar theme suggest that interviewees found participation in the study to be cathartic. Contact details of free support services are included with this sheet in case you experience emotional difficulty as a result of your participation in this study, or for any unrelated reason.

Anonymity and Confidentiality:

On the consent form, you will be asked to provide a pseudonym which will be used for the purposes of this study. Please ensure that you choose a pseudonym that no-one will associate with you. Your name or any identifier other than your chosen pseudonym will not appear on any data other than the consent form* and your pseudonym and name will only be known to the researcher. All data collected for this research will be held and processed according to the principles set out in the Data Protection Act (2018). Confidentiality will be maintained, unless there is a risk of harm to yourself or others. As the research is related to your work with vulnerable children, you need to be aware that the researcher has a legal responsibility to report concerns in line with the relevant Safeguarding Children Board's procedures. This is exactly the same procedure as you are subject to at school and should be nothing that you should be unduly concerned about.

The data collected, once anonymised, is intended to be used for the purposes of writing a doctoral dissertation and whilst it is intended that direct quotes will be used, all reasonable steps will be taken to ensure that no data is used that could lead to the identification of any individual. Data may need to be shared with the academic supervisors/examiners and with another researcher to check the reliability of findings. Similarly, data may be discussed should the researcher access clinical supervision in relation to this research. No data will be shared which could reasonably be expected to reveal the identity of any individual, unless legally necessary (as stated above). Data collected may be used in future publications, for example, associated research reports, journal articles or publications designed to further the understanding of the research theme. The findings may also be used in presentations, at conferences or in training sessions.

* Although you will be asked to consent to your name (not pseudonym) and contact details being left in a sealed envelope with the researcher's partner or supervisor during the interview, to be opened by them only in the unlikely event of an emergency (in line with lone working recommendations).

Ethical Approval, Complaints and Questions

This research recognises the importance of adherence to the British Education Research Association (BERA, 2011) guidelines and ethical approval to conduct the study has been given by the University of Bristol. Should you have a concern or complaint related to this research, in the first instance, please discuss this with me. Should this not be possible/appropriate, please contact the research supervisors, Dr Lucy Kelly (lucy.kelly@bristol.ac.uk) or Dr Jo Rose (jo.rose@bristol.ac.uk). If you have any questions about this research, please do not hesitate to contact me by email (rb16454@bristol.ac.uk) or phone (██████████).

Many thanks,

Rachel Briggs

Categories of vulnerability and trauma for the purposes of this study:

Children receiving statutory care or support – including children in care, or in custody and those being supported by children’s services.
Children known to have experienced neglect or specific intentional personal harm – including children who have been abused, exploited, bullied or who have witnessed domestic violence
Children with a disability, ill-health or developmental difficulties – including mental ill health and special educational needs.
Children in households or families with characteristics or locations that indicate higher potential likelihood of current and future harm – including poverty, homelessness, growing up in a household where there is an adult with: alcohol/drug dependence, mental health needs, or a parent/sibling in prison
Children who are vulnerable or of concern by virtue of their identity or nationality – including LGBTQ+ children and young people and refugees
Children at risk in relation to activity or institutions outside the home – including children involved in gangs or radicalisation
Children caring for others - including children caring for their parents or siblings
Children who have experienced a family tragedy - including bereavement, separation/divorce, attempted suicide or murder, parental job loss, familial financial worries, criminal investigation, health crisis
Children who have been directly involved in an accident or one-off traumatic experience for example car, fire, explosion, physical attack, community or natural disaster
Children who have witnessed a traumatic incident where the victims were not close friends or relatives – e.g. car accident, fire, assault

IF YOU ARE CURRENTLY EXPERIENCING SEVERE DISTRESS, SUPPORT IS AVAILABLE – SEE BELOW.

Contact Details to Access Emotional Support

Immediate Support

Education Support Partnership 24/7 free telephone support and counselling for all education staff

Phone 08000 562 561/020 8987 6212 Text 07909 341229

Email and online chat available:

<https://www.educationsupportpartnership.org.uk/helping-you/telephone-support-counselling>

Samaritans 24/7 free telephone support

Phone 116 123 Email – jo@samaritans.org

SANELine 4.30 – 10.30 pm only free telephone support

Phone 0300 304 7000

NHS 24/7
Phone 111

NHS support – not immediate

Contact your own GP or your GP out of hours service

Self-referral to psychological therapies. Find your local NHS service through:

[https://www.nhs.uk/Service-Search/Psychological%20therapies%20\(IAPT\)/LocationSearch/10008](https://www.nhs.uk/Service-Search/Psychological%20therapies%20(IAPT)/LocationSearch/10008)

List of support services for specific conditions with contact details:

<https://www.nhs.uk/conditions/stress-anxiety-depression/mental-health-helplines/>

Appendix 5 Statement of Informed Consent for Research Participants

Statement of Informed Consent

I volunteer to participate in the research project being conducted by Rachel Briggs as part of her doctoral studies. The research is designed to gather information related to exploring and supporting teachers' psychological wellbeing when teaching vulnerable and traumatised pupils.

In signing this document, I confirm that:

- I meet the selection criteria as stated on the research information sheet
- I understand that I will not be paid and my participation is entirely voluntary but I can withdraw at any point, without giving a reason, until two weeks after my interview transcript (and if applicable, follow-up information) has been made available for me to verify.
- I have been made aware of potential risks and benefits of participating in this study, including the risk of emotional discomfort, however, I have the right to decline to answer any question, take a break or to terminate the interview at any point
- I have been provided with contact numbers of agencies offering free emotional support to teachers but understand that these have been provided in good faith and that the researcher has no control over the service provided should I choose to access it
- I understand that my participation in the research involves a pre-interview questionnaire, an interview and possibly a follow-up communication by email/phone which, in total, should require no more than two hours participation time
- I agree that the interview can be recorded and transcribed by the researcher and that I will be offered the opportunity to check the transcript and ensure that it accurately reflects my views
- I understand that my data will be anonymised and that any documentation which links my name and pseudonym will only be available to Rachel Briggs and will be kept separate from interview and questionnaire data. My data will be kept securely and used in accordance with the Data Protection Act 2018. Confidentiality will be maintained (unless there are legal reasons preventing this) as stated on the research information sheet, which I have been given a copy of
- I consent to my name (not pseudonym) and contact details being left in a sealed envelope with the researcher's partner or supervisor to be opened by them only in the unlikely event of an emergency
- I understand that I can request access to my personal data and will be offered an electronic copy of the final research report
- I understand that my anonymised data may need to be shared with supervisors, examiners and another researcher to check the reliability of the research findings and to support the researcher's wellbeing
- I consent to my anonymised data, including direct quotes, being used for the purposes of writing a doctoral dissertation and that it may be used in future publications for example, associated research reports, journal articles or publications designed to further the understanding of the research theme. The findings may also be used in presentations at conferences or in training sessions
- I understand that ethical approval for the research has been granted by the University of Bristol and that if I have any concerns about the research or the conduct of the researcher, I can contact the research supervisors, Dr Lucy Kelly – lucy.kelly@bristol.ac.uk or Dr Jo Rose – jo.rose@bristol.ac.uk

I consent to participate in this research.

Name (please print) _____ Pseudonym _____

Signature: _____ Date: _____

Appendix 6 Participant Profiles at the Time of Interview

Alex (BA and PGCE) is 36 and has 12 years' experience from three schools. She is currently teaching y4 full-time but has previously also taught y3 and y5. Her school has above the national average number of disadvantaged pupils and was rated 'good' at its' last inspection, although there has since been a change in head. She is single, has no children and lives with a relative. I had a previous professional relationship with her and she was approached by email to participate in this research. She chose to be interviewed in my home.

Charlotte (BA (hons) and PGCE) teaches part-time (3 days a week) and being in her fifth year, all of which have been at the same school, is the least experienced of the participants. She currently teaches in y1, 5 and 6, having previously taught in reception. The school is rated 'good' and has below the national average number of disadvantaged pupils. She is 44 and married with two school-aged children. She agreed to participate in the research after receiving a flyer from a mutual friend and was unknown to me at the time of the interview, which was conducted in my home.

I have known **Jane** (BA (hons) and PGCE) socially for approximately 10 years, although do not see her very often. She is 45, married, with no children. She has taught in the same school for 23 years, currently teaching y5 but has also taught y1 and y4. She has middle leader responsibilities and her school was rated 'good' at its most recent inspection but has since become an academy and has not yet been inspected. It has well below the national average number of disadvantaged pupils. She was interviewed in my home.

Jo (BEd, PGC (Ed management) and NPQH) is 60, has two adult children and is single, having divorced many years ago. She has 20 years' experience gained from five schools, teaching the full primary and nursery age-range and held roles including SENCo, deputy head and head.

After retirement, she went on to teach part-time before deciding to leave teaching to work in another sector but shortly after returned to work with schools in a non-teaching capacity. Although initially known to me professionally, we have kept in touch and I asked her to participate in my research as she had worked in schools in exceptionally challenging circumstances and I wanted to explore whether working with PEV&Ts contributed to her decision to leave teaching and to two extended periods of sick leave taken due to work-related stress. The research was conducted in her home.

Lily (BEd (hons)) has 30 years' teaching experience, gained in five schools. She has taught across the full primary age-range, currently teaching y1 full-time and is the school's maths lead but she has previous experience as a senior leader. Her school has well above the national average number of disadvantaged pupils and has an Ofsted rating of 'requires improvement'. She is 53, has two adult children, has been divorced for a number of years and has recently had an extended period of time off with work-related stress. She was recruited through another participant and I had had no contact with her prior to her involvement in this research, which was conducted in her home.

Maria is 56 (BA (hons) and PGCE), lives with her partner and has two late-teenage children. She has taught in five schools in her 28-year career. She currently teaches y1 on a part-time basis (3 days a week), having previously taught children from reception to y5. She contacted me to volunteer to participate in the research after being given information from another research participant. We did not know each other prior to me interviewing her in her home. Unlike all other participants, Maria has completed a qualification in trauma-informed practice. She teaches in a 'requires improvement' school with a mixed intake of children from affluent

homes to those living in refuges but overall is above the national average number of disadvantaged pupils.

Martha (BA (hons) and PGCE) is 52 and has taught for 28 years, currently teaching part-time (4 days a week) in EYFS and has held a number of roles related to PEV&Ts, including recently becoming joint inclusion lead which she has one and a half days a week allocated to. She has received supervision for a number of years. She has worked in seven schools, teaching from nursery to y5. Prior to becoming an academy, her current school was in 'special measures', with above the national average number of disadvantaged pupils. We met on a mental health training course and when discussing my research, she offered to participate. The interview was conducted at the university.

Mary (BEd and EYPS) has 15 years' full-time teaching experience, all gained in the same school, where as well as being a reception class teacher (four days a week), she had recently become assistant head (one day a week management time), having previously been EYFS leader and numeracy co-ordinator. Her school was rated 'good' at its most recent inspection and of the participants interviewed, her school is the largest, with well above the national average number of disadvantaged pupils. She is 39, married with no children, is known to me socially and was interviewed in my home. I initially asked her to participate in the pilot study because despite working in challenging circumstances, from the conversations we had had, she appeared to enjoy her job. She had also recently begun to receive supervision as her new role included safeguarding responsibilities.

Rose (BA x2, PGCE, MEd, MA) is 49, single, has no children and lives on her own. She has 17 years' experience, having worked in four schools. She works full-time as assistant head and SENCo and her role includes teaching y3 two days a week. She has previously taught across the

full primary age-range and held other leadership roles. She arrived at the school knowing it was a 'special measures' school, with well above the national average number of disadvantaged pupils. I asked her to participate in my study as I know her socially and am also familiar with the issues that her school is facing, having visited regularly in a professional capacity. She was interviewed in my home.

Suzanna (BEd. (Hons)) is 45, lives with her husband and has no children. She has taught for 15 years during which time she worked in three schools, teaching from nursery to y6 and holding a variety of co-ordinator roles. Prior to leaving the classroom to take up an education consultancy role, she was in a school in 'special measures' where the number of disadvantaged pupils was well above the national average number of disadvantaged pupils and highest of those interviewed. I have both a social and professional relationship with her and interviewed her in her own home.

Appendix 7 Psychological Needs and Wellbeing at Work (Maslach and Banks, 2017)

- **Autonomy** – desire to experience ownership of their behaviour and to act with a sense of volition (aka control)
- **Belongingness** – the human striving for close and intimate relationships and the desire to achieve a sense of communion and belongingness (aka social connection, affiliation, and recognition)
- **Competence** – the desire to feel capable of mastering the environment, to bring about desired outcomes, to manage various challenges and to learn new skills (aka achievement or accomplishment)
- **Positive emotions** – satisfaction and ‘psychological capital’ – hope, optimism, efficacy and resiliency
- **Psychological safety** – characterised by interpersonal trust, respect and caring within work teams
- **Fairness** – the extent to which decisions at work are perceived as being just, and people are being treated with respect
- **Meaning** – work provides a sense of purpose in life and motivation towards something which is personally valued

Appendix 8 Potential Extra Demands/Challenges Associated with Teaching PEV&Ts

Time demands – during and beyond lessons

- Additional paperwork – e.g. keeping logs/records/incident forms/report writing, Home/school liaison book
- Attending meetings e.g. with external agencies or parents
- Attending training
- Dealing with pupils from other classes
- Setting work for excluded pupils
- Extra time to 'mentor'/check in with pupils
- Compensating for lack of emotional capital e.g. taking longer to do tasks as the pupils haven't learned to share
- Taking extra time to build relationships during lessons/in your own time

Reducing teaching learning time

- Giving extra time to support the pupil so they don't disrupt the learning of others
- Filling in reward charts/giving sanctions and rewards
- Re-explaining tasks
- Waiting for children to do as requested
- Sorting out arguments/resolving conflicts
- Doing 'sentimental work' to get children in the right frame of mind

Impinging on own time outside of lessons

- Listening to problems during your time e.g. after school, break, lunch, PPA/management time
- Adjusting planning to suit individual needs
- Preparation of extra resources
- Finding jobs for children to do with you at break lunch to keep them out of trouble or so you can develop a relationship with them/find things out
- Liaising with support staff/explaining tasks
- Supporting parents – hearing their problems, helping with form filling or talking to them about issues related to their child
- Reading advice/reports

- Time taken to contact people e.g. making phone calls, trying to locate people e.g. safeguarding lead
- Avoidance tactics - Wasting time so you're too busy doing other unnecessary things to avoid being found/available
- Considering ways to manage class e.g. seating arrangements, who will share with who
- Thinking up new ways of doing things to avoid trouble
- Off-loading to a colleague
- Reflection/supervision support meetings
- Supporting/Consoling colleagues who also teach v and t pupils
- Intrusive dreams
- Attending personal counselling/support sessions

Emotions

- Upset at hearing about pupils' situations/experiences
- Anger/frustration with struggling to access support for pupils
- Feelings of vulnerability yourself e.g. Challenge to your authority, worried in anticipation of conversations – e.g. with parents, pupils, senior leaders, fear of losing job – allegations or lack of pupil progress
- Emotional labour/regulation – restraint e.g. not swearing, crying, following display rules
- Greater variety of emotional challenges/encounters – frequency, duration, intensity
- Feelings of inadequacy/incompetence
- Holding more in - scared of talking or not wanting to burden others
- Moral stress/guilt – want to be able to do things for PECATA but can't due to curriculum restrictions
- Role conflict – e.g. a role where you are expected to push for academic success may conflict with another role where you are expected to advocate for the pastoral needs of a pupil
- Think things aren't fair – challenge to values because you're not doing what you believe is in the best interests of the children
- Cross/guilty because you feel some are missing out e.g. able missing teaching time because you're dealing with PECATA
- Verbal abuse

Physical

- Deliberate physical assault
- Voice/throat strain
- Looking for missing pupils
- Positive handling/restraining pupils
- Intervening in fights between pupils
- Lack of sleep
- Not having time to meet own physical needs e.g. eating, going to the loo, taking exercise
- Comfort eating/not wanting to eat
- Potential physiological consequences of stress
- Less time for self/setting up between sessions
- Physiological symptoms e.g. blood pressure

Relationships

- Get more irritated at school
- Harder to like particular individuals e.g. pupils or parents
- Unequal distribution of time between pupils
- Intrusive thoughts of certain children
- More irritable with own friends/family – take things out on them or share with them
- Threats/intimidation
- Dread the thought of seeing certain people, including pupils
- Intense physical reaction (positive or negative) at the sight of certain people

Vigilance

- Increased vigilance of individual children
- More surveillance of your lessons by SLT/external agency professionals
- Check ins/seeking children/parents out to see how they are – show caring

Appendix 9 Work-Related Trauma

Trauma is defined as:

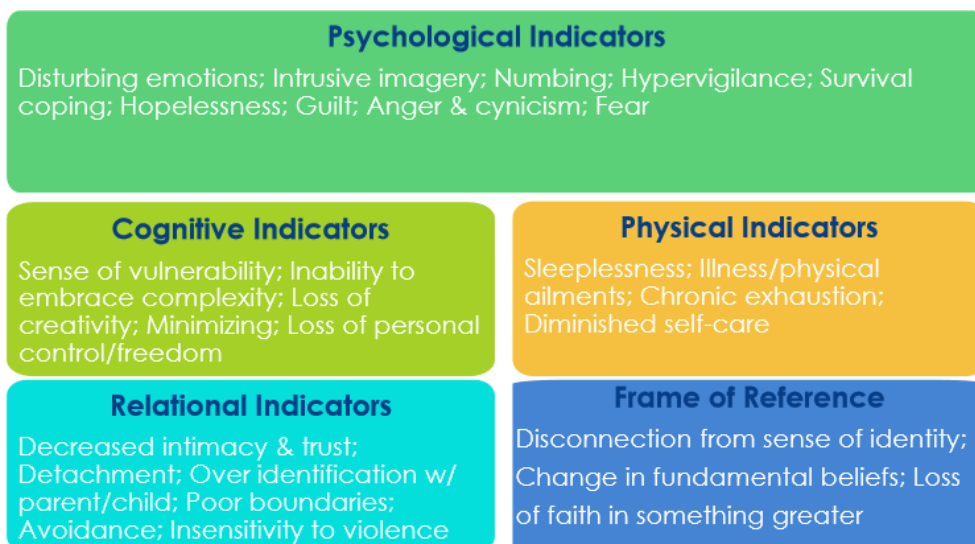
Primary trauma results from an event, series of events, or set of circumstances that is experienced directly by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being

Secondary Trauma or vicarious trauma is the emotional duress that results when an individual hears/knows about the first-hand trauma experiences of a 'significant' other. The stress results from helping or wanting to help the suffering person. Whereas burnout develops gradually as a result of on-going general work-related stress, STS can be sudden onset as the result of one specific event although it can build up over a period of time as a result of repeated exposure to the trauma of others.

Individuals affected by secondary traumatic stress may be hypervigilant/in a state of hyperarousal and experience a disruption in their perceptions of safety, trust, and independence. They feel jumpy and startle easily. They may be pre-occupied with thoughts/safety of a traumatised or vulnerable individual, including having intrusive dreams that are linked to the trauma they have heard about. They may also experience changes in memory and perception; alterations in their sense of self-efficacy and a depletion of personal resources which may extend beyond the workplace. They may re-experience personal trauma and increase avoidance reactions related to the indirect trauma exposure, including being over-protective of those they have caring responsibilities for. However, it can also lead to isolation/withdrawal/detachment and indifference/intolerance of others' needs.

Burnout, Emotional exhaustion, depersonalization, & a reduced feeling of personal accomplishment. Develops as a result of general occupational stress over a period of time; the term is not used to describe the effects of indirect trauma exposure specifically.

Indicators of STS



(Adapted from Fortune et al., 2015)

Appendix 10 Compassion Satisfaction

Compassion satisfaction is the pleasure one derives from being able to do one's work well, being satisfied by the helping aspects of the work, and feeling invigorated by the work itself. People who work in trauma affected environments report compassion satisfaction when they are encouraged to incorporate new ways of working into their practice, are supported to deal with professional adversity, feel happy and successful when continuing their work, and believe their work makes a difference. (Brunzell, Stokes and Waters, 2018:120).

Benefits

Emotional/psychological - increased motivation, self-efficacy/competence, feel good about yourself, feeling of being in control, increased sense of purpose in life and satisfaction, engagement, sense of achievement, emotion regulation becomes more automatic so requires less energy

Performance - heightened performance, positive attitude to work, enhanced attention control, problem-solving, creativity

Physical – increased energy/stamina, physiological benefits eg lower heart rate, less disruption to sleep

Relational – social connectedness (other people can be trusted, can concentrate on the needs of others rather than being pre-occupied with the need for personal survival), promotes pro-social behaviour e.g. increased tolerance of and less hostility towards others, positive moral development, increased compassion/empathy

Frame of reference – greater hope for positive outcomes, the world is (on the whole) a good place.

Appendix 11 Workplace Social Support

Instrumental support – concrete support for example in the form of additional resources such as a support assistant, additional resources for the pupil, removal of the pupil, cover for your teaching so that you have time to recover from an incident

Informational support – access to ways of increasing skill level eg someone who can give helpful, practical advice, access to training or relevant reading material

Emotional support – access to a person who will listen compassionately and without judgement

Appraisal support – access to a person who can support you to reflect on, cope with, learn or grow from a particular situation

Are these formally planned or ad hoc or down to you to find your own, not available (or unavailable until you are absent with work-related stress)

Appendix 12 Dialogic Support for Personal Reflection/Restoration/Resourcing

Benefits

Access to a supportive rather than judgemental relationship

- Can be honest and open up without fear of being judged
- Affiliation is socially satisfying – knowing one is cared for can be comforting, decreases feelings of isolation, reassurance that one is valued
- Receiving compassion increases likelihood of being compassionate towards others
- Working over is usually accomplished with the guidance of another – avoids rumination and sheds new light – stimulates thought

Thinking space – refocus on what's important

- Time to focus on needs – systemic, organisation, others and own and the way that these needs impact on self, away from other distractions
- Increases self-awareness
- Can lead to problem identification, enabling goal setting and prioritisation and development
- Focus attention – less energy expended on unproductive thoughts -
- Focus on values and moral purpose

See the wider perspective

- Putting into words can lead to greater clarity of thought
- Cognitive re-appraisal - deconstruct narrative and challenge misconceptions or unconscious assumptions. Alternative interpretations – new more helpful reality, increase feelings of control, getting someone else's views – re-interpreting rather than changing a challenging situation can make it seem less stressful
- Be realistic about what can be achieved in the circumstances - take stock in high stakes accountability culture, can bring the focus back to the needs of the pupil. Making sure you stay within the boundaries of your role – remember that it's not your job to solve all the problems and that you are there to signpost or hand over to other professionals whose role it is supposed to be

Reclaim self-belief

- Highlight and celebrate positives - verify actions taken are appropriate
- Opportunity to rehearse/use partner as a sounding board
- Positive emotions replenish energy
- Success breeds success - idea is not to tell the person what to do, so encourages independence
- Increase coping and resilience
- Can be taught how to do positive self-talk – look after self, e.g. rewards

Learning

- Learn through joint activity. Co-construct solutions – establish new ways of acting in context specific situations so no problem with not fitting with context 'client' directs the 'learning'
- Better/renewed understanding - increase knowledge, understanding, skills & competencies
- Identify training needs

Appendix 13 Pre-Interview Questionnaire

Teacher Psychological Wellbeing when teaching vulnerable and traumatised (V&T) pupils

1. Chosen pseudonym for this research: _____
2. Age: _____
3. Relationship status: (married/living with partner, in a relationship, single, separated, divorced, widowed) _____
4. Ethnicity _____
5. Number of own children (please state ages, if applicable): _____

6. Professional Qualifications: _____

7. Number of years in teaching: _____
Current year group(s) taught _____ Year groups taught previously _____
8. Number of schools taught in (post qualification): _____
9. Current school's Ofsted rating and year of inspection: _____
10. Overall, using Ofsted ratings, how would **you** rate your school currently: _____
11. Number on roll: **A.** < 100, **B.** 100 – 199, **C.** 200 – 299, **D.** 300 – 399, **E.** > 400 _____
12. Current role/s: _____
Previous roles: _____
13. Full or part time (if p/t please state days/hours contracted to be in school) _____
14. Amount of teaching time each week (in days, not including non-contact time) _____
Amount of regular non-contact time (in days, e.g. PPA or leadership time) _____
15. Number and age of children taught each week (approx.): _____
16. In your current role, are you at risk of physical violence? If so, who from and how often?

17. Please complete columns 1 and 2 of the following table (**ignore the final column for the moment**).

For each category, in the **first column**, please **put one tick** if you are aware that one of the pupils you currently work with in your teaching role (e.g. as class/PPA teacher, or that you have dealt with as part of a leadership/duty role) is facing/has faced that particular issue, **put two ticks** if you are aware that more than one of the pupils you currently work with are facing/have faced that particular issue and leave blank if you are not aware that any of the pupils are facing/have faced that particular issue. Repeat in the second column for pupils you've worked with in a teaching role previously.

Type of vulnerability/adverse situation (NB one child may be exposed to more than one category – please tick all that apply)	Current pupils	Past pupils	Impact felt in the last 12 months
Children receiving statutory care or support – including children in care, or in custody and those being supported by children’s services.			
Children known to have experienced neglect or specific intentional personal harm – including children who have been abused, exploited, bullied or who have witnessed domestic violence			
Children with a disability, ill-health or developmental difficulties – including mental ill health and special educational needs.			
Children in households or families with characteristics or locations that indicate higher potential likelihood of current and future harm – including poverty, homelessness, growing up in a household where there is an adult with: alcohol/drug dependence, mental health needs, or a parent/sibling in prison			
Children who are vulnerable or of concern by virtue of their identity or nationality – including LGBTQ+ children and young people and refugees			
Children at risk in relation to activity or institutions outside the home – including children involved in gangs or radicalisation			
Children caring for others - including children caring for their parents or siblings			
Children who have experienced a family tragedy - including bereavement, separation/divorce, attempted suicide or murder, parental job loss, familial financial worries, criminal investigation, health crisis			
Children who have been directly involved in an accident or one-off traumatic experience for example car, fire, explosion, physical attack, community or natural disaster			
Children who have witnessed a traumatic incident where the victims were not close friends or relatives – e.g. car accident, fire, assault			
Other – please state			

Please now fill in the **final column, using the code below** (ie, not ticks) which most closely reflects how often your emotional/ psychological health and wellbeing are/have been affected by at least one pupil facing each category in the last 12 months. This may be, for example, through hearing/talking about their adversity, by having extra work as a result of teaching a pupil in that category, by being exposed to behaviour which you associate as related to the particular adversity (eg lateness, aggression, pupil/parent upsets, being on edge due to a pupil’s unpredictable behaviour, disruption to learning) or by being emotionally affected/worried about a particular pupil.

Code for the final column only. N = no exposure, R = rarely (less than termly), T = at least termly, W = at least weekly, M = most days, D = daily, X = multiple times a day.

18. Please give details of any training that you have had relating to working with V&T pupils (e.g. safeguarding, behaviour/SEMH, other additional inclusion needs)

Training	Duration	Organiser (school of self)

19. How do you find out about the vulnerability/trauma of your pupils? Please tick all that apply

Directly from child (including in their work)	Child's sibling	
Another pupil	An adult member of the child's family (not sibling)	
The child's neighbour	A member of staff who lives in the community	
The child's previous teacher	A senior member of staff	
Another member of staff	Read in an official report	
Told by social worker	Told by other external professional	
Already aware from teaching another family member	Read in a newspaper/saw in the media, including social media	
Other (please state)	Other (please state)	

20. What do you think are the most stressful aspects of teaching V&T pupils? (Give up to 3)

21. What do you think are the most rewarding aspects of teaching V&T pupils? (Give up to 3)

22. Please answer the following by ticking the yes or no (please do not tick down the middle). If you would prefer not to say, or have an additional comment, please make use of the last column.

	Yes	No	Prefer not to say or space for additional comment (if you want to expand)
Does your school have a designated mental health lead teacher?			
Do you think that the expectations on schools relating to mental health, safeguarding and inclusion are reasonable and manageable currently?			
Do you think you have the knowledge and resources to meet the needs of your V&T pupils in the way that you would like to?			
Do you feel the challenges of teaching V&T pupils are recognised/acknowledged by your:			
Senior leaders			
Governors/trustees			
Local authority/academy leaders			
Ofsted			
Government			
Non-teaching friends/relatives?			
In general, do you consider that work-related stressors for primary school teachers are largely kept within reasonable limits/offset by resources in the current English education system?			
Do you receive any sort of formal/planned support* via your workplace to protect your emotional/ psychological health and wellbeing from risks associated with your role/s? (e.g. restorative coaching, clinical/safeguarding supervision, groups/networks, training related to protecting your wellbeing)			*If yes, please state (NB this doesn't mean counselling)
Do you consider that your school does enough to provide appropriate knowledge and means for staff to protect and support their emotional and psychological health and wellbeing?			
If you were experiencing moderate/significant stress, would you feel comfortable discussing your psychological/emotional health and wellbeing concerns with a senior leader at your school?			
Have you ever taken time off work with work-related stress?			
As a child or an adult (please state which), have you ever experienced what you consider to be a significant traumatic event? (There will be no requirement for you to discuss this)			

23. Which coping strategies do you use in stressful situations? Please indicate using the following: **R** = regularly, **O** = occasionally, **L** = last resort, **N** = never, **S** = do as standard regardless of stress (please indicate with **↑** if you increase or **↓** if you decrease this in times of stress).

Acceptance – work through it		Ask for help with task completion	
Avoidance/delaying/distraction		Physical activity e.g. go for a walk, to the gym, play football	
Humour		Interspersing aspects of your role that you don't enjoy with those that you do enjoy	
Mental rehearsal		Over/under eating	
Personal sacrifice		Planning/time- management	
Positive self-talk		Prioritising	
Putting in perspective		Relaxation techniques e.g. breathing exercises, mindfulness, yoga	
Religious/spiritual activity		Remove distractions	
Self-goal setting		Self-initiated study	
Self-reward when you've achieved goals		Self-reflection	
Spend time with friends and family		Talk things through with someone at home	
Talk things through with a work colleague		Talk things through with an external professional (colleague at another school, coach, counsellor, spiritual leader)	
Training		Take it out on the wrong person	
Use 'chemicals' – eg alcohol, cigarettes, drugs – prescription/over the counter/illicit		Vent	
Wishful thinking		Other (please state)	
Other (please state)		Other (please state)	

24. Overall, do you think that teaching V&T pupils in the current education climate in England is more costly or beneficial to **your** emotional and psychological health and wellbeing? (Please explain briefly).

Thank-you for completing this questionnaire. Please return to rb16454@bristol.ac.uk

Appendix 14 Notes on Data Collection Pilot

- Questionnaire took about 20 minutes to complete
- Interview (including time to read vignettes and answer questions on one) took about 1 hour and 10 minutes
- Participant thought V&T rather than PECATA – this was checked with others in the profession and against the literature and changed. See footnote 1
- Research information sheet was too long and detailed, so shortened before being sent to others
- Do questionnaire face to face rather than beforehand/remotely
- Vignettes were considered to be realistic and not too traumatic to read
- With the exception of a number of relatively minor alterations (see below), the pilot worked well. It produced more than adequate data to be able to answer the RQs and the participant said that she had found it an interesting experience and that it helped her to see things in a different way. She asked for some of the information sheets to share with her colleagues. Having the information sheets was necessary as they helped to stimulate answers but allowed flexibility. For the demands section, giving time to answer first allowed personal reflection which could then be added to once the additional sheets were shown. The data gained was rich and following discussion with an academic supervisor was used as part of the main study. The participant obliged by providing additional information where it was needed to bring the pilot questions in line with the final version.

Alterations made to questionnaire following the pilot

- Q7, add Current year group(s) taught ___ Year groups taught previously _____
- Q8, add (post qualification)

- Q12, add 'previous roles'
- Q13, change brackets to (if p/t please state days/hours contracted to be in school)
- Q14, change brackets to (in days, not including non-contact time) and add, 'Amount of regular non-contact time (in days, e.g. PPA or leadership time)'
- Q15, add 'and age' and put approx. in brackets
- Q17, to start with ask to complete only first two columns and ignore the third column. Just give information on the first 2 columns and move final column instructions to after the table so that there is not so much information to take in in one go. Change column order, so current is in first column and previous in second. In instructions, change order to reflect this change and change taught to 'currently work with in your teaching role (e.g. as class/PPA teacher, or that you have dealt with as part of a leadership/duty role) is facing/has faced that particular issue'
- Q18, add '(e.g. safeguarding, behaviour/SEMH, other additional inclusion needs)'
- Add 'including in their work' in brackets after directly from child in 1st box of q19
- Q22, expand the final column and add next to 'prefer not to say', 'or space for additional comment (if you want to expand). Add 'does your school have a mental health lead?' as the first row; swap rows two and three over; add 'trustees' after governors; change 'Do you consider that your school is a psychologically safe place to work?' to 'In general, do you consider that work-related stressors for primary school teachers are largely kept within reasonable limits/offset by resources in the current English education system?'; add 'Do **you** receive any sort of formal/planned support* via your workplace to **protect your** emotional/ psychological health and wellbeing from risks associated with your role/s? (e.g. restorative coaching, clinical/safeguarding supervision, groups/networks, training related to protecting **your** wellbeing). In final

column add '* If yes, please state (NB this doesn't mean counselling)'; add 'does enough to provide' before 'appropriate knowledge and means'; add 'If you were experiencing moderate/significant stress' before 'Would you feel comfortable discussing your'; combine the last two rows and have child and adult together rather than separate

- Take out last question from table on p3, reword and give lines for open-ended answer as the final question of the entire questionnaire (Q25)
- Add a question on coping strategies. (This was done but information was not analysed as the way it was collected would not have allowed analysis in-line with my philosophical position).

Comments on and alterations to interviews following pilot

- Change any references to PECATA to V&TP
- During the welcome, add (SHOW SHEET RE WHAT IS MEANT BY psychological wellbeing and say they can refer to this at any point). Highlight in yellow so as not to forget. Also in yellow, add to schedule a reminder to check that the recording is working and both voices can be heard loudly enough
- Add to 'warm up', 'please complete the questionnaire'. Ensuing numbering system to change accordingly. Numbers given below refer to the altered version, unless stated
- After introducing vignettes, turn the voice recorder off and say to take your time in reading as otherwise participant might feel under pressure to read quickly and not take the content in properly
- Saying what the questions were going to be beforehand helped to know what to think about when reading them
- Before discussing emotions etc. ask why the particular vignette had been chosen

- Q6, ask first, give a few minutes to answer and then show the sheets
- Q7, merge Q8 and 9 from pilot questionnaire to become q7 and change the wording to 'What factors reduce or increase the distress of V&T pupils at school? What is the impact of this on your psychological wellbeing? PROMPT FOR ROLE EXPECTATIONS and FACTORS BEYOND SCHOOL – what control do you have over these factors?'
- Q8, reword (don't start with Figley). Show information on the card.
- Q9 – reword and start with cost of caring to STS criticised for being too negative, then introduce CSat
- Q10, highlight in yellow as a reminder to show sheets
- Q11, change so it is more open-ended – 'On the whole, can you tell me about balances of costs and benefits to your psychological wellbeing associated with teaching V&T pupils in your current role? Please explain. Has this got better or worse over time? How could it be maintained or enhanced without removing V&T pupils or spending lots of money?'
- Q12, highlight in yellow reminder to show sheet
- Remove Q15 and 16 that were in the pilot questionnaire as they are repetitive.

Appendix 15 Additional Detail Related to Vignette Use and Development

Vignettes are hypothetical descriptions or stories about situations or people, often designed to simulate specific circumstances which could potentially be encountered in real-life (Bracewell, 2011; Al Sadi and Basit, 2017). They are considered useful in research as they can stimulate interest, critical thinking and encourage participants to draw on their own experiences of broadly similar situations (Jenkins et al., 2010). Participants may be asked to share their opinions of the scenario, to give their views on how they think one of the characters might act or feel, or to say what they themselves might do if they were a given character in that situation (Bradbury-Jones et al., 2014; Gourlay et al., 2014; Al Sadi and Basit, 2017).

By commenting on a story or in the third person, participants are afforded a degree of detachment which enables them to express opinions which they may not feel comfortable discussing if they related to a direct personal experience. As such, vignettes are considered to be a particularly useful tool for exploring upsetting, embarrassing, sensitive or morally charged issues in a way that can feel less threatening and reduce the risk of emotional harm (Bradbury-Jones et al., 2014). In their research however, Richman and Mercer (2002) noted that although vignettes allowed detachment and depersonalisation, participants moved unprompted from talking about the given scenario to talking about related experiences of their own. Gourlay et al. (2014) suggest that this is because vignettes normalise discussion related to the feelings and emotions evoked by the topic presented. Using vignettes allows participants some control over what they reveal, and they move towards personal experiences only when they are comfortable doing so (ibid). Researchers must, therefore, give careful thought to the use of vignettes and be transparent about their purpose in their research as they must not be used as a means to deceive participants into discussing personal experience. Measures must also be

put in place to protect participants from harm if they do move to discussing personal experiences.

To be an effective research tool, the construction of vignettes should be guided by a number of principles. These include:

- Keeping them short – 200-300 words is considered ideal (Spalding and Phillips, 2007)
- Avoiding complexity – they should be clear and consistent, provide enough contextual information to allow understanding of the situation but be sufficiently ambiguous to allow participants to draw on their own experience and assumptions (Poulou, 2001; Bradbury-Jones et al., 2014)
- Keeping them plausible and relevant to participants' context, as creating too much incredulity or astonishment can make them feel inauthentic or irrelevant (Poulou, 2001; Jenkins et al., 2010)
- Using language which matches the participants skills and background (Torres, 2009)
- Ensuring that the vignette has internal validity in that it reflects the phenomenon/characteristics under investigation (Hughes and Huby, 2004)

To ensure that the vignettes are credible, relevant and representative of the phenomenon being explored, content can be gleaned from the researcher's own experience, observations and professional discussions as well as from literature (Al Sadi and Basit, 2017). Spalding and Phillips (2007) suggest that they could be developed from 'snapshots' which represent a particular situation; 'portraits' which present a particular character, or 'composites' which combine examples from multiple sources (Bradbury-Jones et al., 2014:431/2). Composites can be useful as they can hide the original source, so reducing the risk of identification of individuals

that the vignettes are based on (ibid). Prior to use in research, the internal validity of vignettes can be checked by discussing them with professionals from the field (Al Sadi and Basit, 2017).

Although vignettes can be helpful as a data collection tool, their use is not without criticism. In the main, such criticisms relate to vignettes being unable to fully capture the complexity of all aspects of an event and contributory elements (Hughes and Huby, 2004). Similarly, all the factors that contribute to a participant's interpretation of the given scenario cannot be known (Jenkins et al., 2010), neither can the motivations for their answers (Poulou, 2001). Furthermore, what participants say they would do or feel provides no guarantee that this is what would happen in a real-life response when, for example, personal and environmental factors in play at a given time influence actual behaviour and thoughts (ibid).

Vignette Use in this Research

Whilst such criticisms are noted, the use of vignettes was considered appropriate for this research as it pertains to asking participants about their exposure to trauma and was, therefore, potentially upsetting. Although not intended to be used directly as data in the research, by giving participants the opportunity to talk about a hypothetical situation to begin with, discussing feelings of potentially negative emotions could be normalised. Their use also provided me with an opportunity to check that the participant was comfortable with discussing potentially upsetting material and gave an opportunity to stop the interview before getting too far in. To aid transparency and avoid accusations that vignettes were used to deceive participants into talking about their direct experiences, they were told what related questions they would be asked prior to reading the vignettes. Also, to provide some degree of emotional protection, three vignettes covering a range of situations were provided but only one needed to be selected by each participant. This allowed them a degree of control as it increased their

opportunity to avoid discussing any content which they may not have wanted to address. The research briefing also made it clear that the research would involve discussing trauma and details of organisations providing emotional support were included. As well as gaining written informed consent, participants were verbally reminded prior to the start of the interview that some of the content may be upsetting and verbal permission was sought before proceeding.

The vignettes were constructed using my own direct personal exposure to V&T and from professional conversations, taking a composite approach to disguise the source of the information. The most extreme cases encountered were not used in order that the vignettes would not appear too sensationalist, and for those selected, certain details were removed and the content 'toned down' to reduce the potential for distress for both the participants and me. For example, one of situations involved a child witnessing their mother being strangled by a family member and one of the people involved died as a direct result of a repeat of one of the scenarios presented. Vignettes were shared with academic supervisors and revisions made to reduce the complexity and length of one of the scenarios. To check authenticity, once redrafted and prior to being used in the research, they were shared with three teachers who had considerable experience of working with PEV&Ts. They each felt that the vignettes were credible and relevant to the theme being researched and that they were unlikely to be too traumatic for use as an introductory activity. This was also confirmed in the research pilot.

Criticisms that may be levelled at vignette use were largely inapplicable in this research as they were intended only to be used as a means of normalising the discussion of emotions, rather than for seeking to explore and compare how teachers would react in reality. Participants were asked to explain their choice of vignette and each had chosen the situation which they felt most closely related to their own experience. This would suggest that the vignettes were

credible and relevant. Each participant spoke with a sense of detachment and without becoming upset but on occasion slipped into talking in the first person and had to be reminded that they had been asked to answer initially using the third person. When then asked to answer in the first person, there was a close link between how they thought the teacher in the vignette would feel and how they thought they themselves would feel. I felt that using vignettes in this way provided an effective means of setting the scene, stimulating interest and normalising the discussion of the research theme and seemed to lead naturally into the main part of the interview which followed. This adds support to the research referenced at the start of this appendix which suggests there are benefits to using vignettes when researching potentially upsetting issues.

Appendix 16 Vignettes Given During Interviews

Vignette 1 Exposure to violence and drug/alcohol issues

B is 8 years old. Her behaviour is often extremely challenging, she regularly struggles with her work, mainly due to a lack of confidence and concentration but she has a good relationship with Mrs Y (class teacher). Mrs Y regularly has to see B's mum about B's behaviour and has noticed that mum often smells of alcohol. Mrs Y is in regular contact with B's social worker and knows that B's dad is in prison for drug related issues.

Before school, Mrs Y is told by another member of staff about a disturbance the previous night at B's home. A man was arrested and the rumours are that it was a drug dealer who wanted money.

B arrives very late, looking tired and starts work straight away (which is unusual). At break-time, Mrs Y asks for a volunteer to help her. B volunteers and is chosen. Whilst helping, B tells Mrs Y that there was a party at her house last night and her mum got drunk. A man holding a hammer arrived and there was lots of swearing. B said she was scared and ran to a neighbour's house. The police were called and the man was arrested. B had to stay at the neighbour's house because the police said that her mum was too drunk to look after her. She was late for school because she had to wait for her mum to get up before she could get her uniform.

Vignette 2 Parental Separation

C is 9 years old. Recently, his behaviour has changed. He has gone from being a well-liked, funny and conscientious boy to a sullen, isolated one who gets extremely agitated and disruptive if he makes a mistake in his work.

His teacher, Miss B has spoken to his mum who says she's found him difficult at home too but can't offer an explanation as to why.

In a music lesson, the class has to write lyrics for a blues song. C works hard on his but throws it in the bin at the end of the lesson. Miss B reads it and it's all about how much he hates his dad, that he never wants to see him again, he's ruined his life and he hopes his dad dies.

A follow up conversation with his mum reveals that his dad told him during the summer that he's not his dad and has moved out. His mum took an overdose and C found her. She was allocated a mental health worker and had an assessment by social care but C was not considered to be 'at risk' and the case was closed to social care but Mum continues to see her MH worker.

Vignette 3 Disclosure of abuse in the course of a lesson

During the phonics session the word b-e-l-t is sounded out. E (6 years old) says, 'My mummy has one of those. She hits us with it when we've been naughty.' Although she gets on with her work initially, when she gets stuck, she sits under the table and refuses to come out. The school's policy is to send for a member of the senior leadership team but Miss X decides not to, based on previous experience.

At lunchtime, Miss X writes up the incidents whilst eating lunch. She tries to tell the safeguarding lead and give her the incident form but can't find her. She doesn't have time to keep looking as she has to organise the next lesson, where she will be observed by the head teacher (HT) as part of her performance review.

The observed lesson is late starting as there are unresolved lunchtime issues that need addressing before any learning can take place. During the lesson, a couple of the children misbehave and have to be spoken to by the HT. There is no time for feedback at the end of the observation and the HT says she'll see Miss X tomorrow.

There is a staff meeting at the end of the day. Miss X plans to see the safeguarding lead after the meeting, but the meeting runs over and she has to leave in a hurry to collect her own child.

Later at home, after putting her daughter to bed, when Miss X marks E's book, she realises that she still has the Child Protection form in her bag and hasn't told anyone. She remembers that the teaching assistant took E to her mum at the end of the day and had told her about E's refusal. It's 11pm.

Appendix 17 Interview schedule

The interview will be semi-structured, using the open-ended questions below as a guide. The interview will be adapted as needed to maximise participant responses and to increase the depth of the interview content whilst avoiding unnecessary repetition.

Welcome

Thank-you for agreeing to participate in my research which relates to teaching V&T pupils and teachers' psychological wellbeing (SHOW SHEET RE WHAT IS MEANT BY teachers' psychological wellbeing and say they can refer to this at any point). Before we begin, can I just ask you to check through the informed consent document and confirm that you are still happy to proceed and that you are happy for me to record this interview? CHECK IT WORKS

Do you have any questions you'd like to ask?

Warm-up

1. Please fill in the questionnaire.
2. Thank-you. I can see that you have worked in (x number of) schools and that you are currently (insert role/s), please would you just start by briefly telling me a bit more about your role and what you consider your responsibilities to be in relation to vulnerable and traumatised pupils.

Teacher exposure to pupils' trauma

3. Please read the three vignettes provided. Choose one of the vignettes. Why did you choose that one?
4. A) What emotions do you think the teacher would feel and why? B) How do you think you would you feel if you were in that situation and why?
5. One of the criteria for selection in this research was that you teach vulnerable and traumatised pupils. Without using the actual names, please could you briefly give a couple of examples of kinds of traumatic situations in the lives of your pupils. Please include how you learnt of the pupil's trauma and how you felt in these situations?

Challenges and impact on teacher psychological wellbeing when teaching V&T pupils

6. Can you tell me about the different challenges/demands that you face when teaching V&T pupils that you think you wouldn't face, or that would be less intense if you didn't teach these groups? What relationship do these have to your psychological wellbeing? Now please look at the sheets, are there any extras that apply and how do these impact on your psychological wellbeing?
7. What factors reduce or increase the distress of V&T pupils at school? What is the impact of this on your psychological wellbeing? PROMPT FOR ROLE EXPECTATIONS and FACTORS BEYOND SCHOOL – what control do you have over these factors?
8. In professions such as health and social care, it's recognised that there is a 'cost to caring', also referred to as secondary traumatic stress (show information on card), how do you think this might be relevant for teachers? How does it impact on your psychological wellbeing when you teach V&T pupils?
9. STS is often criticised as it only focuses on the negative aspects of working with V&T clients. Stamm suggests that there are benefits to working with V&T people (compassion satisfaction – show card). How does this relate to teachers? How does it impact on your psychological wellbeing when you teach V&T pupils?

Support and barriers

10. At work, how are you supported in planning for, managing, recovering from and reflecting on your work with V&T pupils? What support do you have to protect your psychological wellbeing from what you have heard about a pupil's trauma or when the behaviour of a V&T pupils has directly affected you, for example, through rudeness/violence towards you or that you witness towards another pupil? **Show the sheet on workplace social support.**
11. On the whole, can you tell me about balances of costs and benefits to your psychological wellbeing associated with teaching V&T pupils in your current role? Please explain. Has this got better or worse over time? How could it be maintained or enhanced without removing V&T pupils or spending lots of money?
12. The 'cost of caring' is recognised as a risk to the psychological wellbeing of many health and social care workers who work with V&T people, and they receive formal dialogic support (supervision/coaching) and training which, in part, is intended to protect their psychological wellbeing as a matter of course. **(show benefits sheet)** How might such social support be relevant for those who teach V&T pupils?
13. What barriers do you think there are to teachers accessing this kind of support?
14. How might these be overcome?

Conclusion and 'mop-up'

15. This interview has aimed to explore the impact on your psychological wellbeing and how to maintain or enhance it when teaching V&T pupils. Is there anything else you would like to add that you haven't had the opportunity to say?

Post-interview protocol

Finally, thank-you for your participation and can I just remind you that there are contact numbers on the email I sent, in case you are experiencing distress now or in the future. Are you feeling OK at the moment as a result of taking part in the interview and are there any questions you'd like to ask me related to this research?

If you have any further thoughts after the interview that you would like to add, please feel free to call or email me. Should I need any clarification or have follow up questions, are you happy for me to contact you again? If so, by what method of communication and when?

Appendix 18 Sample Interview Transcript

Italicised writing – words spoken by the interviewer. No italics, words spoken by Maria.

One of the criteria for selection in this research was that you teach vulnerable and traumatised pupils. Without *actually naming anyone*, could you just briefly tell me a couple of examples of the kinds of trauma in your children's lives?

I think the family, I've taught 2 children in this family who manifest their trauma in a completely different way. So I taught the boy first and he is one of the most disturbed children I've ever taught and I definitely needed supervision while teaching him.

And did you get that?

No. Um, he, I was the class teacher and he went through 3, at least, support teachers, one of which he had a massive, she was affected hugely by the stress of teaching him because he was incredibly destructive to relationships so we never really knew how he was going to behave and all of us were scared of him.

Scared in what way?

Frightened about his behaviour because he was violent and aggressive towards other children and violent in the room and picked on other vulnerable children and was incredibly cruel to them and all those things.

So a lot of it was witnessing the kind of things he'd do to other people that was distressing?

And feeling powerless to stop him because we ourselves, and lying in bed at night thinking about how to manage him and how to protect the other children and as the class teacher how to protect the other children and how to protect the LSA that was supporting him. I did feel that I didn't get any support, proper support from school at all, to deal with something of that magnitude. The SEN coordinator was out of her depth and I just felt really frustrated that we were asking and pleading for help with this child and there really wasn't anyone to help us at all. He made a really strong relationship with my LSA who I felt was young and excellent and very protective of him but over time, he was of course, displayed very, very cruel behaviour to her as well. So he'd be on and off, on and off with her, just basically wanted to be with her the whole time and just formed a huge attachment to her but on the other hand, was often, treated her really appallingly in the way I always felt it was, I'm doing this, do you still like me how?

Pushing the boundaries

And she would bounce back and I could see it was having a really awful effect on her and really making her stressed because he liked her so much, and she did realise that and she was incredibly fond of him but also, we just didn't know and since doing the trauma course where I felt like I did get quality training about this, I realised that we just weren't making the right decisions. She would go into the sensory room, and this is a child who never experienced joy. Joyful feelings just didn't sit with him at all and eventually he would unwind and begin to be playful in this room with her and then it would go from being appropriately playful to not appropriately playful and rather mad, then, but she managed to control it and then whenever he came out of that room and was coming down from that experience, that joy, he would be incredibly aggressive, incredible. Angry. Hitting out at her, at all the other children, at the environment and I realise now that he was kind of grieving about the feeling that the feelings of joy were leaving him again and he was really angry that those feelings were stopping.

And do you know what was at the root of that?

RB Rachel Briggs
On-going relationship – with family, not just one child
Different manifestations/needs
High dosage
Aware of supervision as EYFS teachers in her school had it but she didn't. Desire/need to access this type of support

RB Rachel Briggs
Exposure as CT (and LSAs who get the most flack), not just TWDS/IR exposed
Picking up on colleagues' distress, not just pupils
Lack of stability for PEV&T
Challenging relationships
Unpredictability

RB Rachel Briggs
Strong negative emotion - fear
Witnessing violence and cruelty towards others
Other PEV&T

Rachel Briggs

RB Rachel Briggs
Lack of agency - powerless
Not switching off outside hours – decreased recovery time
Demands not measurable in hours
Demands beyond content of lesson
Behaviour of one affecting others
Desire to protect
Lack of support – not enough expertise in school, including SLs
Asking/pleading

RB Rachel Briggs
Recognising impact on others (LSA fond of – not depersonalising)
Benefit of training and reflection
Some resources (LSA and sensory room)
More violence

I just think he had witnessed, this was a boy that in his history was, he had witnessed his dad several incidents of domestic violence, but one so severe that Mum was hospitalised and Dad was put in prison for 18 months and he was about 3, 3 ½, 4, when he witnessed that. So then he would do things like, we have a child with physical and global delay and he would hurt her and actually sometimes I felt myself going into an absolute rage when he did this of wanting to protect. Those were the triggers for me that made me, he knew that those were the triggers that I wanted to protect the other children in my class and when he hurt them, I felt really, he knew that that was the button, that was the trigger that would make me lose my cool or react.

So you think he did things deliberately to manipulate you to get you to that stage?

Oh yes, definitely. And there was a lesson observation where an outside head came in and he was fully aware that all staff members were nervous about this or there was a feeling in the room that there was something different going on and he acted out hugely in there, so, pushed the girl over, pulled down his pants, ate the resources. So he just did everything in his power.

These were presumably inedible resources?

Yes, paper, glue, just shoving them into his mouth and actually, I had a choice in that lesson observation, to remove him from the room with the LSA and pretend everything was OK but after months of asking for help and not really getting any effective help, I decided to show what we were coping with day in, day out. And he really went to town and he really lost all control of himself and hurt another child in the room and luckily for me, from that point on, I got help because the visiting HT said, well, she was appalled why we weren't getting support and we'd been trying, just me and the LSA had been struggling for ½ a year with no support and from that moment on, from that second on, suddenly the funding was found and we got support but unfortunately, such was his trauma and his, we couldn't, they were just getting young, mainly XXXXX people, from an agency, these people were not trained and still we were in the situation that the people who were coming to work with him were not trained. I wasn't trained and the SEN person in our school was out of her depth.

RB Rachel Briggs

DV – high dose
Lasting impact
Multiple needs simultaneously
Witnessing
Strong emotions in response to behaviour
Pupil perceived as in control

RB Rachel Briggs

Scrutiny – consequences- nervous, pupils sensing
External person
Change
Extreme behaviour
Unable to protect

RB Rachel Briggs

Autonomy – (but not type to improve wellbeing)
Perceived need to hide struggles - pretend
Showing struggles CAN make a positive difference
Luckily – more at someone else's discretion rather than own agency. Why should this be left to luck??
Allocation of resources
Resources need to be fit for purpose/appropriately matched
Lack of informational and tangible resources – length of time having to cope

Why does it need an external person to come before any changes are made – why aren't teachers being listened to?

Appendix 19 Coding Template Extracts

Coding template showing levels 1 to 3 only

Level One	Level Two	Level Three
How are you today?	Roles and responsibilities towards V&T pupils	Perception of SLT's expectations of me Perception of role requirements Expectations of self (beyond what's required) Not a job to do if you don't care I didn't sign up to this
	Exposure to different V&T types	How? When? What type of trauma/vulnerability? Whose trauma/vulnerability?
	Want to help but ...	Don't know how to Afraid of making things worse Know what to do but problem is too big to fix I have my own needs/history Compassion takes its toll CSI I need to protect myself 'Time' factors (frequency, intensity)
	Compassion satisfaction	Indicators Cynical of concept 'Time' factors (frequency/intensity)
What do I have to do?	Demands	Making up for lack of 'capitals' Academic Non-academic Emotional Physical Cognitive Managing Relationships Increased Vigilance Attending meetings Avoidance tactics Responding to change
	Resources	Time and effort No time to care Removal of children Impact of funding cuts Psychological resource availability
	Autonomy	Other people's/system priorities Meaningful/meaningless activities Doing things I don't believe in Unpredictability Things beyond my control No breaks Insufficient control of resources
Am I good enough?	'Just checking'	Scrutiny Accountability

		Recognition and reward Fairness/lack of
	Competence	Agency Self-efficacy Technical proficiency Mastery Development/learning
	Incompetence	Can't cope Not doing it right Out of my depth Lost my touch Not trained Am I the only one struggling? Understanding role expectations
	Focus on what's measured - Consequences	Narrowed curriculum Academic v pastoral Things done for show 'No-win' situations and conflict Recruitment and retention
What about me?	Self-acceptance	Can live with decisions made/actions taken Content with view of self and what life/career adds up to
	Belongingness	Culture of caring/not caring Compassion Solidarity Positive co-worker relationships Social comparison Isolation
	Psychological safety	Interpersonal trust Respect Beliefs about others Lack of – culture of fear Use of voice
	Emotions/feelings	Positive Negative Time related (eg frequency, duration, when) Intensity Helpful/unhelpful
	Support	Matched to demands/strain/stressor 'Incapability' There isn't any There isn't enough Not what we want Have to find your own Instrumental Informational Emotional and appraisal Self-care
	Solutions	Change in culture Change of leaders Change in funding

		Government recommendation More understanding of/access to supervision Initiatives matched to teachers' needs Resources – training, LSAs
--	--	--

Example of coding level 3 and beyond

Emotional and appraisal

Culture of organisation

It comes from the top

Not part of the culture

Formal/organised

Lesson observations (included as part of scrutiny)

Supervision/coaching

Benefits

Comfort/compassion

Validation

Re-authoring

Learning

Resourcing/restoration

Off-loading

Reflection/preflection

Barriers

Practicalities

Who gets it? (everyone, strugglers, volunteers, specific roles)

Who delivers it (internal/external; education background/other; specialist training/no training)

When does it happen?

Where?

Funding

Purpose

What is it?

What's it for? (clinical, safeguarding, professional practice)

Perception

Understanding what it is

Valuing it

Coachee/supervisee

purse-string holder

Stigma

Opening a can of worms

Confidentiality concerns

Beyond competence of 'helper'

Don't want to burden others

Might be used against me

My responsibility/victim blaming

Excuse not to fix the job

Informal/ad hoc

Supportive colleagues

Headteacher/principal

Other senior leaders

Peers

Other

External professionals

You have to find your own

Friends and family

Self-organised activity/therapy

Appendix 20 SoE Research Ethics Form and Approval Notification

It is important for members of the School of Education, as a community of researchers, to consider the ethical issues that arise, or may arise, in any research they propose to conduct. Increasingly, we are also accountable to external bodies to demonstrate that research proposals have had a degree of scrutiny. *This form must therefore be completed for each piece of research carried out by members of the School, both staff and students*

The SoE's process is designed to be supportive and educative. If you are preparing to submit a research proposal, you need to do the following:

1. **Complete the form on the back of this sheet**

A list of prompts for your discussion is given below. Not all these headings will be relevant for any particular proposal.

2. **Arrange a meeting with a fellow researcher**

The purpose of the meeting is to discuss ethical aspects of your proposed research, so you need to meet with someone with relevant research experience. Discussants are encouraged to take the role of critical friend and approach the research from the perspective of potential participants.

Track the changes in how your thinking has changed as a result of your decisions; this form is designed to act as a record of your discussion and any decisions you make.

3. **Upload a copy of this form and any other documents (e.g. information sheets, consent forms, materials) to the online ethics tool**

at: <https://dbms.ilt.bris.ac.uk/red/ethics-online-tool/applications>.

Please note: Following the upload you will need to answer ALL the questions on the ethics online survey and submit for approval by your supervisor (see the flowchart and user guides on the SoE Ethics Homepage).

If you have any questions or queries, please contact the ethics co-ordinators at: gsoe-ethics@bristol.ac.uk

Please ensure that you allow time before any submission deadlines to complete this process.

Be aware that ethical responsibility continues throughout the research process. If further issues arise as your research progresses, it may be appropriate to cycle again through the above process.

Name: Rachel Briggs

Proposed research project: An exploration of the emotional and psychological health and wellbeing of teachers, and how they can be supported, when they teach vulnerable and traumatised pupils in mainstream primary schools in England.

Proposed funder(s): None

Discussant for the ethics meeting: Cathy Shail (EdD student at the research stage and also practising teacher)

Name of supervisor: Dr Lucy Kelly and Dr Jo Rose

Has your supervisor seen this submitted draft of your ethics application? Y

Please include an outline of the project or append a short (1 page) summary:

Last year, Theresa May announced her intention to transform the mental health of the nation, starting in schools and workplaces. A recent government green paper set out increased expectations on schools for meeting the mental health needs of pupils which adds to existing expectations on teachers related to inclusion and safeguarding.

Whilst it is widely accepted that working with vulnerable and traumatised clients can impact on the wellbeing of health and social care professionals, through secondary traumatic stress and that there is a need for support to mitigate against risks, there is limited recognition of this for teachers. At a time when stress associated with demands on teachers is well-documented, adding to their demands without increasing support has the potential to further impact on teacher wellbeing. This research therefore aims to build a picture of the impact on the emotional and psychological health and wellbeing of teachers when they teach vulnerable and traumatised pupils. It also aims to explore teachers' perceptions of support that could mitigate against any associated risks that may be found, with a view to raising the profile of the need to protect and enhance the wellbeing of teachers when they teach pupils who are exposed to acute and chronic trauma and adversity.

Research Questions:

1. What are teachers' experiences of exposure to vulnerable and traumatised pupils?
2. What do teachers perceive are the costs and benefits to their emotional and psychological health and wellbeing when teaching vulnerable and traumatised pupils?
3. What are teachers' views on the use of organisational social support to enhance their emotional and psychological health and wellbeing when they teach vulnerable and traumatised pupils?

4. How can employers enhance the emotional and psychological health and wellbeing of teachers through organisational social support when they teach vulnerable and traumatised pupils?

Prior to the main data collection phase, up to three pilot participants will be asked to complete the pre-interview questionnaire and interview. This will involve those who are known to the researcher, but it is not necessary for them to currently teach in Bristol. They will be asked for feedback on the process and the data collection tools will be adapted if necessary, based on their suggestions or to resolve any issues that the researcher identifies during the process.

The data collection phase involves ten to twelve female teachers who teach in mainstream primary schools in Bristol. They will be asked to complete a pre-interview questionnaire to gain background information, followed by an interview which uses vignettes and open-ended questions. Interviews will be recorded and transcribed by the researcher and then thematically analysed to answer the research questions.

Ethical issues discussed and decisions taken (key points are written in italics, with asterisks to show which part they refer to):

We first discussed the use of the terms ‘vulnerable and traumatised pupils’ (V&TP) and whether using ‘pupils experiencing chronic and acute trauma and adversity’ (PECATA) would be better. The emphasis in the second term is that the pupil is the focus rather than being defined by their situation. We agreed that we preferred the second one, however, this is not consistent with the terminology widely used in the sector. This will be looked into further against the literature with a view to changing from V&TP to PECATA. Although vulnerability is used nationally, there has been a local focus on adverse childhood experiences, so changing is possibly a better reflection of what is currently relevant in the research location and it is anticipated that documentation will be changed to reflect this once ethical approval has been given.

1. Researcher access/exit

Ten to twelve teachers who teach vulnerable and traumatised pupils (see categories on information sheet) will be recruited. This will be restricted to female* teachers who teach in mainstream primary schools in Bristol and have at least two years post qualification experience.

**It was suggested that a very short reason should be given on the research information sheet to say why only females. There are a number of reasons for this which will be explained in the methodology section, but a key reason is that according to the most recent school workforce report, nationally in primary schools only approximately 15% of teachers are male. As a higher proportion of males to females are in leadership roles and do not teach classes, if using proportional sampling, only 1 would be male which appears tokenistic.*

A variety of sampling strategies have been considered and initial recruitment will be undertaken in the following way:

- Direct approach by email or in person to individuals known to the researcher who meet the research criteria, asking if they would be interested in participating in the research.
- Indirect approach to teachers who meet the criteria via the researcher's personal contacts, to initiate a snowball sample until the desired sample size has been achieved. Examples of the researcher's contacts who may be used are: Managing Director of a school improvement organisation; behaviour consultant; member of the Designated Mental Health Lead Teacher network; Chartered College of Teachers local network; Health and Safety Advisor and Bristol City Council trade union roving rep. An invitation to participate in research will be provided for distribution either through personal contact or email.

If the response is positive, a research information sheet and an informed consent form will be sent to them, with a request to return the informed consent form by a given date if they are happy to participate.

They will then be contacted to arrange a mutually convenient date, time and venue for the interview. It is anticipated that the researcher will offer to travel to the participant's location, so the participant will not incur costs. Public places are not considered suitable due to the sensitive nature of the topic and the need to record the interview. It is expected that work settings or homes will be selected but participants will be offered the opportunity to attend a University of Bristol site if this is more desirable to them (see section 7 below for participant and researcher safety issues).

Participants will be sent a pre-interview questionnaire for completion shortly before the scheduled interview.

Following the interview, all participants will be thanked by email for their participation and reminded that they are free to contact the researcher if they have any further questions or want to add anything to what they have said during the interview. They will be given the opportunity to check the transcript once it has been completed and asked if they wish to receive a digital copy of the final report or a summary of the findings.

2. Power and participant relations

The researcher is not a work colleague of the participants and has no current relationship with them in a work capacity (e.g. as a consultant/coach). Information will only be shared in a way which allows participants to be identified by anyone who has job-related positional power, if there are legal requirements to do so (as explained on the informed consent document).

The researcher recognises that there are bi-directional power relations between herself and the participants. Qualitative research relies on the co-construction of knowledge, where production of the data is shared but the researcher is dependent on the participants as the main providers of the data. Participants can determine their level of co-operation and have the autonomy to choose the extent of their disclosure of information and can ultimately withdraw consent for the use of their data. However, it is the researcher who has set the agenda to reach the goals of her research.

In providing information about the research to the participants prior to their involvement and giving them the opportunity to ask questions, there will be no attempt to deceive to encourage participation and there will be no attempt to obscure the research goals. This increases the individual's ability to make an informed decision as to whether to participate in the research.

Although in the context of this research, the researcher is a doctoral student, she has multiple identities in that she also has considerable experience as a teacher/school leader and a behaviour specialist (brief information on the researcher's background is included on the research information sheet). She is therefore, in some respects, an 'insider' due to her membership of the primary education community, so she shares a language and some experience with the participants. However, she is also an 'outsider' as she is not a member of any participant's school community and as a member of the university, is thus subject to different institutional practices. Participants will have different views of each of these identities and their combination, and the researcher should therefore not make assumptions about participant perceptions of her. She will need to adapt to each participant to create an environment where all feel that their experience/expertise is important and valued. To facilitate this, the researcher aims to create a non-threatening environment, utilising knowledge of the shared language and through the research instruments used, which give participants the opportunity to share their own experience and to open-up about their feelings so that aspects of their lives can be examined.

The researcher takes this information and moves it from the private to the public domain. She also has the privilege of choosing what to present and what to omit. As such, whilst the research can give the participants a voice (albeit an anonymous one), the researcher is the one with the power to re-tell the life experiences shared by the participants. She therefore has total responsibility for methodological transparency and credibility of the research and to share the data respectfully, without making inaccurate generalisations and with a duty of care to the participants and research community.

The researcher appreciates the benevolence of the participants and recognises that she is the one to gain from their involvement through pursuing her own interests, with the ultimate hope of earning a doctorate.

3. Information given to participants (documents intended to be used up to the end of the data collection phase are attached, although some minor amendments are anticipated following supervision and data collection pilots and in the light of points raised in this conversation)

- Research briefing sheet*
- Informed consent form
- Pre-interview questionnaire
- Contact details of organisations providing free emotional support for teachers
- Vignettes will be provided which the participants will be asked to read during the interview**

- Information related to the concepts being researched will be provided during the interviews to ensure that the participants have an understanding of the concepts they are being asked about
- Following the interview, the participants will be sent an email as outlined above
- Possible email if clarification of interview data is required
- A transcript of their interview, with follow-up reminder if needed
- A copy of the research findings (summary or whole report) if requested.

**In the potential risks and benefits of participation section, it was suggested: i. adding the word 'triggers' might be useful in relation to the potential for distress. ii. adding a sentence along the lines of, 'The participant will have an element of choice within some of the stimulus material involved'.*

***The vignettes were read and discussed with a view to seeing if it was felt that they were too lengthy, complex or heavy going which had been suggested by one of the supervisors. The discussant felt that complexity was intrinsic to the nature of what is being explored and reducing to bullet points or losing detail may not capture the complexity needed. She explained that this was based on her experience of teaching and safeguarding training. The vignettes will however be reconsidered to see what detail can be removed without losing the complexity of the scenarios. These will be discussed with the pilot participants to gain views. These views will then be taken into account, along with a consideration of the main function of vignettes in research before finalising them.*

4. Participant's right of withdrawal

The participant is free to withdraw at any stage without giving a reason until the point at which the data is anonymised which it is anticipated will be two to four weeks after data collection (see section 9). In addition, participants have the right to decline to answer any question, to take a break or to terminate the interview at any point they wish.

5. Informed Consent

Participants will be asked for written informed consent prior to completing the pre-interview questionnaire (see attached form). They will be reminded of the information on the consent form and asked to confirm verbally that they give informed consent at the start of the interview. Following the interview, they will be asked again if they consent to their words being used (once anonymised) in the research report. They will also be given the opportunity to ask questions about the research at any stage.

6. Complaints procedure

Participants will in the first instance be asked to discuss any concerns that they have with the researcher. However, they will also be advised that they may contact the research supervisors and their contact details will be provided on the research information sheet and the informed consent form.

7. Safety and well-being of participants/researcher

As the interviews involve discussion of potentially distressing situations, measures have been taken to reduce the risks, for example using vignettes, as research suggests that these create a distance between the participant and the situation and thus depersonalises the discussion. They also help to normalise discussion about the topic/feelings and emotions before beginning to talk about personal situations. It will be made clear however, that discussion of personal experience will be necessary, so there is no attempt to deceive by moving from the third person to first person without warning. Whilst research on a similar theme conducted in North America noted the potential for distress, it reported that participants found that having the opportunity to discuss their work with those who have suffered traumatic experiences was therapeutic and it is hoped that this will be the case here. Although the researcher is a trained Mental Health First Aider for adults and has experience of coaching distressed teachers, it is important for participants (and researcher) to recognise that she is not a clinician and that this is an interview and not a counselling session*. The researcher's training/experience in this area should however enable her to conduct the interviews sensitively and to recognise signs of distress and participants will be reminded that if a question causes distress or discomfort, they have the right not to answer it, to take a break or to withdraw from the research immediately. Contact numbers of free support agencies will be provided, although as explained on the consent form, the quality of any service provided is beyond the control of the researcher.

During the interview, participants will be asked questions on concepts which have not traditionally been associated with teachers. In order for them to be able to answer the questions, information about the concepts will be provided (see attached sheets on STS and compassion satisfaction). In applying this information to, and reflecting on, their personal contexts working with vulnerable and traumatised pupils, there is potential to increase their understanding of its impact on their emotional and psychological health and wellbeing. Such increase in understanding has been found to be beneficial to wellbeing of practitioners in the health and social care sectors.

As there is potential for secondary traumatic stress in the researcher, the researcher has access to emotional support through the same free channels as the participants but also has access to a clinical supervisor, arranged privately. Should this be necessary, the name of the interviewees will not be disclosed.

It is anticipated that the researcher will travel to meet the participant at a venue of their choice (home, school, university) and there is a possibility that the venue will not be accessible to the researcher in advance of the meeting. In order to minimise risks to participants' and researcher's physical safety, a dynamic risk assessment will be made, and potential risks will be responded to with reasonable care and attention. If the risks cannot be minimised to an acceptable level, the venue will not be used. Additionally, if the risks increase to an unacceptable level during the interview, it will be suspended. If the interview is conducted in the participant's home, the researcher will need to be mindful of that fact, for example, through not staying too long, not spreading out and taking over the space, having no expectations of the participant to provide hospitality so the researcher will need to ensure, for

example, that drinks are available and not unduly impacting on any other of the home's inhabitants. The researcher should also leave, if requested, without the need for any explanation.

The physical safety of the researcher is important, both in getting to and from the venue and whilst at the venue. The researcher will carry a mobile phone and ensure that details for example travel plans, person being interviewed, anticipated time of return will be left with another individual (most likely the researcher's partner). The participant's details will be left in a sealed envelope only to be opened should the need arise – agreement for this will be included in the informed consent and will be a condition of participation. The applicable elements of the 'Personal Safety at Work – Lone Working Policy' provided by the Suzy Lamplugh Trust will be adhered to (see attached).

**The discussant checked the information sheets to ensure that it was clear that the discussions are about potentially distressing situations but that the discussion would not be therapy. It is the responsibility of the researcher to ensure that the boundaries between interview and counselling are not crossed.*

8. Anonymity/confidentiality

Participants will be asked to provide a pseudonym which will be used for the purposes of this study. The pseudonym chosen should be one that no-one would associate with the participant. The participant's name, school or any identifier other than the chosen pseudonym will not appear on any data other than the consent form and the pairing of the pseudonym and name will only be known to the researcher. A record will be made at the earliest possible time of the participant's name and their chosen pseudonym and the pseudonym will then be obscured from the consent form. This record will be stored as detailed in section 9.

The data collected once anonymised is intended to be used for the purposes as set out in part 10 and whilst it is intended that direct quotes will be used, all reasonable steps will be taken to ensure that no data is used that could lead to the identification of any individual, including those indirectly involved in this research.

Due to the potentially sensitive information which may be shared, so as to avoid a link being made to another individual, although participants in research may wish to waive their right to anonymity, in this research it is not considered appropriate.

Confidentiality will be maintained with the following caveat. As the research is related to professionals who work with vulnerable children, the researcher has a legal responsibility to report concerns in line with Bristol Safeguarding Children Board's procedures*. Participants will be informed of this on the consent form.

**We discussed whether this might put people off participating but feel strongly that it must be included as confidentiality cannot be given in the unlikely event that a disclosure of criminal activity is made. The discussant also felt that it was unlikely to deter participation as it relates to expectations of conduct in line with the professional standards for teachers. It was suggested though that this could be included as a limitation in the report write up.*

9. Data handling practices, including data protection

Data will be collected in a questionnaire and also through audio recorded interviews. All data collected for this research will be held and processed according to the principles set out in the Data Protection Act (2018) and in accordance with university regulations (see <http://www.bristol.ac.uk/secretary/data-protection/>). Raw data will be anonymised at the earliest possible opportunity and only pseudonyms will be used on stored documents other than the consent forms (with the exception of the document which links informed consent to the pseudonym which will be password protected and accessible only to the researcher. This will be destroyed when it is no longer necessary to link the participant with their data for follow-up). For interview data, this will occur during transcription which is anticipated to take place two to four weeks after the interview. The interviewees will be given the opportunity to check their transcripts, which will be sent as a password protected email attachment. Once the transcription is accepted by the interviewee, the audio recording will be deleted. Transcriptions will be saved on the university drive which is secure and backed up regularly. Data kept on the researcher's personal computer will be password protected. Anonymised raw data will be kept for 10 years after completion of the project.

Data may need to be shared with the academic supervisors/examiners and with another researcher to check the reliability of findings. Similarly, data may be discussed should the researcher access clinical supervision in relation to this research. No data will be shared which could reasonably be expected to reveal the identity of any individual, unless legally necessary.

10. Feedback and reporting of research

Participants will be offered a summary of the findings and if they wish, an electronic copy of the final research report.

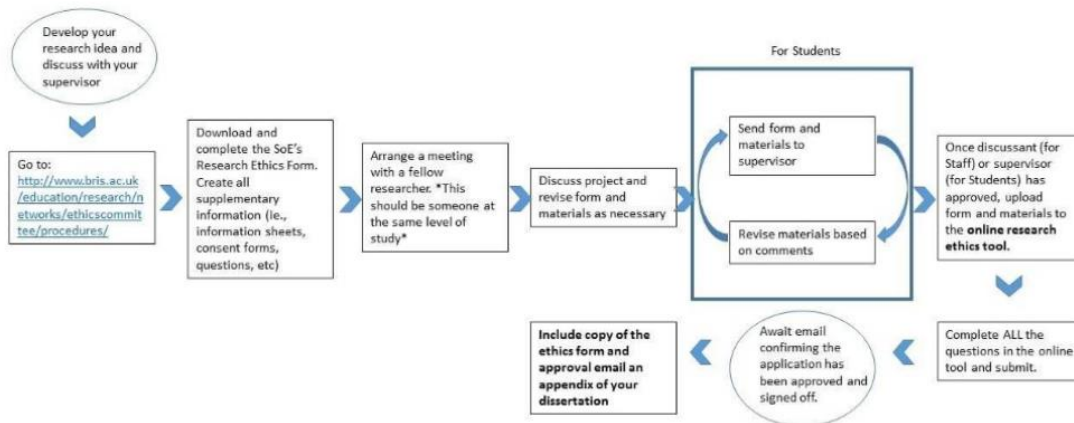
Data collected is primarily intended to be used for the purpose of writing a doctoral dissertation however, it may also be used in future publications, for example, associated research reports, journal articles or publications designed to further the understanding of the research theme. The findings may also be used in presentations, at conferences or in training sessions.

11. Responsibilities to colleagues/academic community

The research has been planned and will be conducted with the participants' and researcher's wellbeing in mind. Its findings will be reported so that they provide an accurate reflection of the data collected.

It should be explicitly mentioned that the researcher is aware that ethical responsibility continues throughout the research process and will return to the cycle if necessary. It was suggested by the discussant that the cycle should be copied here.

SoE Research Ethics Procedure



If you feel you need to discuss any issue further, or to highlight difficulties, please contact the SoE's ethics co-ordinators who will suggest possible ways forward.

Signed: (Researcher) Signed: (Discussant)
Rachel Briggs Cathy Shail

Ethical Approval Email

Research Governance and Ethics Officer

Wed 05/12/2018 14:57

Your online ethics application for your research project "exploring teachers' wellbeing and how to support it when they teach vulnerable and traumatised pupils" has been granted ethical approval. Please ensure that any additional required approvals are in place before you undertake data collection, for example NHS R&D Trust approval, Research Governance Registration or Site Approval.

For your reference, details of your online ethics application can be found online here:

<http://www.bristol.ac.uk/red/ethics-online-tool/applications/78022>