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A Narrative Inquiry Into the Experiences of Young People with Mental Health Needs Who Are Receiving Outreach Hospital Education

Lucy Wood

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Abstract

A crisis in adolescent mental health has been widely declared and reportedly exacerbated by the Covid-19 pandemic. Research evidence associates young people's mental health difficulties with destructive outcomes, including school non-attendance, educational disruption and underachievement (BPS, 2017; McDonald et al., 2023). In England, when a pupil's mental health needs prevent them from attending school over time, their local authority and school are obliged to refer them to Hospital Education services via a medical practitioner (Education Act, 1996; DfE, 2013b, 2015b). Outreach Hospital Education (OHE) can provide short-term provision for these vulnerable pupils, to mitigate negative consequences of their educational exclusion and facilitate their recovery away from mainstream environments. However, despite OHE being an established feature of education in England, it is currently missing from national data and published literature. A dearth of research has sought the perspectives of young people with mental health needs who experience OHE, serving to exacerbate their purported invisibility as pupils within complex hospital education services and local authority systems (Mintz et al., 2018).

This research aimed to contribute to the understanding of OHE for these pupils, through placing their voices at the forefront of the conversation. It tells the stories of five secondary-aged informants receiving OHE in England due to medical mental health needs. Accounts of their educational journeys were elicited through narrative interviews and analysed using a voice-centred dialogical narrative analysis. Two typologies were created to capture the nature and purpose of informants' stories: *chaos* and *moving through.* By providing insight into their narratives, considerations of informants' experiences for professional educational practice and further research were considered. Key discussion related to the importance of: *relational practice and whole-school approaches to mental health; promoting pupil decision making in OHE referrals; school collaboration with OHE; and OHE services being better acknowledged within national legislation, data, educational discourses and academic literature*. Conclusions suggest that pupils receiving OHE occupy multiple positions of struggle, strength and survival which are each important, yet nuanced, aspects of their educational experiences to articulate. Thus, professionals' relational and voice-centred listening practices are necessitated to attend to these intricacies and illuminate the often-marginalised experiences of young people with mental health needs.

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I would firstly like to thank the five courageous young people who informed the research. Listening to their stories was more powerful than I ever expected. The project would not have been possible without them; for their participation, honesty, and inspiration, I am truly grateful.

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The final acknowledgment goes to my fiancé, Josh, whose support, friendship and patience has been unwavering throughout my doctoral journey. Words cannot explain how much your love means to me; thank you for everything.

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.

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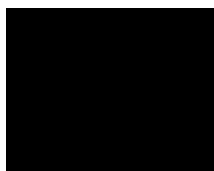
Date: 31.08.2023

Glossary of Abbreviations

AP	Alternative Provision
BPS	British Psychological Society
CAMHS	Child and Adolescent Mental Health Service
CoP	[SEND] Code of Practice
DfE	Department for Education
DNA	Dialogic Narrative Analysis
EBSA	Emotionally Based School Avoidance
EP	Educational Psychologist
HCPC	Health and Care Professions Council
HE	Hospital Education
HoCEC	House of Commons Education Committee
IE	Inclusive Education
IPA	Interpretative Phenomenological Analysis
LA	Local Authority
LeHo [Project]	Learning at Home and in the Hospital [Project]
LG	Listening Guide
NHS	National Health Service
NAoHHT	National Association of Hospital and Home Teaching
NI	Narrative Inquiry
OHE	Outreach Hospital Education
PCP	Person Centred Planning
PRU	Pupil Referral Unit
PTSD	Post-Traumatic Stress Disorder
SEMH	Social, Emotional, and Mental Health
SEND	Special Educational Needs and Disabilities
SMHL	Senior Mental Health Lead
TEP	Trainee Educational Psychologist
UK	United Kingdom
YP	Young People

Table of Contents

List of Tables and Figures

Chapter 1: Introduction

1.1. Chapter Overview

This dissertation presents a narrative inquiry into the experiences of young people with mental health needs, who are receiving Outreach Hospital Education. The introductory chapter is presented across three parts:

1. **Introducing the research setting and context:** An overview of Hospital Education services and the outreach provisions within them. Contemporary legislation and guidance for practice related to such services is discussed alongside relevant research literature.

2. **Introducing the research significance, aims and origins:** An account of the rationale, aims, research questions and theoretical perspectives underpinning the study. The relevance of this dissertation to professional Educational Psychology is articulated and I locate myself in the research, discussing how my personal and professional experiences served as impetuses.

3. **Outlining the dissertation structure:** An outline of the structure of this dissertation is presented, alongside a brief summary of each chapter, to orientate the reader.

1.2. Hospital Education Services in England

This introductory section provides an overview of Hospital Education (HE) services in England, outlining relevant terminology, legislation and practice guidance. Owing to the sparsity of relevant research literature (see Chapter 2), it draws upon grey literature to discuss the structure, organisation, pedagogy and curriculum of HE services and includes some international literature where relevant.

1.2.1. Legislation and Terminology

HE is governed by the duties placed on local authorities (LAs) and schools to support the learning of pupils with medical conditions, as stipulated by The Children and Families Act (2014). The Children and Families Act (2014) was introduced by UK government to improve services for vulnerable children and their families. It informed changes to the Special Educational Needs and Disability Code of Practice ([CoP] DfE, 2015a), outlining the duties of organisations to support pupils with special educational needs and disabilities (SEND). The Children and Families Act (2014) and the SEND CoP (DfE, 2015a) continue to guide the practice of services supporting young people (YP) with SEND in England. With relevance to this dissertation, section 100 of the Children and Families Act (2014) stipulates education providers are responsible for making appropriate arrangements to support pupils with medical conditions, ensuring they are not educationally disadvantaged.

National guidance outlines that, for pupils unable to attend school due to illness limiting their ability to access suitable education, LAs are statutorily responsible for *"arranging suitable full-time education"* (DfE, 2013b, p.3). This duty and national guidance applies to section 19 of the Education Act (1996), which refers to the provision of education in alternative provisions

(APs) and stipulates "each local authority in England shall make arrangements for the provision of suitable…education at school or otherwise than at school for those children of compulsory school age who, by reason of illness…may not for any period receive suitable education unless such arrangements are made for them" (1996, section 19, para.1). Across Europe, such education provision is widely referred to as Home and Hospital Education (Learning at Home and in the Hospital [LeHo] project, 2015a; 2016). In English discourse, HE is used as a collective term, and thus is adopted throughout this dissertation. HE is specified by the Department of Health and Social Care (2015) to be:

> education provided…under any arrangements made by the local authority under section 19 of the Education Act 1996 (exceptional provision of education), where the child is being provided with such education by reason of a decision made by a medical practitioner (para.1).

HE services are most-often managed by LAs and registered as community or foundation special schools or Medical Pupil Referral Units (PRUs). They are distinct from their broader categories (e.g., PRU), owing to their specific admissions processes and provisions for YP with medical needs. According to DfE guidance, HE services are categorically a form of AP, as they provide "education outside school, arranged by local authorities or schools, for pupils up to age 18 who do not attend mainstream school for reasons such as school exclusion, behaviour issues, school refusal, or short-or long-term illness." (DfE, 2018a p.15). Other types of AP include non-medical PRUs, AP academies and free schools, and e-learning centres. Therefore, the term *AP* used throughout this dissertation refers to this DfE (2018a) umbrella definition, which encompasses HE provisions. However, caution has been exercised in doing so, as there

are numerous AP models in England, attended by YP for varying reasons; some of which are more comparable to OHE than others.

Official statistics on HE in England are problematic to attain, whilst AP data is challenging to disentangle. National statistics on the number of YP accessing AP each year do not differentiate between the type of provider (e.g., medical or behavioural PRU), nor the reason for pupil admission (Pennacchia & Thomson, 2016; Smith, 2021). In the context of these limitations, up-to-date national data reported there to be 25,100 pupils in state funded APs, with a further 24,577 in non-state funded APs (DfE, 2023c), yet how many of these pupils were accessing a form of HE, and OHE within this, is unknown.

Throughout my dissertation journey, I pursued various avenues in attempt to quantify HE services in England. This was a challenging pursuit; the DfE did not hold a list of settings providing HE for YP, and AP names and terminologies did not always reflect their nature (i.e., OHE status), rendering hand-searching problematic. I was therefore unable to report statistics to accurately represent the state of OHE in England; all measures reviewed were found to be crude or incorrect. For example, there were 35 English HE provisions named on the National Association for Hospital Education (n.d) website at the time of writing, yet OHE services known to me as the researcher were not included. Through searching on the DfE website (via the 'get information about schools' tool) using 'hospital' and 'medical' terms, 29 state-maintained English settings were found; however, search terms were merely applied to setting names, websites and postal addresses, excluding known HE provisions which did not employ the filtered terminology in the given way. Finally, a review of HE, completed by the University College of London Institute of Education in 2018 (Mintz et al., 2018), estimated

there to be a total of 300 Medical PRUs across the UK, although information regarding how these statistics were obtained, and which settings they referred to, was omitted.

1.2.2. The Organisation of Hospital Education and Outreach Hospital Education Services

HE services most-often operate via multisite units that comprise of inpatient and outreach (OHE) provisions, under one leadership body. However, there can be significant differences across and within UK HE services in terms of the pupil groups they work with, their structure and organisation (Mintz et al., 2018). To aid the contextual understanding of the reader, I provide an example HE service structure in Figure 1; this was adapted from the structure Mintz et al. (2018) proposed was "typical and effective" in the UK within their HE review (p.88). As exemplified in Figure 1, OHE typically comprises home tuition and online teaching, as well as lessons at community located hospital schools, which are variably referred to as *bases*, *centres* or *classrooms*.

Figure 1

Example 'Typical' Structure of HE Services
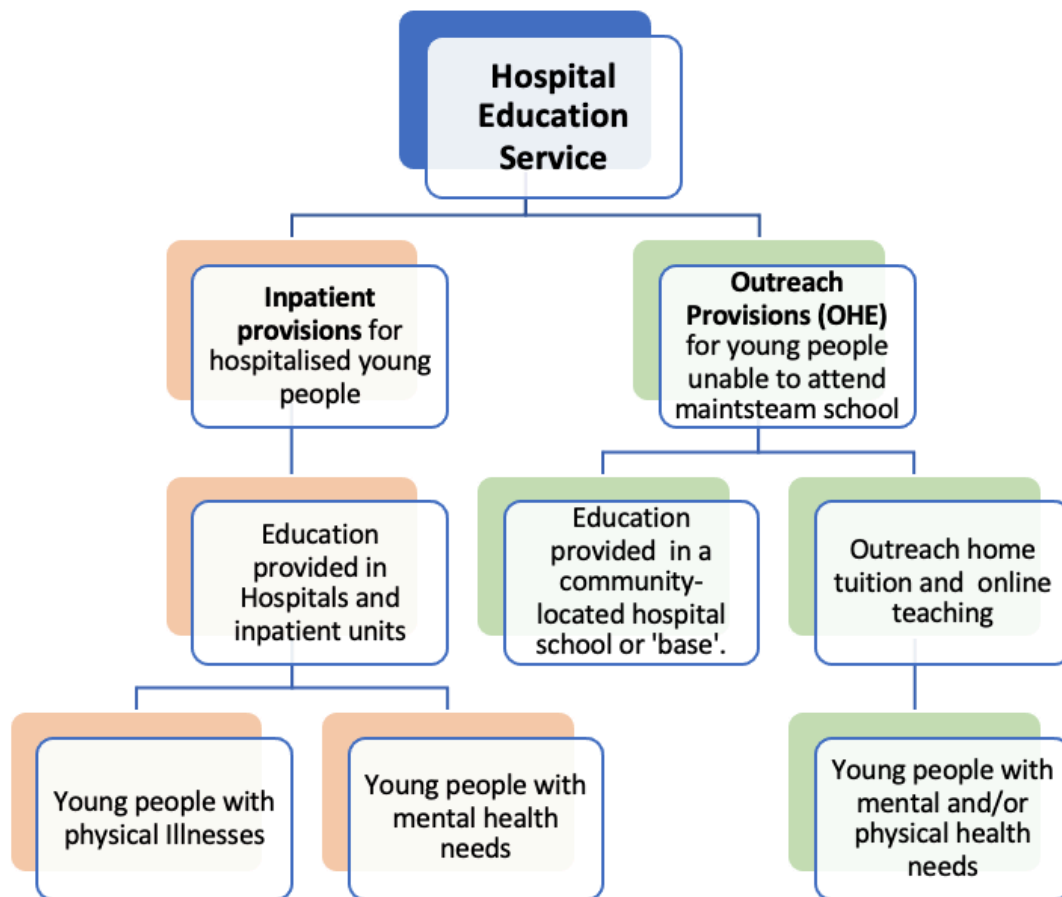
The House of Commons Education Committee ([HoCEC], 2018) produced an AP inquiry report, contributed to by over 100 witnesses with knowledge and experience in the field. Several witnesses were providers of OHE, HE charities or organisations. Together, their evidence suggested the majority of all OHE pupils are referred due to a *crisis* in their mental health, as emphasised by the contribution submitted by Gloucestershire's Hospital Education Service (2017):

> There are plenty of children with mental health issues or physical health issues in school. They can only access our medical PRU when their situation is so serious that the medical professional essentially signs them off school. (2017, para. 15)

The education of YP with mental health needs through OHE exists owing to the duties of LAs under Section 19 of the Education Act (1996). It has been supported by national statutory guidance for LAs (DfE, 2013b) and schools (DfE, 2015b). These publications stipulate that when a YP is absent from school due to a primary mental health need for more than 15 working days, their LA and school have a responsibility to refer them to HE via a medical practitioner. Within the referral, the medical practitioner is required to confirm:

- The YP is medically unable to attend school.

- A recommended number and delivery method of teaching sessions for the YP, and duration of OHE support needed.

- Medical interventions in place for the YP.

In the HoCEC (2018) inquiry, HE professionals cited their experience of mainstream school environments often instigating and maintaining a YP's deterioration of mental health, such that their removal from school is necessary for their recovery. Written evidence submitted to the inquiry from the National Association of Hospital and Home Teaching ([NAoHHT] 2017), argued in-school alternatives to OHE for YP with mental health needs were not appropriate or viable:

> For these pupils…the external nature…is vital for their recovery and re-engagement with education. They feel socially excluded from their own schools, with a sense of failure, low self-confidence and self-esteem. However, by providing education in a small, nurturing environment within AP, with pupils around them who have similar issues, they can feel 'normal' again. (para. 5.3)

Statutory guidance for APs sets out duties of OHE provisions regarding their pupils' education, engagement and emotional development. It states there must be "clearly defined objectives, including the next steps following the short-term placement such as reintegration into mainstream education, further education, training or employment" (DfE, 2013a, p.10). As such, OHE is officially considered a temporary, *short-term*, provision, providing respite for YP to mitigate the negative consequences of educational exclusion and preparing them for transition back to mainstream (Brown, 2011). This methodology of OHE is supported by research suggesting the likelihood of successful reintegration diminishes the longer YP spend out of mainstream education (Parsons & Howlett, 2000), and evidence that one third of YP who complete Key Stage 4 in APs go on to be absent from education, employment or training (DfE, 2019b). However, it has been critically stressed there is not an official government definition regarding what constitutes a temporary or short-term AP placement (Bristol City Council, 2022), thus the relevant legislative guidance is open to interpretation.

When attending OHE, YP typically remain on roll at their mainstream school whilst being dual-registered with their HE Service. Consequently, to ensure pupils are not educationally disadvantaged, OHE services and mainstream schools should communicate and cooperate to ensure "continuity of provision and consistency of curriculum" (DfE, 2013b, p.9). However, such legislative arrangements have been criticised as inconsistent and ineffective (Gazeley et al., 2013; Ofsted, 2016). The HoCEC inquiry (2018) concluded that partnerships between schools and APs are often one-sided, relying on APs to instigate communications, perpetuating "an 'out of sight, out of mind' mentality and AP being seen as a 'sin-bin' where only badly behaved pupils learn" (p.32). This risks YP receiving HE not being provided with a

"sufficiently broad and challenging curriculum" (Tate & Greatbatch, 2017, p.11), the topic of which is explored below.

1.2.3. Pedagogy and Curriculum in Hospital Education

HE services focus on educational outcomes as their main purpose; programmes they provide typically focus upon core National Curriculum subjects (Mintz et al., 2018). However, research investigating the nature of pedagogies in HE argues that services should not be restricted by the expectation of re-constructing mainstream school curriculums (Boles et al., 2017; Hay et al., 2015). Yates (2014) proposes HE should be viewed as an on-going process which accounts for pupils' evolving identities, circumstances and desire for normalcy, rather than a replication of learning they have missed through illness. Thus, maintaining a careful equilibrium between a focus on education and wellbeing is required; it has been cautioned that HE policies and practices can be at risk of failing through the lack of either focus (Yates, 2014).

In Mintz et al.'s (2018) review, 22 staff members, across eight HE services, participated in interviews. Their data suggested effective HE provisions should deliver a holistic curriculum, focused upon a pupil's:

- Continuation of connection to educational experiences

- Learning opportunities

- Striving for mastery of taught subjects

- Social, emotional, moral well-being and development

- General wellbeing

- Functional skills

- Feelings of belonging

Elsewhere, researchers purport HE should provide a safe and stable environment, with pedagogies encompassing humorous, enjoyable, and meaningful learning opportunities to engage YP, whilst buffering the stress of their medical needs through a therapeutic effect (Boles et al., 2017). Adopting a socio-cultural lens, such factors are fundamental as learning takes place through interaction with others and the environment (Vygotsky, 1978). However, the LeHo project (2015a; 2016) emphasises sociocultural factors which impact learning can be impeded for YP in HE, as they often: have weaker peer connections due to their needs preventing social participation; are educated in one-to-one relationships, inhibiting group learning; and experience a loss of capabilities due to their medical needs, resulting in reduced motivation to acquire new knowledge and abilities. The LeHo project (2015a; 2016) emphasises the need for practitioners to thoroughly assess a pupil's relationships, history, capabilities and culture upon their referral to HE, to best-inform their individualised learning process. Moreover, the project advocates that HE pedagogies prioritise cooperative learning formats which support YP to assume *new roles* in their learning environment, as individuals with the capacity to be included, achieve and acquire new skills alongside others (LeHo, 2015a; 2016).

For OHE specifically, the importance of students regularly receiving face-to-face teaching has been highlighted, to enhance their relationships, independence, and rapidity of mainstream reintegration (Mintz et al., 2018, p.91). Nevertheless, the need for digital technologies has long been integral to the delivery of OHE lessons for YP accessing the provision from home (LeHo, 2015b) and was likely accelerated by the Covid-19 pandemic. Research literature suggests technology can effectively support YP with medical conditions to improve their problem-solving skills and overall academic abilities (e.g., Gee, 2003; Hay et al., 2015), such

that interactive online learning and educational software is an invaluable tool for assuring their continuity in education (LeHo, 2015b). However, broader research highlights that, whilst online learning can facilitate remote interpersonal communication, it can be disruptive to social interaction and the building of meaningful relationships (Politis & Politis, 2016). This is alarming, since positive interpersonal connections and social inclusion can already be threatened for YP with mental health needs referred to OHE, yet are fundamental to promoting their social, emotional and educational outcomes (NAoHHT, 2017; LeHo project, 2016). Interpersonal consequences of online learning could therefore have significant and concerning impacts upon the learning, mental health and wellbeing of YP accessing OHE, who could already be considered vulnerable and marginalised.

This section provided an overview of HE services and OHE provisions in England. According to literature discussed, OHE services effectively support pupils with medical mental health needs through providing them holistic curriculums within specialist and nurturing environments. However, OHE provisions have been rendered invisible within educational discourses and published AP literature: they are hidden within official data; their legislative *short-term* classification is not defined; and, like other APs, they can be perpetuated as an "out of sight, out of mind…sin-bin" in their relationships with mainstream settings (HoCEC, 2018, p.32). Given OHE provisions are an established feature of English education and work with pupils so vulnerable they are medically withdrawn from school, it appears a better understanding of OHE, and how YP experience it, is necessitated within academic and professional spheres.

1.3. Introducing the Research: Rationale, Aims and Origins

This section illustrates the rationale, aims and research questions underpinning the present study. Its relevance to professional Educational Psychology is articulated and I locate myself in the research, discussing how my personal and professional experiences served as impetuses. Finally, the theoretical underpinnings and overall structure of this dissertation are elucidated.

1.3.1. Rationale and Aims

Despite OHE provisions being an established feature of education in England, it is an area of AP seemingly missing from educational discourses and published literature. Within existing research regarding HE services, most studies focus upon inpatient provisions for YP with physical illnesses and report adult perspectives. Consequently, there is a dearth of research which has sought the perspectives of YP with mental health needs who experience forms of OHE, possibly confirming assertions that YP with mental health needs are amongst the least empowered groups in research and practice (Tellis-James & Fox, 2016). It is my view that the importance of establishing a voice for OHE pupils, who have had no option but to leave mainstream education, cannot be underestimated. Potentially, listening to their voices is vital to ascertaining the challenges causing their medical withdrawal from mainstream school, to learn how these obstacles might be overcome. Additionally, an understanding of their OHE experiences is necessitated to gauge the potential quality, impact and barriers of the provisions they are receiving.

The study held the overarching aim of exploring the experiences of secondary-aged YP receiving OHE, due to mental health needs which prevented them from attending mainstream

school. In-turn, it aimed to contribute to the understanding of researchers and professionals regarding mainstream school and OHE for YP with mental health needs, through placing their voices at the forefront of the conversation. To fulfil these aims, two research questions were formulated:

- What are the relationships, thoughts and feelings associated with mainstream school for YP with mental health needs who are receiving OHE?

- How do YP with mental health needs make sense of their experiences of receiving OHE?

1.3.2. Relevance to Professional Educational Psychology

The research project comprised numerous anticipated outcomes for professional Educational Psychology. These related to the contribution of knowledge concerning three overarching themes, as summarised below.

1.3.2.1 EPs and Mental Health

Understanding and supporting mental health is deemed fundamental in the work of EPs (DfE, 2019a). Regulating standards of proficiency stipulate EPs should be "able to develop and apply effective interventions to promote psychological wellbeing, social, emotional and behavioural development" (Health and Care Professions Council [HCPC], 2016, p.24). However, within relevant literature, the exact EP role in supporting YP's mental health appears underexplored and non-operationalised. Commissioners and service-users have struggled to identify and understand functions EPs provide related to mental health (Atkinson et al., 2011; Atkinson et al., 2014), whilst EPs themselves have lacked consensus about their professional offering, resulting in significant variation in practice (Atkinson et al., 2013; Squires & Dunsmuir, 2011).

Broader research has evidenced the importance of prevention and early intervention for promoting YP's mental health, instigating calls for EPs to broaden their therapeutic offering (Atkinson & Kenneally, 2021; Squires & Dunsmuir, 2011). Atkinson and Kenneally (2021) proposed a model of therapeutic EP practice for working with pupils; however, they acknowledged that, owing to common limitations of EP resources, it is most effective for EPs to support YP's mental health in-directly, through training and supervising school staff. Indeed, EPs have an important role in promoting YP's mental health by supporting schools systemically, through building capacity, promoting awareness and reducing stigma (Atkinson & Kenneally, 2021). Therefore, the EP remit in this area is arguably broader than many other professionals who work exclusively with YP or staff.

As a Trainee EP (TEP), it is my view that there are numerous opportunities for EPs to support YP with mental health needs in mainstream schools and OHE services, directly and indirectly, for example, through consultation, training, supervision, and school improvement work. By providing insight into the educational experiences of YP with mental health needs, this research could lead to EPs' greater understanding of the barriers and facilitators they face in mainstream and OHE settings. EPs could draw upon this understanding to promote the effectiveness of educational practice with YP with mental health needs, to ultimately enhance positive outcomes for this vulnerable group.

1.3.2.2. EPs and OHE

EPs work across educational provisions, including APs, to support the identification of pupil needs, elicit their voices and promote systemic change and development (Lawrence, 2011).

The DfE has advised that EPs, as part of multi-disciplinary teams, should work with all APs to ensure pupil needs are met and their educational transitions are supported (DfE, 2018a). However, despite such recommendations, a lack of clarity and regulatory guidance regarding the EP role in APs is apparent. Thus, the extent to which EPs work with OHE provisions, and understand YP's experiences of receiving them, is unknown. Anecdotally, through my conversations with EPs across LA's, this appears low. It can be postulated that, owing to their skill set, professional objectives, and standards of proficiency (HCPC, 2016), EPs are well-placed to support YP's: transitions into OHE; experiences of OHE; and re-integrations to mainstream settings, through identifying their individual needs, eliciting and advocating their views, and promoting systemic change and staff development. The findings and implications from the present research might enable EPs to critically question their own understanding of OHE, whilst supporting their identification of opportunities to work with such provisions.

1.3.2.3 Listening to Voices in EP Practice

As will be discussed in Chapter 2, SEND legislation in England, and a plethora of academic research, centralises the importance of including YP in decisions impacting their education. EPs have expertise in eliciting YP's views and aspirations, enabling their participation (Harding & Atkinson, 2009). This coincides with EPs being positioned as advocates for vulnerable and hidden groups (Fox, 2015). However, the extent to which EPs can meaningfully advocate for YP who are largely invisible within their profession's discourses and practice, such as those receiving OHE, is dubious.

The current study drew upon narrative and creative approaches to elicit YP's voices, positioning them as experts in the story of their own lives (Nind et al., 2012). It was hoped the

methods employed might constitute a resource for EPs to draw-upon to support their meaningful elicitation of, and professional listening to, the voices of YP with mental health needs and those accessing OHE. There was potential that EPs could use this information to support mainstream schools and OHE services in understanding YP's views regarding barriers and facilitators to their education and development. In collaboration with setting staff, these approaches could inform planning and decision making, developing settings to better meet pupil needs.

1.3.3. Locating Myself in the Research

The impetus for this doctoral research was based on personal and professional experiences. Thus, my own positioning in relation to the research topic is outlined below and further explored throughout this dissertation.

Personally, in the first term of Year 11, I was admitted to hospital with an eating disorder. I spent the remainder of the academic year, and what would have been my Year 12 year, accessing HE. Recovering my mental and physical health; maintaining my education with minimal teaching; re-claiming an identity as a capable YP; and starting sixth form alongside younger peers, were challenging endeavours requiring time, determination and resilience. I was fortunate to have people supporting me and inspiring my successes. These personal experiences provide some context to this dissertation, and my compassion for YP with mental health needs who are navigating their way through schools and HE services. My own journey though HE gave me a viewpoint unique to me as a researcher, as an *insider* and *outsider* (Thurairajah, 2016), shaping my approach to the study and interactions with the YP's

narratives within it. At points throughout this dissertation, I consider how my personal story may have shaped it.

Professionally, I have had a long-standing interest in mental health. Prior to EP training, this inspired my work as a pastoral manager within a mainstream secondary school. Part of my role was to provide targeted and universal mental health support to pupils; I received training from CAMHS and the LA's EP service to deliver a range of psychoeducational and therapeutically informed interventions. Nonetheless, I came up against perpetual challenges to supporting YP's mental health within a mainstream context, owing to stretched resources and limited routes to accessing specialist support. Centrally to this research, across my three years at the school, three pupils I worked with were referred into OHE. Subsequently, I found it very difficult to gain information and updates regarding their progress and outcomes, despite them being dual-registered. None of these pupils reintegrated back to school and I was concerned that they'd *fallen through the cracks* of the system somehow. I sought to better understand the governmental guidance and LA processes surrounding HE, yet felt it misaligned with my experiences as a professional on the periphery of such services.

Once I became a TEP, I asked numerous EP colleagues for insight regarding their work with OHE services. I was continually surprised that EPs felt uninformed about OHE provisions. Some had completed statutory assessment work with YP accessing OHE, although there seemed to be a low level of confidence in understanding OHE processes and systems, and the potential EP role in working with them. Combining these insights with my previous professional and personal experiences, inspired me to take the opportunity presented by the doctoral thesis to draw upon the complex challenges related to HE that I had witnessed first-

hand. I was particularly motivated to develop an understanding of the views of YP, as I hoped that hearing from them about what it meant to experience mental health needs in school and OHE could be one positive step toward developing policies and practices which could effectively and responsively support them.

1.3.4. Theoretical Underpinnings

Existing research investigating YP attending APs, and those with mental health needs, highlights several psychological theories related to YP's educational engagement, experiences and well-being. Two of these theories, alongside the theoretical framework of narrative psychology, created the perspective from which I viewed this research. Each of these theoretical underpinnings are explored below; their application to this dissertation will be further discussed in Chapter 5.

1.3.4.1 Sense of Belonging

Sense of belonging is hypothesised as a fundamental and pervasive motivation (Baumeister & Leary, 1995). The concept features in various psychological theories, predicated on the assumption that humans have an innate drive to maintain positive interpersonal relationships which are regular, stable and caring (Baumeister & Leary, 1995). In his hierarchical framework of human motivation, Maslow (1954) observed belonging as a prerequisite to self-esteem and self-actualisation. From a developmental perspective, belongingness is deemed critical during adolescence, as it promotes identity development, social relationships, emotional regulation, and successful transitions into adulthood (Allen et al., 2018; O'Connor, 2010). Conversely, a poor sense of belonging has been equated to social deprivation (Norwalk et al., 2016) and

correlated with negative outcomes, including poor mental health, decreased self-regulation, antisocial behaviour and suicide (Baumeister & Leary, 1995; Baumeister et al., 2005).

School belonging denotes the degree to which pupils feel included, respected and supported by others in the educational environment (Goodenow & Grady, 1993). Research evidence demonstrates positive correlations between school belonging and emotional and psychological well-being, academic engagement, attainment, and hopefulness for the future (Kidger et al., 2012; Prince & Hadwin, 2013). Conversely, when a pupil's belongingness needs are unmet, it can result in their diminished motivation, achievement and coping skills, whilst potentially increasing their challenging behaviour, fear or failure and anxiety in the classroom (Allen et al., 2018; Baumeister & Leary, 1995; Osterman, 2000).

The concept of belonging provided a potentially useful theoretical perspective in the present study. For YP referred to OHE, their needs may have created challenges for their previous engagement and feelings of belonging in school environments. In fact, reportedly, pupils in AP have an increased need to experience school belonging, due to the adversities that often punctuate their educational journeys (Lange & Sletten, 2002); this might explain why fostering YP's sense of belonging has been identified as one of the holistic goals of HE (Mintz et al., 2018). Encouragingly, developing a sense of belonging has been found to constitute a positive outcome of accessing AP environments, offering a potential solution to success for YP who may not readily achieve in mainstream environments (Sobecki, 2022). However, to my knowledge, school belonging has not been applied to HE contexts within existing research literature. I felt there might be value in exploring if and how YP's mainstream and OHE experiences influenced their feelings of belonging. Adopting this theoretical lens could

highlight factors for schools and OHE provisions to implement to promote belongingness for YP with mental health needs, in-turn fostering their holistic development and positive future outcomes.

1.3.4.2. Possible Selves

The Possible Selves theoretical framework proposes that self-concept is measurable by the extent individuals can imagine future versions of themselves, namely *possible selves* (Markus & Nurius, 1986). Possible selves can be multiple, hopeful and fearful, as they represent a manifestation of aspirations, anxieties and threats. They function to regulate behaviour, motivating engagement in interactions and activities consistent with the likelihood of a particular future trajectory (Markus & Nurius, 1986).

YP most commonly construct school-focused possible selves, relating to their expectations and motivation toward educational attainment and success (Mainwaring & Hallam, 2010; Oyserman & Fryberg, 2006). For YP struggling with additional needs, their self-concept is at risk of being shaped by negative future selves if they conceptualise feelings of difficulty as a sign of inevitable failure, undermining their behavioural pursuit of ideal selves (Oyserman & Fryberg, 2006). This perpetuates barriers to their negative outcomes, as the probability of achieving any possible self, whether hopeful or fearful, is higher when it is felt to align with the current self (Knox et al., 2006).

With relevance to the present study, Mainwaring and Hallam (2010) compared the aspirations of YP from mainstream schools and PRUs. Findings demonstrated that, compared to 100% of their mainstream peers, only 69% of PRU pupils discussed positive possible selves. PRU pupils

were less able to demonstrate a considered plan for attaining ideal selves and lacked alternative future options. Mainwaring and Hallam (2010) concluded that PRU pupils had internalised the difficulties and rejections they experienced in mainstream settings, leading to fragile possible selves and negative perceptions of future aspirations. This could offer some support to the value of exploring YP's experiences of OHE, to mitigate the effects of potential rejection experiences at mainstream.

Possible Selves constituted a potentially useful line of inquiry within the current study, to explore how informants' mainstream and OHE experiences may have influenced their construction of future selves. Encouragingly, educational environments which counteract negative self-schemas, by providing YP the opportunity to expand their range of possible hoped for selves, have been demonstrated to improve YP's feelings of competency, agency and efficacy (Knox, 2006). Therefore, I felt that listening to YP's stories might elucidate factors that schools and OHE provisions could implement to positively impact pupils' range of possible selves, and therefore, their competence beliefs, motivations, and likelihood of achieving positive future outcomes.

1.3.4.3. Narrative Psychology

Narrative psychology (NP) is a theoretical perspective which assumes that humans live in a storied world, as we each "make sense of our lives, plan for the future and construct ourselves and our identities through stories" (Woodiwiss, 2017, p.17). Therefore, storytelling is thought to provide "structure to our sense of selfhood", such that individuals are active agents in forging their own identities and meaning-making through the narratives they intentionally construct and share in social contexts (Murray, 2003, p.115). I considered that NP could be

drawn upon in the present research to explore what informants' stories of lived experience might tell us about processes related to meaning-making, self, and identity for YP with mental health needs receiving OHE. I hoped that NP could support me to develop nuanced understandings of YP's experiences, based upon its theoretical assumption that experiences are not firmly fixed within individuals; rather, they are made sense of and structured at the point of recollection.

With further pertinence to this dissertation, I deemed NP to relate to professional educational psychology. A key component of the role of the educational psychologist (EP) is to explore complex situations and offer alternative perspectives, empowering those involved to move forward (Billington, 2018). Due to its social constructionist assumptions, NP could support EP's in appreciating that they work with individual and subjective stories in their collaborations with others, such that fostering changes in service-users' narratives may help them to make sense of, move on and resolve their challenges. Furthermore, EPs have often claimed a central role in advocating and empowering YP's voices within education (Ingram, 2013). NP offers understandings and approaches which support the notion of YP taking control in the process of defining the experiences of their lives, their struggles, and the support that they need. As a result, I felt that NP constituted a potentially useful theoretical underpinning for the present research and its contributions to professional educational psychology.

1.4. Dissertation Structure

This chapter introduced the context, significance, aims and philosophical underpinnings of the current research project. The remainder of the dissertation is presented across five further chapters:

Chapter Two explores current understandings related to the educational experiences of YP with mental health needs. It reviews relevant literature and positions the present study within the existing research context.

Chapter Three elucidates the project's methodological orientation and theoretical underpinnings. A practical account of the research process is presented before Narrative Inquiry is delineated as the study's methodological and analytical approach.

Chapter Four presents the narratives of the five YP who informed this study. It explores two narrative typologies which I constructed through analysis of informants' stories, aiming to capture the purpose and nature of the stories they told.

Chapter Five discusses the study's findings in relation to its guiding research questions, drawing upon existing literature and psychological theory. It examines the potential contributions derived from the research methodology employed.

Chapter Six summarises the conclusions of this dissertation. Its unique contributions to existing knowledge are identified. Practitioner considerations informed by the present research findings are elucidated and recommendations for further research provided. A critical evaluation of the current study and reflexive account are provided.

Chapter 2: Literature Review

2.1. Chapter Overview

Through reviewing relevant literature, this chapter explores current understandings related to the educational experiences of YP with mental health needs. It is presented in five parts:

1. **Positioning the literature review:** An account of the aims and purposes of the literature review, and approaches taken to conduct it.

2. **Mental health needs and YP:** An overview of literature and current statistics related to the mental health of YP in the UK.

3. **Inclusive Education and SEMH:** A critical exploration of the school inclusion of YP with social and emotional mental health needs, including a summary of the legislative context and related challenges faced by schools.

4. **The voices of YP:** A summary of the importance of listening to YP's voices in practice and research.

5. **Pupil perspectives:** A review and thematic synthesis of existing research studies which qualitatively investigate the educational experiences of YP with SEMH needs.

2.2. Positioning the Literature Review

This section outlines the purpose and aims of the literature review, and narrative approach taken to conduct it. Firstly, I offer comment on key decisions made at the *scoping stage* of the research project, in order to position the review for the reader; these factors relate to context and terminology.

The context of this dissertation is Outreach Hospital Education (OHE). To position the project appropriately, I first conducted scoping searches of the OHE research base on Web of Science and Education Resource Information Centre (ERIC) databases, using synonyms related to YP, HE and mental health. These searches established the coverage of the research base and informed my literature review approach (Booth et al., 2022). They highlighted the scarcity of published HE research in the UK, with an absence of that related to OHE for YP with mental health needs. Of the literature found, most focused upon YP with physical medical needs within inpatient settings, which I evaluated to have little relevance to the current study. To strengthen my scoping review, I worked with the librarian for the Schools of Education and Policy Studies at Bristol University, and corresponded with professionals in the HE field, including Headteachers of OHE services and committee members of an associated organisation. This process substantiated my initial search findings. Ultimately therefore, my review of relevant HE literature needed to rely on grey literature; I decided that the write-up of this was best presented in Chapter One of this dissertation, to introduce the project's OHE context to the reader.

The scoping searches highlighted that literature related to YP with mental health needs employed various terminologies. The term social emotional and mental health (SEMH) is used

within legislation and educational discourse in England, referring to one of four areas of SEND. The definition of SEMH incorporates "mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders" amongst other needs related to behaviour and social development (DfE, 2015a, section 6.32). Therefore, within the educational sphere, YP with mental health difficulties are categorised as having SEMH needs, making it perhaps unsurprising that SEMH was found to be the most-commonly used language in contemporary research related to pupil's mental health. Studies did not often specify YP's needs beyond this category. As such, whilst recognising that SEMH encapsulates difficulties beyond medical mental health needs, I adopted SEMH research and terminology in this review to capture and appraise literature relevant to YP with mental health needs and their education.

Informed by these scoping considerations, the research aims, and apparent dearth of OHE literature, I decided to review studies investigating the mainstream school and AP experiences of YP with SEMH needs. As outlined in Chapter One, according to the DfE (2018a), AP is "education outside school, arranged by local authorities or schools, for pupils up to age 18 who do not attend mainstream school for reasons such as school exclusion, behaviour issues, school refusal, or short-or long-term illness." (p.15). OHE falls under this umbrella term, thus AP research was deemed relevant to the current study. However, it is critical to note there are numerous AP models in England, attended by YP for varying reasons; therefore, caution has been exercised throughout this dissertation when transferring research findings from APs to OHE and YP with mental health needs.

To summarise, owing to the relative scarcity and complexity of the literature base relevant to the current study, I reviewed relevant literature, aiming to answer one broad review question:

What does existing literature tell us about the educational experiences of YP with SEMH needs in the UK?

2.2.1. Review Approach and Search Process

I adopted a narrative approach to this review, aiming to explore literature relevant to the research topic as broadly and comprehensively as possible. However, I recognised that, given the flexibility of narrative review approaches, they have received criticism for lacking rigour in the strategies and rules employed, particularly during the literature search process (Collins & Fauser, 2005). In attempt to mitigate this, I utilised some systematic search principles to acquire relevant literature (Cronin et al., 2008). Three research databases were searched twice using consistent search terminology (i.e., terms related to YP, SEMH, education and experiences), and inclusion and exclusion criteria were applied to all literature retrieved. Additional sources were identified using a *snowballing* technique, reviewing the reference lists from already identified literature. An overview of the search procedure, and its results, are provided in Appendix A. Overall, 11 peer-reviewed studies identified via databases and snowballing were included in my review.

Due to the scarcity of peer-reviewed articles related to YP with mental health needs, sources were also drawn from grey literature. The quality of grey, non-peer-reviewed, literature cannot be assured (Pappas & Williams, 2011), however it can be of high value and play a fundamental role in informing practice. Adams et al. (2016) promote use of grey literature in social research in the UK, highlighting that applied information and evidence "may be predominantly, or only, held in grey literature" for many topics (p.10). For the present review,

relevant grey literature sources were identified via search engines and websites of relevant organisations. Two qualitative doctoral dissertations identified via these methods were included in my review, alongside the 11 peer-reviewed studies identified via databases and snowballing.

The final 13 research studies were reviewed in turn. I created a Table of Literature to outline central features of each study (Appendix B) and used the Critical Analysis Skills Programme's ([CASP], 2018) *qualitative checklist* to appraise them. The evaluation of research studies should be reported to promote the contextual comprehension of the reader (Booth et al., 2022), thus an example of how I used the CASP is provided in Appendix C. Commonalities were highlighted between studies in terms of their populations, participants, methodologies, methods and findings. Based upon Thomas and Harden's (2008) approach, I conducted a thematic synthesis of the 13 studies, to identify their common themes and patterns. I made notes on key information and concepts within each paper, before organising these into five descriptive themes across studies, aiming to best-represent the perspectives of YP with SEMH needs. These descriptions provided the headings for my thematic discussion of what is currently known, through research literature, regarding the educational experiences of YP with SEMH needs in the UK, as presented in section 2.6. of this chapter.

2.3. Mental Health Needs and Young People

This first review section provides an overview of existing literature and statistics related to the mental health of YP in the UK, which suggest a rise in mental health difficulties for secondary-aged pupils. After this, it attempts to critically explore the school inclusion of YP with SEMH needs, by outlining related legislative context and national data. The challenges

faced by schools in supporting YP with mental health needs and ensuring their meaningful inclusion are considered.

2.3.1. The Current Picture

A crisis in adolescent mental health has been widely declared (Fink et al., 2015; Gunnell et al., 2018; O'Hara, 2018). In England, a key data source on trends in YP's mental health is The Mental Health of Children and Young People Survey (NHS Digital, 2021). Over the past 20 years, these surveys have demonstrated a rise in the prevalence of mental health difficulties for YP, most-recently evidencing that: the rate of mental disorder for 6-to-19-year-olds is one in six; rates of mental health difficulty increase with age for YP; and emotional disorders have become more common in 5–15-year-olds (NHS Digital, 2018; 2021). Within the context of declining adolescent mental health, the Covid-19 global pandemic, declared in March 2020 (World Health Organisation, 2020), appeared to represent an additional vulnerability factor for YP (Ford et al., 2021). In a large UK NHS study in 2020, YP reported a 128% increase in feelings of sadness, 161% in sleep difficulties, 133% in health anxiety, 63% in loneliness and 27% in self-harm in 2020, compared to 2019 (Kooth, 2020). Bi-directional relationships have been drawn between the pandemic, mental health and school factors. For example, persistent negative impacts of the pandemic on YP's mental health have been associated with an increase in school attendance problems (McDonald et al., 2023). Various factors are thought to have contributed to this, including YPs heightened rates of anxiety and difficulty coping in mainstream environments (Chian, 2022); schools' lack of communication with families (MacDonald et al., 2022); and the disruption of school initatives to support pupils with SEMH needs (Chian, 2022). Such research suggests that YPs mental health needs, and their association with school difficulties, are a growing and urgent problem in the UK.

However, the long-term impact of the pandemic on YP's wellbeing remains largely unknown, as is an understanding of YP's experiences to compliment reported mental health statistics. Moreover, mental health difficulties are likely to be conceptualised differently across time, settings and academic disciplines. Indeed, mental health delineations are affected by sociocultural developments and trends (Galderisi et al., 2017), whilst studies using standardised measures of distress and diagnosis, like the surveys cited, espouse a realist assumption about the psychological constructs they measure (Guyon et al., 2018). Thus, scrutiny must be given to the cultural contexts and methodologies of surveys and data that contribute to reports of a mental health crisis for YP.

Negative outcomes are associated with YP's mental health difficulties, including educational disruption and underachievement, school non-attendance, challenging social relationships, physical health difficulties, homelessness and poor employment prospects (BPS, 2017; Green et al., 2005; Knapp et al., 2016). Securing timely and effective intervention from specialised services is deemed integral to supporting YP's wellbeing and reducing long-term economic impacts on public services (DfE & DoH, 2017). However, research suggests adolescent mental health difficulties often go unrecognised and unsupported (Radez et al., 2021). Demand for NHS Child and Adolescent Mental Health Services (CAMHS) has long exceeded capacity (NHS Digital, 2018), with ramifications of the COVID-19 pandemic exacerbating such difficulties, as assessments and treatments were suspended or delayed at a time of increased need (Crawley et al., 2020). As such, referral numbers have continued to rise and waiting times surpassed one year (Gilmour et al., 2022). The impact of these waiting times can be detrimental for YP who are unable to attend mainstream school due to their mental health needs, rendering

them invisible for long periods of time, resulting in the loss of critical treatment time and education provision (Mintz et al., 2018). Due to such issues, diminishing CAMHS support is considered a causal factor in the purported crisis of mental health for YP (Clarkson, 2019; Davies, 2018; O'Hara, 2018).

2.3.2. Mental Health and School Environments

Schools operate in complex structural and socioeconomic contexts, within which factors such as poverty and social deprivation impact the mental health of their pupils (Institute of Health Equity, 2010). Whilst schools may not be able to change the socioeconomic structures of their communities, aspects of school experience are reported to influence YP's mental health and well-being through various mechanisms. For example, YP's feelings of safety and positive relationships with staff and peers are cited as protective factors (Public Health England, 2017), whilst research demonstrates school bullying to directly impact YP's mental health, and school quality and *culture* to do so indirectly (Ford et al., 2021; Hutchings, 2015). Academic pressure and examination anxiety are also associated with poor mental health for YP, with reported adverse effects such as self-harm, depression and suicide (Rodway et al., 2016; Thornton, 2016). Researchers argue that YP's exam-related stress is often belittled by adult agendas and thus insufficiently supported (Putwian, 2020); in a 2017 national report, 82% of teachers identified that prioritising YP's wellbeing was superseded by exam focus (Cowburn & Blow, 2017). However, it is important to note that mental health impacts will inevitably differ according to the individual, educational setting, course requirements and resources available (Brady & Wilson, 2021).

Due to the significant amount of time YP spend in school, and the often-limited access to CAMHS support, education staff are in a unique position to identify and support YP's mental health problems (Garside et al., 2021; O'Connell et al., 2021). As such, UK governments have issued guidance for schools to support pupil mental health within their curriculums and through their provision of targeted and universal interventions (Public Health England, 2021; Scottish Government, 2017; Welsh Government, 2021). Staff are expected to recognise and support YP's mental health needs through increasing their mental health literacy (DfE, 2018b). Concerningly though, research on teacher perceptions indicates their lack of knowledge, ability and confidence in recognising and supporting pupil mental health difficulties (Neil & Smith, 2017; Shelemy et al., 2019). Teachers can feel overburdened by mental health related responsibilities (Naghieh et al., 2015), leaving them feeling incompetent, frustrated, and worried for their pupils, negatively impacting their job-satisfaction and own mental health (Andrews et al., 2014; Knightsmith et al., 2014; Shelemy et al., 2019).

A 2017 Green Paper announced initiatives towards improving school mental health support for YP in England (DfE & DoH, 2017). One initiative was a grant-supported scheme for state-funded education settings to train a staff member to become a Senior Mental Health Lead (SMHL). The SMHL would oversee a whole school approach to mental health; implement and monitor related interventions; and be the identified link for external mental health services. A public consultation demonstrated a generally positive response to these proposals (Education and Health and Social Care Committees [EHSCC], 2018). However, concerns surrounding the SEMHL role included that: it was voluntary, not mandatory, for settings to implement; little detail was available regarding what SMHL training should entail; SMHLs could be placed under significant pressure without access to sufficient training, time,

resources and supervision; and mental health training should be available to all school staff, rather than one designated lead (EHSCC, 2018). The government responded by declaring that SMHL training would be, "high quality, sufficiently long-term and rigorous", whilst stating their aim for all eligible settings to have trained SMHLs by 2025, until which time the initiative remains in a pilot stage (DfE & DoH, 2018, p.20).

However, discourses across psychological and governmental committees and charity sectors imply that contemporary mental health policies for schools have generally lacked ambition and adequate road mapping, been implemented too slowly, and failed to attend to the causes of YP's distress (EHSCC, 2018; Psychologists for Social Change, 2018). Furthermore, there remains a lack of evidence for school-based mental health interventions and a need for clarity on what should be provided (Hayes et al., 2019). Consequently, schools vary in the mental health support and provisions they offer, based upon their level of awareness, financial constraints, capacity, and prioritisation decisions (Patalay et al., 2017). Such variance, within and between schools, could have significant ramifications on the school inclusion of pupils with mental health needs, as I will now explore.

2.4. Inclusive Education and SEMH

School inclusion is an ideal which dominates educational cultures, policies, curricula and discourses, internationally and in England (Lambert & Frederickson, 2015). School variance in mental health support and provisions could have significant ramifications on the school inclusion of YP with mental health needs. This review section summarises the legislative context of Inclusive Education (IE), before critically exploring the school inclusion of YP with SEMH needs.

2.4.1. Inclusive Education

In simple terms, IE constitutes providing optimum learning opportunities to all children, irrespective of the context in which this is provided (Boyle & Anderson, 2021). However, differing definitions of IE exist, fostering uncertainty about its features when operationalised (Foreman & Arthur-Kelly, 2017). Indeed, the theoretical and methodological approaches used to study IE are driven by various philosophies (Graham & Slee, 2008), so that the role of language and culture in influencing individual understandings of IE, through the information we consume, is palpable (Harnandez-Torrano et al., 2022).

IE runs as a thread throughout current legislation in England, including the SEND CoP (DfE, 2015a), which obliges schools to identify barriers to learning for YP and make reasonable adjustments to their environments, curriculums and teaching, so these barriers are removed, and all YP can access and participate in mainstream education. Such contemporary legislation orientated the education of pupils with SEND toward a social justice model, aligning with the United Nations Convention on the Rights of the Child (UNICEF, 1989), and representing an apparent paradigm shift in representations of SEND. Previous *medical* representations purportedly "legitimised and perpetuated exclusionary policies and practices" through their emphasis on YP with SEND being inherently damaged and different (Oliver & Barnes, 2012, p.138). However, contemporary *social* models theorise that SEND arise from disabling social arrangements and infrastructures (Finkelstein, 1980). Thus, as in the SEND CoP (DfE, 2015a), interaction between YP with SEND and their social context is positioned as paramount, and the removal of restrictive environmental obstacles is sought to promote IE.

However, researchers report the IE agenda competes with a standards agenda (Ainscow et al., 2006; Lunt & Norwich, 2009). The latter focuses on outcomes, allegedly promoting pressure on school staff and celebrating high achievement above diversity, antagonistically to the success of SEND pupils (Hellawell, 2018; Hutchings, 2017; Norwich, 2017). Consequently, there is a seeming discrepancy between the ideology and implementation of IE (Duhaney, 2012; Hutchings, 2017). Some authors contend there has been little progress in implementing IE in the UK over the past decade, given the exclusion rates of YP with SEND remaining alarmingly higher than their peers (Hodkinson, 2019), resulting in hundreds of vulnerable YP missing out on the opportunity to take full advantage of their right to an education, with potentially detrimental impacts upon their academic, social and employment outcomes (Caslin, 2021).

2.4.2. Inclusion, Exclusion and Mental Health Needs

National statistics suggest pupils with SEMH needs are most likely to receive formal exclusions from school (DfE, 2023b); compared to those without SEND, YP with a primary SEMH need are approximately 15 times more likely to be permanently excluded and 13.5 times more likely to receive fixed term exclusions. A 2017 report by the UK's Institute for Public Policy Research stated that nearly all excluded YP had mental health needs (Gill, 2017), whilst a 2015 review from the University of Oxford estimated half a million YP with mental health difficulties to be at risk of exclusion in England at any one time (Cole, 2015). However, the relationship between mental health and school exclusion is complex and bi-directional (Ford et al., 2018). Cole (2015) demonstrated this complexity by drawing together international research which identified key risk factors related to both mental health needs and school exclusion. At the individual level, these included genetic influences, communication needs, academic failure,

and low self-esteem. At the family level, factors such as conflict, hostile and rejecting relationships, abuse, and parental mental health difficulties were identified. At the community level, poor housing, low socio-economic status, and discrimination were recognised. There are likely to be multiple effects of YP being exposed to the risk factors presented by Cole (2015), as studies have previously demonstrated that multiple predisposing factors frequently occur in the lives of YP with mental health needs (Brown et al., 2012; Murray et al., 2010), and those at risk of exclusion (Pirrie et al., 2011).

De Monchy et al. (2004) propose that exclusion of YP with SEMH needs results from their difficulties often being invisible in nature yet presented through externalised behaviours. Correspondingly, current national data records *persistent disruptive behaviour*, most typically associated with SEMH needs, to be the most cited reason for all school suspensions (50%) and permanent exclusions (47%) during the 2021/22 academic year (DfE, 2023b). Although, much of this literature does not clearly distinguish between presentations of SEMH, instead, considering it a homogenous category within which all YP present similarly. This perpetuates the focus of SEMH being on *challenging behaviour*, which does not accurately describe groups of YP with mental health needs who do not display externalising behaviours (Kennedy & Kennedy, 2004). It also serves to overlook important personal, situational and psychological factors (Hickinbotham & Soni, 2021), reproducing a medical model of disability that locates the problem as *within-child* (Timimi, 2009) and perpetuating the educational exclusion of those with mental health needs.

As well as exclusion, YP with SEMH needs are the most likely group to experience unsuccessful AP placements, limiting their peer inclusion, school connectedness and feelings of self-worth

(Jalali & Morgan, 2018). Such placements have been linked to negative trajectories, including offending and imprisonment (DfE, 2019b); social isolation, unemployment (Sutherland & Eisner, 2014); and long-term mental health issues (Armstrong, 2017). Additionally, statistics suggest that for secondary-aged YP, reintegration from APs back to mainstream settings can be largely unsuccessful (DfE, 2018a). Attempts to reintegrate can result in a *revolving door effect*, whereby YP experience numerous transitions between provisions (Pillay et al., 2013), with potentially detrimental impacts upon their sense of belonging, self-esteem and self-concept (Martin et al., 2017). It is important to note for context however that APs cater for a very small proportion of YP. In June 2023, of the nearly 9.1 million pupils in schools in England, only 13,191 were solely registered in APs, with a further 11,900 being dual-registered with an AP and school (DfE, 2023c). Thus, most YP with mental health needs and at risk of exclusion remain registered in mainstream settings. Though, this does not necessarily denote their inclusion as YP experience differing degrees of implicit and explicit exclusion regardless of placement (Norwich, 2017).

Taken together, the statistics and reports presented in this subsection could suggest that the UK education system constructs YP with mental health needs as failing, yet fails to provide them appropriate support (Cole, 2015). This has central significance to the present study as, not only does inclusion for YP with mental health needs appear to be an ideal yet realised (McCluskey et al., 2015; McSherry, 2012), the reported trajectories of those who end up excluded or attending APs are concerning. By explicitly acknowledging the risks associated with this pathway, it is possible to understand the significance that effective OHE services for YP might have in terms of potentially re-mobilising their trajectories toward more positive outcomes. This in turn provides justification for exploring the experiences of YP with mental

health needs, foregrounding their own voices to inform policy and practice, with a view to increasing successful practices and protective pathways for this vulnerable group.

2.5. The Voices of Young People

The importance of listening to the voices of YP in practice and research for the purposes of planning and policy development is summarised in this section. My decision to centralise YP's voices in the present study is reflected in the literature addressed in this section and across the remainder of this literature review.

2.5.1. Hearing Voices in Practice

Contemporary policy and legislation emphasise the necessity of listening to YP's voices to influence the development of effective educational practices, systems and policies (Robinson et al., 2017). The Children and Families Act (2014) and SEND CoP (DfE, 2015a) stipulate YP must be assisted to participate fully in decision-making regarding their individual support and provided appropriate opportunities to contribute their views and wishes. This is predicated on the dual rationale that YP have a principled right to be heard and listened to, and that there are practical benefits to YP of sharing information and engaging in decision-making (Frederickson & Cline, 2015), including increased agency, self-esteem, confidence, and responsibility (Hickinbotham & Soni, 2021).

For YP absent from mainstream school due to medical conditions, the inclusion of their voices in the designing and planning of their care and support services has been evaluated as an incomplete practice (Care Quality Commission, 2017). The Keeping Connected Project (Dixon, 2014) utilised qualitative longitudinal case studies to investigate the social and educational

experiences of YP whose schooling had been disrupted due to an ongoing health condition. The researchers emphasised that this group of YP live public lives, whereby critical knowledge regarding them is held by professionals, thus their participation is fundamental to their rights to, and ownership of, knowledge. The project concluded that "the need for better communication, advocacy and protection of rights for this group must be recognised and addressed." (Dixon, 2014, p.13).

Despite educational placement however, YP with SEMH needs are reportedly the least heard and empowered pupil group (Dimitirellou & Male, 2020), arguably because their SEMH label shapes negative perceptions and conceptualises them as not capable enough to have their say (Fleming, 2013; Quinn & Owen, 2016). This is concerning given their increased risk of exclusion and poor long-term outcomes, as outlined in the previous section of this review. Given the reported benefits of pupil participation, it seems crucial that YP with mental health needs are afforded opportunities to share their views and experiences, particularly given their increased vulnerability and risk of educational exclusion. One way in which this might be achieved is through involvement in research.

2.5.2. Young People's Voices in Research

Academic literature highlights benefits of listening to YP in research. Cefai and Cooper (2010) concluded that participating in qualitative research can serve as an emancipatory experience for YP, promoting their insight into their own needs within their learning and relationship contexts. Indeed, when taking part in research, YP with SEMH needs have emphasised the importance of feeling heard about issues that are important to them, their education and futures (Hickinbotham & Soni, 2021). It is suggested that research participation can therefore

support YP to feel more in control and take greater responsibility for their behaviour (Norwich & Kelly, 2006), as important proponents of building positive self-concept, personal agency (Martin et al., 2017) and in the construction of positive possible selves (Markus & Nurius, 1986). However, researchers are encouraged to acknowledge the methodological and ethical *messiness* that can come with voice research (Facca et al., 2020) and be reflexive and critical in accounts of the processes adopted to elicit and hear YP's views (Garcia-Quiroga & Agoglia, 2020). This becomes particularly important when working with YP with additional needs, as there has historically been a dominance of top-down research practices with SEND groups (Liddiard et al., 2019). These considerations are discussed in the next sub-section, in relation to research literature that centralised the voices of YP with SEMH needs regarding their educational experiences.

2.6. Pupil Perspectives: The Educational Experiences of Young People with SEMH Needs

This section answers my key review question by synthesising the findings of existing research literature which explores the educational experiences of YP with SEMH needs in the UK. As observed in the table of literature (Appendix B), the 13 studies reviewed each explored the perspectives of YP with SEMH needs attending mainstream schools and various APs. The researchers used a variety of terms to describe the non-mainstream settings their participants attended, including "pupil referral unit", "alternative provision", "specialist provision" and "support centre". This appears reflective of the wide-ranging and desperate field of AP in the UK (Trotman et al., 2019). For the readability and purpose of this section, AP is used as an overarching term for all non-mainstream provisions. However, it is noted that most of the studies reviewed did not detail the referral processes, provisions, timetables, programmes and curriculums provided by AP settings. The omission of this information renders it

challenging to interpret findings from within and across the studies, and to meaningfully relate them to OHE settings, as the present dissertation focus.

As described in section 2.2.1 of this chapter, in answering my review question, I created five descriptive themes to synthesise and represent the views of YP with SEMH needs across studies. These were Labelling; Learning and Education; Relationships; School Belonging; and Behaviour. Each theme is discussed in-turn below, before the body of research literature reviewed is critiqued and summarised.

2.6.1. Labelling

A key theme that arose in the literature regarding YP's educational experiences, and acted as an ongoing influential factor, was labelling and perceptions of SEMH categorisation (Caslin, 2019; Michael & Frederickson, 2013; Sheffield & Morgan, 2017). Sheffield and Morgan (2017) interviewed nine YP attending mainstream schools within one London LA, asking them questions about a range of SEND labels used in medical and educational spheres. The research found that participants interpreted the SEMH categorisation as indicative of mental illness, and had greater awareness of more diagnostic labels, including attention deficit hyperactivity disorder and Autism. In a debriefing focus group, participants expressed negativity about the SEMH label and were unsure about how their needs and circumstances related to it (Sheffield & Morgan, 2017). This revealed a gap in YP's knowledge and comprehension of their needs and consequent label, whilst also suggesting they hold some agency in internalising their SEMH labels and situating their needs in their environmental context.

Across studies, YP discussed being stigmatised in relation to their SEMH label, implying other people perceived and treated them differently (Caslin, 2019; Michael & Frederickson, 2013; Sheffield & Morgan, 2017). One participant indicated that receiving SEMH provisions at school "is gonna affect me because people are going to keep bothering me for not being like them" (Sheffield & Morgan, 2017, p.59), demonstrating how the distinction between YP and their peers can be highlighted through use of labels and implementations of support. In this way, YP felt the SEMH label rendered them at risk of rejection from their peers. Others expressed the SEMH label had implications in terms of their future opportunities, as they felt excluded from mainstream placements following school suspensions due to their needs (Caslin, 2019), and were concerned about how the stigma of attending a specialist SEMH provision might damage their employment chances (Michael & Frederickson, 2013).

Caslin (2019) employed a grounded theory approach to draw upon the case studies of 13 YP with SEMH needs attending APs due to school exclusion. Participants reported negative attitudes of adults toward their SEMH categorisation, commenting that teachers frequently assumed unfavourable preconceptions about them and low expectations for their behaviour. Due to their encounters with these perceived beliefs, the YP felt unwelcome and powerless at school, which damaged the connections they formed with teachers and resulted in mistrusting relationships. One participant expressed their alienation from mainstream school, claiming "you always get blamed for everything in normal schools… because you have got disabilities" (p.173). Caslin (2019) concluded that teacher perceptions could act as catalysts for pupils with SEMH needs exhibiting challenging behaviour. YP internalised attributions of blame for their classroom behaviours and this formed part of their identity, seemingly generating a self-fulfilling prophecy, whereby negative teacher expectations served to bring

about the prophesied behaviour (Caslin, 2019). This speaks to the process of internalising labels being an active and individual process, involving co-construction between internalising the views of others and one's self-perceptions (Norwich, 1997). Interestingly, two YP in Caslin's (2019) research expressed their desire to pursue medical diagnoses, perceiving that doing so might provide an explanation for their differences and failure in education, thereby protecting them from the stigma attached to having SEMH needs and gaining them access to improved support and quality of life. Such views align with wider literature which identifies positive functions of labelling to be the reduction of blame and access to greater support, resources and tolerance from others (Gus, 2000; Reindal, 2008; Riddick, 2012).

In summary, unfavourable effects associated with SEMH labels included misperceptions of others and experiences of blame and stigma, whilst favourable effects included the role of formal assessment and diagnosis in contributing to the understanding and explanation of YP's needs. The research indicated a significant lack of YP's understanding of, participation in, and contentment with, the description of their SEMH needs. However, given that the studies under review covered a range of labels and terminology related to SEMH (e.g., SEBD and BESD), the YP that participated were reflecting upon different labels. The extent to which these views can be meaningfully compared to one-another and to YP with medical mental health needs is challenging to disentangle.

2.6.2. Learning and Education

In the reviewed literature, YP's views on education, learning and organisational school factors appeared to differ between their experiences of mainstream schools and APs. Broadly, YP described being disengaged and withdrawn from learning in school, yet characterised their

transition into APs as catalysts for change, influencing their social and academic progress (Dimitrellou and Male, 2020; Jalali & Morgan, 2018; Sheffield & Morgan, 2017). In Jalali and Morgan's (2018) phenomenological investigation of student perceptions across primary and secondary APs, secondary-aged YP felt their mainstream education had been inadequate due to a high academic pressure and low level of support. They viewed themselves as not fitting in with the educational conventions expected in school environments. Similarly, most participants in Sheffield and Morgan's (2017) study spoke of specific academic struggles they experienced at school, particularly related to literacy, memory or concentration. Some associated these difficulties with diagnostic labels, such as Dyslexia, and compared themselves with their peers to seemingly assess their level of difficulty. YP reported a lack of support for their educational needs at school, yet where they had received additional support, they experienced a stigma attached to this, increasing their feelings of difference from their peers (Sheffield & Morgan, 2017).

Across the studies, YP communicated their struggles in engaging with teaching techniques and curriculums which they perceived as lacking in interest and having little bearing on their present and future lives (Kljakovic et al., 2021; Michael & Frederickson, 2013). Participants felt schoolwork should have relevance to their current situation and career aspirations, enabling their skills and abilities to be developed, rather than exacerbating their weaknesses (Kljakovic et al., 2021; Michael & Frederickson, 2013). This could align with international literature related to pupils with SEMH needs which suggests there is a close association between learning and behaviour, and that when a YP perceives the curriculum to be inaccessible and irrelevant to them, it can instigate their disengagement and absenteeism (Cefai & Cooper, 2010). For the YP in the literature reviewed, questioning the relevance and

purpose of some curricular components may have been one way to reject parts of the school system, as a protective mechanism that reflects the idea of cognitive dissonance. Cognitive dissonance is a state of psychological discomfort individual's experience when they maintain two or more ideas inconsistent with one another (Cooper, 2019). In attempt to minimise these feelings of discomfort, individuals often choose one belief to accept and maintain, while dismissing or downplaying the other. Participants may have critiqued and challenged elements of their school curriculum to lessen the potential sense of dissonance between knowing they were unable to meet its requirements, whilst perhaps also recognising the sociocultural importance of them.

For YP accessing APs, having a differentiated and personalised curriculum was a key factor enabling their positive educational experiences and promoting their academic success (Jalali & Morgan, 2018; Michael & Frederickson 2013; Tellis-James & Fox 2016). YP talked on the value of an individualised curriculum in their AP, as it gave them the chance to engage in pursuits more pertinent to their behavioural and emotional challenges, skills, and future (Michael & Frederickson, 2013; Tellis-James & Fox, 2016). Tellis-James and Fox (2016) drew upon positive psychology approaches to explore the positive stories eight YP in APs told about their futures. The research concluded that APs had enhanced participants' agency in their learning, since they had some ownership in choosing what educational options and teaching methods were best for them. This supported YP to have positive learning experiences and succeed, often for the first time (Tellis-James & Fox, 2016). Thus, it appears there is potential in APs for the curriculum and its delivery to become a means of opportunity and success for YP, rather than acting as a tool of potential oppression and exclusion. This goes some way to demonstrate the conceivable value of involving YP with SEMH needs in developing their

learning and support plans to promote their outcomes. However, YP in Michael and Frederickson's (2013) study, all 16 of whom were accessing AP due to mainstream school exclusion, acknowledged that, as perceived academic pressure and expectations of school diminished in their AP settings, they completed more unconventional academic work. One YP expressed "we don't do much…don't do a lot of writing…don't do science and none of that" (Michael & Frederickson, 2013, p.416), elucidating the potential challenge of striking a balance between supporting YP with SEMH needs to access individualised education in APs, whilst adequately challenging them to make academic progress.

The suitability of the physical space within educational settings was also a recurring theme throughout the literature. Organisational and environmental arrangements of APs were often identified by YP, with particular focus on the benefits of having small class sizes and less pupils in the building (Jalali & Morgan, 2018; Michael & Frederickson, 2013). In direct contrast, in Kljakovic et al.'s (2021) study of five YP identified as *school refusers*, environmental factors in mainstream schools, such as large class sizes and lots of people in the building, had provoked their feelings of anxiety and acted as precursors to their experiences of school nonattendance. Halligan and Cryer's (2022) single-case study explored the views of YP in Year 10 and 11 who had previously experienced Emotionally Based School Avoidance[1]. Participating YP were accessing a specialist AP and had resultantly made positive progress with their attendance and achievement; the study aimed to identify protective factors in the setting. A key finding was the significance of psychological safety for these YP, enhanced at their AP through, for example, calm environments and safe spaces to access if YP felt

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[1] A term used to describe YP who have severe difficulty attending school due to emotional and mental health needs (West Sussex EPS, 2018).

overwhelmed. Exam support was also cited as an important factor in promoting participants'

attendance at the AP; participants valued the carefully planned, personalised, and calm

approach to examinations which considered their individual needs. The researchers

suggested these arrangements supported the YP to manage their anxiety in situations they

had previously found stressful and therefore feel secure and capable enough to re-engage

(Halligan and Cryer, 2022).

Research in this area points to the necessity of personalised curriculums, environmental

adjustments and exam arrangements for YP with SEMH needs, to promote their positive

educational experiences. This aligns with protective factors of APs identified by YP, which

directly contrast with the barriers experienced at mainstream schools. However, it is

important to recognise that schools promoting these protective factors, and meeting YP's

needs as far as possible in their mainstream context, is crucial to supporting the educational

experiences of YP with SEMH needs. There is perhaps a danger that this research area could

promote AP education as dichotomous to, or even *the answer to*, mainstream schools for YP

with complex SEMH needs, yet the nuances and implications of this argument are complex

and require careful consideration. These broader reflections are missing from much of the

literature.

2.6.3. Relationships

Relationships were identified in the literature as protective and risk factors for pupils with

SEMH needs. In Dimitrellou and Male's (2020) research, YP with SEMH needs in mainstream

schools expressed negative feelings about teachers they felt lacked empathy, ignored

individual needs, did not give YP second chances and focused solely on academic

achievement. Similarly, in Barragry's (2017) doctoral thesis research, the three participants, who each self-identified as having a mental health issue, discussed feeling misunderstood, ignored and not listened to by school staff. As a result of these poor relationships, the YP felt they received inadequate and inappropriate support from their school until they reached a crisis point with their mental health (Barragry, 2017). Across the literature, participating YP associated their challenging school experiences with mistreatment from others in school settings (Jalali & Morgan, 2018; Sheffield & Morgan, 2017).

Positive relationships with staff members acted as a protective factor to YP's successful experiences in APs (Halligan & Cryer, 2022; Jalali & Morgan, 2018; Michael & Frederickson, 2013; Tellis-James & Fox, 2016). YP placed emphasis on the emotional and educational support provided by members of staff in AP, which resulted in their development of stronger relationships (Cockerill, 2019; Halligan & Cryer, 2022). Participants generally agreed that APs did not maintain the same power imbalance between adults and pupils they had perceived in mainstream, thus providing opportunities for staff members to better-understand YP, promoting their social-emotional wellbeing and intrinsic motivation for learning (Barragry, 2017; Michael & Frederickson, 2013). The significance of staff attempting to listen to, comprehend, and help YP was however not only important for those in APs, but also for those in schools, according to the findings of Sheffield and Morgan (2017) and Dimitrellou and Male (2020). In these studies, when mainstream pupils with SEMH needs spoke of positive teacher relationships, they characterised staff as being fun and having the skills to facilitate their learning and respectfully manage their SEMH needs and behaviours (Dimitrellou & Male, 2020). As such, regardless of whether YP accessed schools or AP, the quality of their teacher interactions appeared to support their engagement in learning and constructive behavioural

responses (Sheffield & Morgan, 2017). Close bonds with teachers and other staff members acted as a support system for YP, promoting their stability, self-confidence, and sense of purpose.

As well as relationships with adults, the studies elucidated the impact of peer relationships for YP with SEMH needs (Facey et al, 2020; Halligan & Cryer, 2022; Michael & Frederickson, 2013). For example, YP attending APs felt peers helped to reassure them when transitioning into the setting and, in the longer term, supported them to feel safe and less anxious (Michael & Frederickson, 2013). Halligan and Cryer (2022) drew on the concept of social capital, defined as the social network's groups create to ensure cohesion (Coleman, 1988), to explore the relationship factors their participants valued in AP. The researchers concluded that promoting social capital, by helping pupils form relationships with peers, was key to promoting their successful AP attendance, as having a sense of social connectedness, and therefore safety, was of central importance to YP's experiences.

Alternatively, a theme identified across studies was YP's experiences of being bullied at mainstream school (Barragry, 2017; Dimitrellou & Male, 2020; Facey et al., 2020; Sheffield & Morgan, 2017). Participants reported that bullying was not dealt with by school staff and therefore extended for long periods of time (Barragry, 2017; Facey et al., 2020). For some YP, these experiences led to their decline in mental health (Barragry, 2017), various self-harming behaviours (Reichardt, 2016), and permanent exclusion, due to the retaliation they deemed necessary to draw attention to their situation (Facey et al., 2020). Moreover, Facey et al. (2020) interviewed three YP with SEMH needs attending APs about their mainstream experiences. The participants described feeling alienated from their mainstream peers

because of their personal issues with trust and a fear of being rejected. Additionally, they reported that their completion of school sanctions, of which internal isolation was the most-frequently discussed, had further detached them from peers. YP in Facey et al.'s (2020) study felt isolated and desperate by the time they were facing exclusion from their mainstream school, as they lacked a peer support system to whom they could turn for help. This had long-term impacts, as participants explained that the breakdown of their previous friendships, and loneliness and isolation they experienced in mainstream school, had made it difficult for them to make new, meaningful friendships in this context.

In summary, positive relationships with teachers and peers appeared to act as protective factors to YP's coping in educational environments, despite their SEMH challenges. Indeed, for all YP, the effects of teacher-student interactions on behaviour and academic achievement have been widely cited elsewhere in the scholarly literature (Cefai & Cooper, 2010; Fitzsimmons et al., 2021). However, recurrent themes across the reviewed studies were experiences of unsupportive relationships with mainstream teachers and bullying by peers at school. In some cases, participants identified these poor interactions as central contributors to their decline in mental health, negative behaviours and school exclusions (Barragry, 2017; Jalali & Morgan, 2018; Sheffield & Morgan, 2017), suggesting negative relationships constitute a significant risk factor for YP with SEMH needs.

2.6.4. School Belonging

Across literature, school belonging (outlined in Chapter 1) was a factor YP discoursed as contributing to their positive educational experiences, mostly linked with their accessing of APs (Jalali & Morgan, 2018; Tellis-James & Fox, 2016). Contrastingly, whilst some YP

experienced a sense of belonging to their mainstream school (Cockerill, 2019), studies predominantly found that YP with SEMH needs felt rejected by them (Cockerill, 2019; Gray, 2020; Jalali & Morgan, 2018). In her doctoral thesis research, Gray (2020) interviewed four YP who self-identified as having anxiety, to explore how they had coped in mainstream education prior to their referral to APs. Findings showed that participants had gone to significant lengths to try and hide their authentic selves to increase their belongingness at school, which, over time, had detrimental impacts on their emotional wellbeing and self-expression (Gray, 2020). In other studies, feelings of inadequacy and disconnection experienced by YP in mainstream resulted in their active rejection of the school environment via their demonstration of challenging behaviours (Cockerill, 2019; Jalali & Morgan, 2018), and passivity when accepting future educational circumstances and placements (Jalali & Morgan, 2018).

Cockerill (2019) interviewed 11 YP attending mainstream schools and APs part-time. Adopting a realistic evaluation methodology, the research examined the role that a sense of belonging had for pupils receiving education through such shared mainstream-AP placements. Findings revealed the extent to which YP felt a sense of belonging to their AP associated with how much they reported the provision to be willing to work with their emotional difficulties; take a holistic view of their challenges; adopt a nurturing and empathetic approach; and focus on their self-belief and achievement. The paper concluded that the participants' sense of belonging to their AP was a good predictor of positive outcomes. However, this did not compensate for poor relationships at their mainstream school; where YP developed a sense of belonging at their AP, but not at their school, their motivation to engage with mainstream diminished (Cockerill, 2019). This may have implications for OHE provisions, as pupils are usually dual-registered and may access periods of shared placement, particularly during

phases of transition and reintegration. Of pertinence, Cockerill (2019) asserted that the success of shared placements associated with schools retaining responsibility for their pupil and viewing the AP as an extension of, rather than separate to, their provision. For example, school staff taking an active interest in the YP's time at the AP, by visiting them, ensuring a joined-up curriculum, and holding their reintegration as the primary goal, was found to decrease YP's feelings of rejection from mainstream (Cockerill, 2019).

According to the evidence considered, improving the social and academic outcomes of YP with SEMH needs necessitates the promotion of their sense of belonging to their educational setting. Feeling listened to seemed to strongly relate with a sense of belonging in AP for participants in the reviewed studies, and the absence of this experience in mainstream schools was significantly stressed throughout findings.

2.6.5. Behaviour

In the research assessed, behaviour was a dominant topic of discussion for YP with SEMH needs. Disruptive behaviour was viewed by YP as an often-unavoidable barrier to their positive educational experiences (Michael & Frederickson, 2013; Sheffield & Morgan, 2017). When discussing their mainstream experiences, YP in Sheffield and Morgan's (2017) and Jalali and Morgan's (2018) studies shared external attributions for the challenging behaviours they displayed. These attributions largely focussed upon school peers, staff and the curriculum. For example, YP described being targeted by peers, unsupported or disliked by teachers, and bored in lessons, as precursors to their misbehaviour (Jalali & Morgan, 2018; Sheffield & Morgan, 2017). In both papers, the authors proposed that such externalised attributions served a function of distancing YP from their challenging behaviour and its consequences. Yet,

over time, thinking in this way led YP to seemingly not understand their own actions and exhibit a lack of motivation and learned helplessness relating to their propensity to make positive behavioural changes (Jalali & Morgan, 2018; Sheffield & Morgan, 2017). Consequently, YP's externalising behaviour attributions could negatively impact their on-going attitudes towards education, as well as their self-esteem and self-worth, whilst potentially heightening their risk of school exclusion (Jalali & Morgan, 2018).

YP spoke of a sense of injustice and unfair treatment by members of mainstream school staff, as associated with receiving sanctions (Michael & Frederickson, 2013; Sheffield & Morgan, 2017). For example, participants described teachers as adopting punitive forms of behavioural management to reduce their inappropriate behaviours. However, YP felt that sanctions, particularly methods of internal exclusion, neither taught them appropriate behaviours, nor helped them to improve their current behaviour (Dimitrellou & Male, 2020). In Michael and Frederickson's (2013) study, an authoritarian approach to discipline was identified by the YP as counter-productive, as its perceived unfairness often led YP to feel negative emotions and thus respond disruptively. Similarly, those participating in Dimitrellou and Male's (2020) research expressed that, for their mainstream school experiences to improve, effective behaviour management strategies were needed, to control their misbehaviour effectively, teach them constructive behaviours for the future and ultimately curb pupil disruptiveness.

From reviewing the literature, it seems YP's perspectives related to their behaviour and school sanctions, might offer some insight into how their SEMH needs can be maintained. For example, Jalali and Morgan (2018) highlight that a pupil's limited understanding of their

behaviour results in their external locus of control and lack of responsibility, which is likely to have negative impacts upon their motivation to change and response to supportive SEMH interventions. Similarly, across the studies, YP who had experienced formal exclusions conveyed a lack of understanding of the reasons for their school removal and AP referral. This suggests that YP with SEMH needs are not involved in school decision-making processes regarding their behaviour, exclusion and consequent AP placement, concurring with broader existing literature which reports that attending an AP is rarely, if ever, the choice of pupils or their caregivers (Thomson & Pennacchia, 2015). However, it is important to reinforce here that SEMH is a broad category of need; externalised, *challenging*, behaviours and school exclusions are not generalisable to all YP with identified SEMH needs, nor all AP pupils. Therefore, this area of the published literature should be interpreted with caution, particularly when transferring the findings to OHE services which provide short-term provision to pupils with mental health needs who are medically unable to attend mainstream school (DfE, 2013b).

2.6.6. Critical Considerations of Pupil Perspectives Research

On evaluating the pupil perspective research reviewed, three critical considerations were common, as I will now outline in-turn.

2.6.6.1. Sampling Strategies

A methodological limitation relevant to many of the reviewed studies is sampling bias, which results from using self-selected participant samples (Kunzman & Gaither, 2020). The studies employed purposive and convenience strategies to recruit YP with SEMH needs and those attending AP; it could be reasonable to assume this was due to these populations being

marginalised, or *hard to reach*. Thus, to maximise sample size, researchers may have opted for samples of participants most easily accessible (Kunzman & Gaither, 2020). For example, the literature reviewed was all conducted with YP engaged with learning and education to some extent. The participants were able to consent to, and participate in, data collection methods, such as interviews. This might suggest that YP with SEMH needs who were disengaged from learning, isolated from their educational setting, or less able to meet data collection demands, were not sufficiently captured via the sampling methods adopted; such YP may have held different perspectives to those elicited and reported.

2.6.6.2. Sample-Size

The studies reviewed are considered small-scale, each with three-to-sixteen participants. Whilst, based upon the philosophical and methodological assumptions of the current research, sample-size is not viewed as a limitation, it is recognised that small participant numbers can limit the generalisability of findings. Similarities across numerous pupil accounts could have enhanced the wider implications of each study. Nonetheless, the studies offer findings, both individually and together, which are transferable in nature and provide some insight into educational practices to be investigated by further research, such as through this dissertation in relation to OHE.

2.6.6.3. Researcher Positionality and Biases

Some of the methods adopted within the appraised studies could be critiqued as shaping what was elicited from participants and of diluting YP's experiences. This is due to their use of pre-determined interview schedules and categorisation of YP's data into distinct themes. Interview questions and themes largely centred upon YP's experiences and perspectives of

education alone, somewhat narrowing the lens through which complex issues related to SEMH needs could be viewed. Finally, the studies were all interpretive in nature, such that researchers made sense of participants' accounts, yet critically, many reported minimal researcher reflexivity, making it difficult to identify the researchers' subjective relationship to the data. Omission of this information in academic journal articles can result from word count restrictions which constrain the reporting of qualitative studies (Braun & Clarke, 2021). Nonetheless, it represents a significant limitation of the literature reviewed, given that researcher positionality will have significantly impacted how data was constructed, and findings interpreted and reported (Collins & Stockton, 2018).

2.6.7. Summary of Literature

This review evaluated 13 qualitative research studies. Five themes were discussed, which YP with SEMH needs had commonly highlighted as influential to their educational perceptions and experiences. In relation to mainstream schools, negative relationships with staff, perceived inadequate support and unfair sanctions, were found to be impactful risk factors. Participants generally reported a more optimistic view of education and learning after accessing AP, which, for some of YP, seemed to instigate their brighter outlook related to themselves and their abilities. However, the extent to which the risk and protective factors identified relate to YP accessing OHE due to their medical mental health needs, is unknown.

2.7. Chapter Summary

Through reviewing relevant literature, this chapter explored current understandings related to the educational experiences of YP with mental health needs. It discussed UK statistics purporting a crisis in YP's mental health, with a plethora of negative related outcomes.

Evaluations of contemporary school-based mental health polices and interventions being inadequate were outlined, alongside statistics demonstrating disproportionate rates of exclusion and AP referral for YP with SEMH needs in England. Together, these factors could substantiate assertions that educational inclusion for YP with mental health difficulties is an ideal yet to be realised in the English education system (McCluskey et al., 2015; McSherry, 2012).

As examined throughout this chapter, AP placements have been associated with negative trajectories for YP with SEMH needs, although the pupil perspectives research reviewed conveyed largely positive experiences. In the reported context of YP's mental health needs and related school difficulties being a growing and urgent problem in the UK, one type of AP that it seems particularly pertinent to understand the pathway of is OHE. Often, YP are referred to OHE when their mental health crises necessitate their removal from mainstream environments, to enable their recovery (GHES, 2017). Yet, the extent to which such settings can offer a *solution* to the mental health challenges instigating YP's medical withdrawal from school is unknown, as OHE is largely absent from educational discourses and published literature. An investigation of the OHE experiences for this vulnerable, and purportedly growing, pupil group is necessitated to gauge the quality, impact and barriers of the provisions they are receiving. This could potentially contribute an understanding of how to promote the educationally inclusion and positive outcomes for YP with mental health needs, through placing their voices at the forefront of the conversation. In response to this motivation, the next chapter discusses the aims and research questions of the present study, before outlining the philosophical orientation and methodological approaches used to address them.

Chapter 3: Methodology

3.1. Chapter Overview

This dissertation explores the experiences of YP receiving Outreach Hospital Education (OHE). This chapter elucidates the study's methodology, outlining the orientations and approaches employed to address the research aim of contributing to professional and academic understanding regarding OHE, through placing YP's voices as the forefront of the conversation. It is organised across five parts:

1. **Summarising the research aims:** An outline of the study's overarching purpose, aims and research questions.

2. **Discussing philosophical underpinnings:** An account of the epistemological, ontological and axiological positionings underpinning this dissertation.

3. **Considering the research methodology:** A summary of the process undergone to select a methodological approach. Narrative inquiry is introduced and its employment within this research is justified.

4. **Presenting a practical account of the research process**: Informant sampling and recruitment is explained, and data collection procedures explicated.

5. **Outlining the approach to data analysis**: The dialogical and voice-centred analytical approaches selected to explore YP's stories are outlined. Reflexivity and ethical considerations are discussed.

3.2. Research Aims

In response to the scarcity of existing OHE research (discussed in Chapter 1), the current study was motivated by fulfilling two overarching aims. It aimed to explore the experiences of secondary-aged YP receiving OHE due to mental health needs which prevented them from attending mainstream school. In-turn, it sought to contribute to the understanding of researchers and professionals regarding OHE through placing YP's voices at the forefront of the conversation. To fulfil these aims, two research questions were formulated:

- What are the relationships, thoughts and feelings associated with mainstream school for YP with mental health needs who are receiving OHE?

- How do YP with mental health needs make sense of their experiences of receiving OHE?

The perspective taken to address the research aims and questions was underpinned by my positioning as a researcher and selection of a methodological approach, as will be explained throughout this chapter, commencing with my philosophical orientation.

3.3. Philosophical Orientations

As research paradigms are moulded by philosophical assumptions, aims and values (Thomas, 2013), a study's methodology should extend beyond the description of methods, to illuminate its epistemological position and principles (Carter & Little, 2007). The following subsections demonstrate my theoretical understanding of ontology, epistemology and axiology, whilst illuminating the philosophical orientations of the current research.

3.3.1. Ontological Underpinnings

Ontology is concerned with underlying assumptions about the nature of *reality* and how it is perceived (Hepburn, 2003; Lincoln & Guba, 1985). A researcher's ontological positioning determines their perceptions of the world and procedures for comprehending social phenomena (Filstead, 1979), commonly constructed on a continuum between realism and relativism (Mortimer, 2018). Realism asserts there is a single, fixed, reality that exists, irrespective of constructions and interpretations of social actors (Maxwell, 2011). It would propose there to be an objective truth about YP receiving OHE, which could be known via the senses and observing the impacts of potential hidden mechanisms and structures (Mathews & Ross, 2010). From a relativist perspective, subjective truths and versions of reality are constructed entirely by social contexts, human experiences and interactions (Cater & Little, 2007). Relativists would maintain that the reality of OHE is not distinguishable from the subjective experience of it. Thus, they would aim to explore YPs multiple experiences and meaning-making of OHE and their various subjective truths (Lincoln & Guba, 2011).

The ontological underpinnings of this research align with a constructivist framework, assuming a transactional view of multiple realities, whereby meaning is continually reconstructed through language (Kukla, 2000). Rather than conceptualising knowledge as *out there* to be discovered, it is considered to be co-constructed, interpreted and remoulded during researcher interactions with informants (Kvale, 1996).

3.3.2. Epistemological Underpinnings

Epistemology is the philosophical theory of knowledge. It denotes "what we can know about reality and how we can know it" (Willis et al., 2007, p.10). Consequently, epistemological

perspectives are concerned with how knowledge is generated and understood (Barker et al., 2002); interrelationships between the knower and what can be known (Guba & Lincoln, 1982); and the criteria knowledge must satisfy to be legitimate, valid and distinguishable from belief (Blaikie, 1993).

At opposing ends of the epistemological continuum, sit positivism and interpretivism (Bryman, 2016; O'Gorman & Macintosh, 2016). Positivism proposes "there is an objective reality which exists independent of the individual" (Cohen et al., 2018, p.8). Positivists would suggest the reality of OHE for YP with mental health needs is an absolute truth, which is observable and recordable via objective methods (Proctor, 1998). The interpretivist epistemology maintains multiple realities exist, and experience is perceived differently across individuals. From this philosophical perspective, knowledge about YP receiving OHE would be constructed subjectively through a researcher's own experiences, interactions and beliefs (Cohen et al., 2018). Thus, interpretivists emphasise the role of the researcher in co-constructing knowledge (Leung, 2015). The present research takes an interpretivist epistemological approach, acknowledging that YP's experiences, and their interpretations of them, produce multiple truths (Ponterotto, 2005). Owing to the interpretation of meaning being subjective, it aimed to utilise research methods sensitive enough to elicit different meanings from various individuals.

3.3.3. Axiological Underpinnings

Axiology concerns the philosophical study of the nature of values (Bahm, 1993). The position of this research aligns with an applied school of thought, assuming knowledge has value to inform, enlighten and bring about change for YP with mental health needs (Durant-Law,

2006). My axiological position centralises the connection between researcher and informant, emphasising that researcher-informant interactions are critical for understanding what knowledge is conveyed (Ponterotto, 2005). I align with the idea that telling stories enables reflection upon the thinking and actions of ourselves and others (Bruner, 1990). Therefore, this research project illuminates the subjective experience of informants, to understand their socially constructed reality *in the momen*t, recognising that when experiences are shared, their narratives can shift, particularly contingent upon the target audience.

3.4. Research Methodology

Informed by its constructivist-interpretivist and axiological underpinnings, the following subsections discuss the research methodology of the present study. First, it rationalises its qualitative design and summarises the initial consideration of an Interpretative Phenomenological Analysis (IPA) approach. Narrative Inquiry (NI) is then introduced, justified and critiqued as the methodology employed.

3.4.1. Qualitative Design

Qualitative research designs explore subjective experiences through interpreting them in context (Denzin & Lincoln, 2000), whilst emphasising meaning and the generation of rich descriptive accounts, aiming to enrich understanding of a phenomenon (Mutch, 2013). Contrastingly, quantitative designs are underpinned by an objectivist ontology (Bryman, 2016). I selected a qualitative design for this study as I endeavoured to uncover a depth of understanding regarding mainstream education and OHE, whilst communicating the nuances of individual experiences (Ambert et al., 1995). Congruent with my epistemological standpoint, I felt a qualitative methodology enabled me to empower informants'

interpretations of their experiences primarily, whilst also acknowledging my own interpretations (Pietkiewicz & Smith, 2014). Informed by this choice, I contemplated using IPA or NI for the present research, as each method is concerned with exploring experiences and perceptions of events (Smith & Osborn, 2003).

3.4.2. Considering Interpretative Phenomenological Analysis

In the proposal stages of this research, I considered that IPA and NI aligned with the study's aims, as they each: adopt a person-centred and humanistic approach; are interpretivist; use first-person accounts; and emphasise researcher-informant co-construction (Griffin & May, 2012). IPA is a methodology based within its own philosophy of phenomenology. It assumes a double hermeneutic, whereby researchers attempt to make sense of their informants making sense of the world (Chamberlain, 2011). IPA endeavours to make links between categories of information across participants, to create a universal understanding of the experiences of a homogenous cohort (Alase, 2017). However, the study did not share this aim; instead, it sought to explore individual experiences to capture their diversity and variety. IPA's double hermeneutic implies meaning is accessible only through a process of interpretation and theming (Biggerstaff & Thompson, 2008). However, I sought to preserve the integrity of YP's stories by keeping them intact, understanding the way informants created meaning of their own experiences (Smith & Osborn, 2008). Such foregrounding of YP's own meaning-making was central, owing to the risk of further de-valuing a vulnerable population. As this research aimed to present YPs' own understanding and experiences for subjective interpretation, rather than deeper meaning, IPA was ultimately rejected. The following sub-sections will offer an introductory discussion of *narrative* and NI, as a precursor to justifying the use of NI in the current study.

3.4.3. Introducing Narrative Inquiry

NI is a broad term for a range of approaches, at the core of which is the collection, qualitative analysis and interpretation of narrative materials (Squire et al., 2014). The narrative definition adopted in the present study was: "an organized interpretation of a sequence of events. This involves attributing agency to the characters in the narrative and inferring causal links between the events" (Murray, 2015. p.87). The research adopted the position that storytelling is a means of creating a narrative identity and "providing structure to our sense of selfhood"; individuals are active in forging their narrative self (Murray, 2003, p.115). When sharing narratives, individuals portray key moments of their experiences and make connections between people and happenings, to demonstrate meanings they want the listener to internalise (Reissman, 2008). Narratives are not only constructed considering past events, but on forming a script for real and imagined futures (Reissman, 2008). This process is considered therapeutic, as storytellers are empowered to make meaning of disordered fragmented or traumatic experiences; after which, in NI, their stories are honoured (Bruner, 1990; Ortiz, 2001; Riesman, 2008).

NI is a researcher-informant collaboration across time and in interaction with differing environments (Clandinin & Connelly, 2000). There is no one way to tell a story, or conduct narrative research, as stories shift depending on when they are told and whom to (Reissman, 2008). NI remains sensitive to individual context to consider stories holistically (Webster & Mertova, 2007), emphasising analysis within uniquely individual accounts. However, conceptual generalisability across accounts is often possible (Reissman, 2008).

As NI encompasses constructionist, postmodern and realist strands, its definitions and origins are debated (Riessman & Speedy, 2007), particularly as there is no singular *how-to* source explaining NI (Mertova & Webster, 2019), nor a clear epistemological and ontological commitment for engaging in it. It faces criticism for not with-standing positivist measures of reliability and validity (Mertova & Webster, 2019), yet such constructs are considered irrelevant from the interpretivist and qualitative standpoint of the present study.

3.4.4. Justifying Narrative Inquiry

Narrative approaches to research make it possible to elicit informant stories, and keep them intact, while allowing key themes within experiences to be identified (Casey, 1995). On this basis, NI was deemed suitable for answering the current research questions. I hoped that by giving the informants the opportunity to share their narratives of mainstream school and OHE, I might be able to identify some of their challenging or supportive experiences. This would help me to contribute to the understanding of researchers and professionals regarding OHE, through placing YP's voices at the forefront of the conversation.

NI enables previously excluded voices to be heard in broader public domains (Daiute, 2014), attempting to diminish the disparity of power within the research relationship by being as informant-led as possible (Riessman, 2008). It allows for tangible resources to be used during data collection to support YP's engagement and detailed recall of sensitive life events (Bassett et al., 2008; Mack et al., 2009). Considering the invisibility of YP accessing OHE in existing research literature, it was central for the current project to provide an opportunity for their stories to be heard and shared; I hoped that by employing NI, the research project might hold emancipatory potential for informants (Bhaskar, 2013; Oliver, 1992). In this way, NI was felt

to align with my personal and professional values of advocacy and person-centred working. As NI showcases human experience via accessible and transparent stories, my research findings could be readily understood by a wide audience. Ultimately, through employing an NI methodology, I hoped to propel this dissertation as "more truthful, meaningful, useful, accessible and human" (Leavy, 2015, p.64).

3.4.5. Evaluating Narrative Research Quality

Evaluating the quality of qualitative research is imperative to ensuring results are credible, justifiable and coherent (Braun & Clarke, 2013). Quality criteria applied to quantitative studies, including reliability and generalisation, are inappropriate as these concepts are conceptualised differently in qualitative designs (Lincoln & Guba, 2011), thus alternative evaluative systems exist for assessing qualitative research. The research quality framework proposed by Yardley (2015) guided the present study, due to its flexible application and unrestrictive nature (Lyons & Coyle, 2021). Throughout this dissertation, Yardley's (2015) four evaluative criteria (*sensitivity to context; commitment and rigour; transparency and coherence;* and *impact and importance*) are employed to reflect upon decisions made. For the reader to assess the rigour of this research, an evaluation of research quality is provided within Chapter 6.

3.5. Research Design

This section outlines the design of the present study. It rationalises the selection of narrative interview techniques for data collection, before describing and justifying the research sampling strategy and sample size.

3.5.1. Narrative Interview Method

Narrative interview techniques were employed to explore the experiences of secondary-aged YP with mental health needs receiving OHE in the Southwest of England. Narrative interviews are typically unstructured and rely on everyday communication methods of turn-taking, storytelling and entrance and exit talk, to structure discussion (Reissman, 2008). Researchers follow informants' story-telling path (Jovchelovitch & Bauer, 2000), encouraging elaboration via relevant comments and prompts (Muylaert et al., 2014). This limits the researcher's imposing of structures, themes and language, arguably minimising their influence, to elicit a more *valid* rendering of the informant's perspective (Jovchelovitch & Bauer, 2000). The presupposition is that informant perspectives are best revealed via spontaneous language in their autonomous and relational narration of events. The emotional attentiveness, rapport building and engagement of the researcher, and their respect for individual contexts, is paramount (Reissman, 2008). Narrative interviews therefore depend upon active participation of interviewer and *informant*, who collaboratively construct narratives and meaning to generate detailed accounts (Reissman, 2008).

Utilising narrative interviews in this study intended to empower informants, enabling them to represent their experiences in a way that *speaks to them* (Reissman, 2008). However, I acknowledged that the open agenda of a narrative interview could be experienced as overwhelming for YP (Murray, 2004). Thus, I created an interview topic guide which could be loosely referred to (Appendix D).

3.5.2. Informant Inclusion and Exclusion Criteria

The research aimed to explore the experiences of YP aged 11-to-16. This age range was selected based upon a multi-pronged rationale. Firstly, existing literature estimates that secondary-aged pupils with SEMH needs are the most likely group to experience placement into APs (Jalali & Morgan, 2018), such as OHE. Moreover, the likelihood of informants having the ability to reflect upon their experiences and engage with unstructured narrative interviews was increased with secondary-aged YP.

Inclusion criteria stipulated that YP were accessing OHE due to their mental health needs. *Mental health needs* were not operationalised by type, diagnostic criteria, or perceived severity. YP could participate if they had received OHE for at least four weeks, to ensure they had sufficient experience to discuss. They would be excluded if they were due to leave OHE within two weeks of interview; it was felt that interviewing YP amid their transition from OHE could increase risk of psychological harm and stress, contravening key ethical principles (BPS, 2021). YP were not excluded from participating based upon dimensions such as their SEND status, social communication style, comorbid conditions, ethnicity, socioeconomic status, culture, or any further individual differences.

3.5.3. Research Sample

Sample size in qualitative research should be informed on a case-by-case basis via "fitness for purpose" considerations (Marshall & Rossman, 2016, p.108). NI is not deemed appropriate for large data sets, as it is suited to small samples (Edwards & Weller, 2012; Riessman, 2008) which can provide a depth of rich information with potential to affect change in real world situations (Flyvbjerg, 2006). A sample of between four and six informants was deemed

appropriate to support the current study, enabling me to fully appreciate each narrative and their individual contexts. From a positivist standpoint, this sample size could be considered a limitation, however, the philosophical position of the current research rendered it a strength; it supported me to commit an in-depth and thorough analysis of all narratives, to elicit informants' individual experiences, interpretations and meanings.

3.6. Research Procedure

This section outlines procedures used in the present study. It discusses the recruitment of OHE services and informants and describes how their narratives were collected and transcribed.

3.6.1. Recruitment of Outreach Hospital Education Services

Three OHE services in the Southwest of England were selected for participation in this research. These services, situated within three neighbouring LAs, were identified as having similar OHE provisions for secondary-aged pupils. They were each registered as a Medical PRU, accessed via medically supported referrals. Each service had between 35 and 100 pupils on roll. Owing to the small sample sought, a staged approach was planned to recruit the three identified OHE services. Recruitment began at the OHE service within the LA I was placed as a TEP; I did not have professional involvement with this service. To ensure I had the expected number of informants, recruitment was later extended to the other two pre-identified OHE services.

I contacted OHE *Service 1* three weeks prior to *Service 2* and *3,* emailing their Headteachers asking for their service to be involved in the research study. Headteachers of *Service 1* and *2*

responded to the initial recruitment email to express interest in participating; Headteacher of *OHE Service 3* did not reply to correspondence. I met with the interested Headteachers to discuss the research, share my informant recruitment poster and information sheets, and answer their questions. I asked them to send the digital research recruitment poster (Appendix E) to all pupils who met inclusion and exclusion criteria, and their caregivers. OHE services *1* and *2* were recruited for participation; posters were disseminated to their pupils via their usual digital communication platforms, namely email, newsletter and social media.

3.6.2. Recruitment of Informants

Informants were recruited via the process summarised in Figure 2. The sampling method was purposive and self-selecting, employing an *opt-in* approach to reduce the extent YP felt obliged to take part (Lewis & Porter, 2004). The research recruitment poster, information sheets and consent forms disseminated to YP and their caregivers are presented in Appendices E-G.

Figure 2

Informant Recruitment Process

1	• Headteachers shared research recruitment posters with pupils who met the identified inclusion and exclusion criteria, and their caregivers.
2	• Recruitment posters asked pupils to express an interest in participating by speaking to their caregivers. • If their child was interested in participating, caregivers were asked to follow a survey link to provide their contact details.
3	• I sent information sheets and consent forms to the interested pupils and their caregivers, via the email addresses they provided.
4	• I telephoned caregivers to discuss the emailed information and answer any questions. We arranged my first session with their child.
5	• Informed consent forms were completed and returned by informants and their caregivers prior to their first session. Informant verbal assent was established at the outset of each session.

Two caregivers from *Service 1* and three from *Service 2* responded to the recruitment poster, registering their child's interest in participating. I conducted a telephone meeting with each caregiver, enabling me to ensure they were fully informed of the research purpose and informant rights, and had discussed information sheets and consent forms with their child. I confirmed informant eligibility for the study in relation to the inclusion and exclusion criteria. Four YP were present during their caregiver's telephone meeting; three could hear me via a loud-speaker function and voluntarily contributed to the conversation. At the end of meetings, each caregiver gave verbal confirmation that they and their child wished to continue with participation.

The five interested YP were recruited and participated fully. Informants were aged thirteen to sixteen, in school years 8 to 11. They had been receiving OHE for a period ranging between six and nineteen months. Their self-reported mental health needs included anxiety, depression, psychosis, self-harm, Post Traumatic Stress Disorder and suicidality. Narrative summaries provide the reader with an overview of each informant and their personal context in Chapter 4.

3.6.3. Interview Process

Informants completed narrative interviews with the use of visual aids and resources. They were each offered two interview sessions, however, could complete only one session if they wished. Interview locations were arranged according to informant preference between their home, OHE base, or a public space that was private and pre-bookable. Where informants elected to meet at their OHE base, I negotiated the use of a meeting space with the relevant Headteacher. Caregivers either completed and returned consent forms to me in-person at

the outset of their child's interview, or via email, under password protection, prior to my one-to-one session with their child at their OHE base.

A caregiver or member of OHE staff was required to be *on-hand* in the same building during all sessions. Informants could elect for one of these adults to be present throughout their interview. Three informants chose for their parent to be present during the first session. Being accompanied by a parent might have influenced what YP shared during their interviews, impacting upon the narrative data gathered. For example, informants may have shaped or withheld certain stories to keep them palatable for, or private from, their parent. This could constitute a limitation of the data collection procedure. However, having a parent present appeared to provide some informants the safe space needed to participate in the interview session and exercise their otherwise-marginalised voices. For example, informants sometimes sought their parents' assistance and reassurance to express their views. Ultimately, offering YP the choice of having an adult present through their interview was felt to maximise the ethical quality and success of the present research.

3.6.3.1. First Session

All first sessions were conducted within confidential spaces. Aligning with informant choice, three took place in OHE classrooms, one in an informant's home, and one in a pre-booked room at a community library. At the outset, I re-introduced myself and my research; discussed the information sheet and consent form, answered informant questions; introduced the visual supports, creative tools, and recording device; checked informant understanding of the consent form and gained their verbal and written consent to continue. I offered informants a short break before commencing their interview; none of the informants elected for a break.

Interviews started with rapport building; I spent time getting to know informants through asking them general, non-threatening, questions about themselves and their personal interests. The aim was to create an environment in which informants felt comfortable communicating. To initiate the narrative process, I asked each informant the following opening question:

> *"I'd like you to talk to me about your experiences of school and hospital education. I have no set questions to ask you, you can talk about anything you like. Where would you like to start?"*

From this point, interviews followed the informants' story-telling path (Jovchelovitch & Bauer, 2000). Despite having a topic guide, I rarely referred to it. I asked informants prompting questions to facilitate their expansion upon what they had shared, gain deeper understanding, and temporally place their experience (Muylaert et al., 2014). These prompts aligned with those traditionally advocated in narrative interviewing, such as *"what happened next?"*, *"how did that make you feel?"*, and *"tell me a bit more about…"* (Squire et al., 2014). I worked to listen to informants without judgement and convey empathy, unconditional positive regard and congruence (Rogers, 1965). From my perspective, these conditions helped me to develop safe and trusting relationships with each informant, supporting them to share their in-depth experiences. I regularly reflected informants' own words back to them, to convey my attentive listening, summarise their narration and check my understanding.

The visual aids and creative resources summarised in Table 1, and displayed in Appendix H, were presented to informants and available for their optional use throughout interviews.

Aligning with my ethical position, I hoped these resources would provide an inclusive approach for informants to communicate their experiences.

Table 1

Visual and Creative Interview Resources

Visual or Creative Resource	Description	Use in Interview	Uptake
'Stop', 'Skip' and 'Pause' cards	Three visual cards showing each representing 'Stop', 'Skip' or 'Pause', as presented in Appendix H.	Given to informants, to support them to communicate these potential choices visually rather than verbally. It was hoped that the cards might provide informants a visible reminder that they were in control of the interview process.	None of the informants opted to utilise these cards.
Dixit® picture cards	40 picture cards, as presented in Appendix H.	Available for informants to support their verbal communication and prompt discussion during the interviews; all were able to tell their stories without utilising the cards. To close interviews, I asked informants to select and explain three cards which represented 'mainstream school', 'hospital education' and 'mental health' to them. Each informant completed this activity, and some expanded it to include their own variations of the suggested categories.	All informants selected three cards at the end of their interview; these accompany narrative summaries in Chapter 5.
Life-Grids	Blank A3 Life-grids demarcated into topics deemed relevant to YP and the interviews (*my education; important events for me; my relationships; my mental health*) and school key stages.	Offered as a visual method to encourage YP to tell their stories by mapping significant events in a temporal fashion (Wilson et al., 2007). I suggested informants could fill the life-grid in as we were talking, use it to refer to during our conversation, or not use it at all.	None of the informants utilised the life-grid during the first interview session. One informant chose to fill the life-grid in during their second session.

Observing narrative interview guidelines by Jovchelovitch and Bauer (2000), interviews were considered to have ended once narratives had come to a natural close and the informant was struggling to think of anything else to say. At this point, I asked informants whether there was

anything we had missed from their stories, giving them the opportunity to add additional information. Interviews lasted between 55 and 100 minutes. Informants were given a debrief poster signposting them to websites and agencies, such as online counselling services, should they wish to access them. To allow time for further exploration of their narratives, informants were asked if they would like to have a second interview session.

3.6.3.2. Second Session

Three informants opted to complete a second narrative interview. These took place during the school summer holidays. Informants had the option to meet in their homes or in a bookable, private, public space. A caregiver needed to be in the building for all second interviews. Informants each elected to meet in their homes; one chose for their parent to be present for the session. Verbal consent was re-established at the beginning of second interviews. They involved the same topic guide and visual and creative resources as first sessions; one informant chose to use the life-grid tool. Second interviews lasted between 80 and 90 minutes.

3.7. Transcription of Interviews

With informants' permission and parental consent, I audio recorded interviews. I transcribed them independently to increase my familiarity with the data. Interviews were transcribed verbatim and, following a naturalistic style, non-verbal communication was indicated including pauses and laughter (Oliver et al., 2005), aiming to capture informant narrative expression beyond verbal communication.

3.8. Data Analysis

There is no *wrong way* of producing and portraying information in NI, providing researchers are explicit about their process and journey (Mauthner & Doucet, 1998). In this section, I aim to illuminate how an analytical approach was selected in the current study, before explicating the process of data analysis undertaken.

Aligning with the aims and philosophical position of this research, a method of narrative analysis was sought which could "honour the role of the researcher and respect the voices and experiences" of informants (Woodcock, 2016, p.1). I considered various NI approaches. One that resonated most with my philosophical and values-based interpretation of storytelling was Dialogic Narrative Analysis ([DNA]; Frank, 2012). In DNA, the *narrative resources* which structure an account are analysed. Narrative resources refer to a set of dominant ideologies, or understandings, that exist within socio-cultural spheres (Livholts & Tamboukou, 2015; Taylor, 2010); they are a form of *social code* which shape how people story themselves and make sense of their experiences (Hermans, 2001). From a dialogical perspective, the narratives we share, and our sense of self within them, are "constructed and constrained by the resources we have available to tell" (Frank, 2012, p.4). Thus, DNA examines not only what is said in a story, but what the story *does,* and *why* an individual might choose a particular story to represent their experiences (Caddick, 2016). I was inspired by DNA, as I recognised the importance of representing how informants perceived and storied themselves, alongside my own interpretation of their communication methods and

narratives. I therefore drew-on the five commitments of the DNA approach (Frank, 2012) outlined in Figure 3.
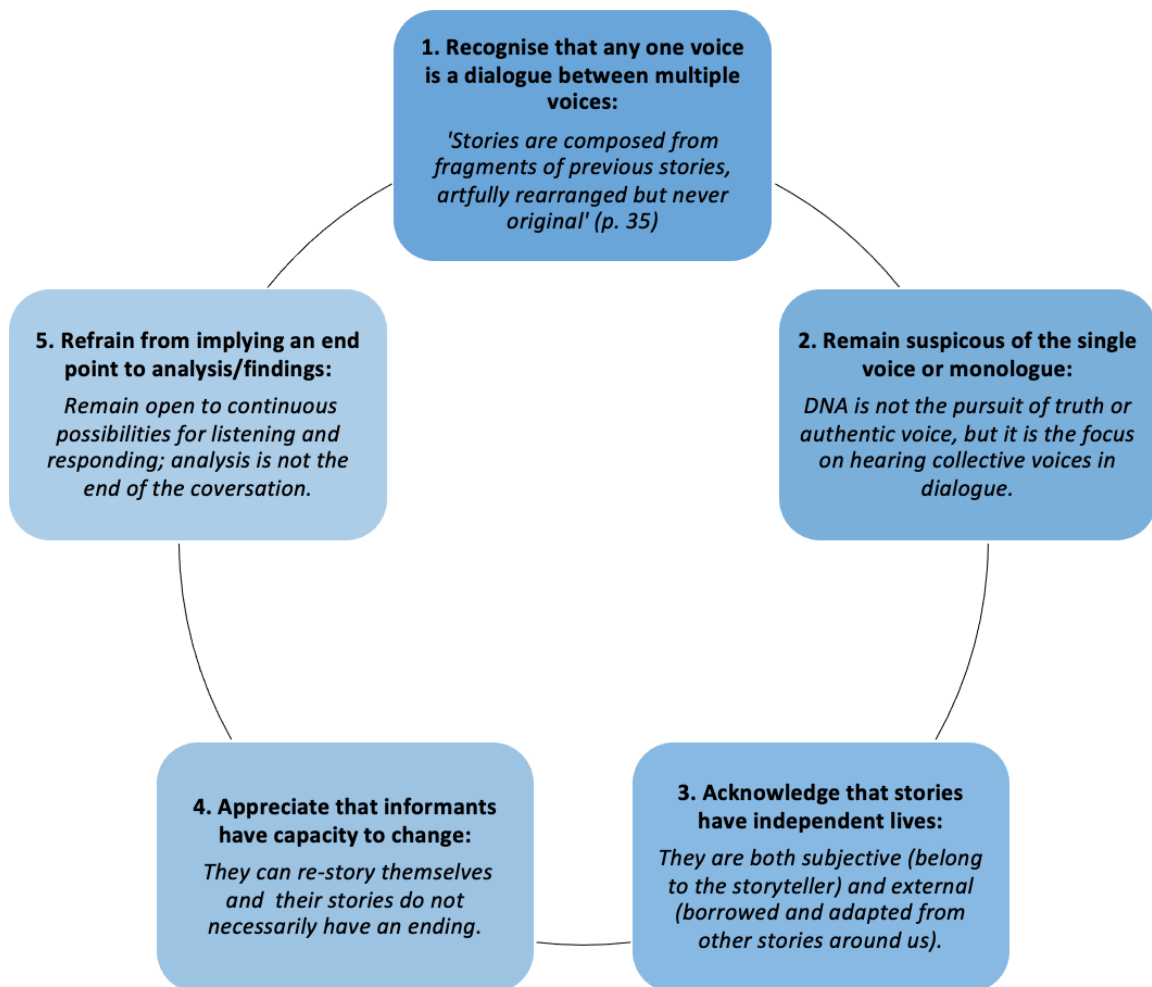
Figure 3

Five Dialogical Narrative Analysis Commitments

Whilst there are various forms of DNA, they do not often translate to a practical strategy, or step-by-step guide, for *doing* data analysis (Frank, 2012). Therefore, I decided to develop a multi-layered approach to analysing informant stories drawing-on principles of Frank's (2012) DNA approach, whilst utilising a sequential analytic tool: the *Voice-Centred Relational Method,* known as the Listening Guide (LG), by Gilligan (2015). The LG is a qualitative, relational, voice-centred and feminist method of psychological analysis (Mauthner & Doucet,

1998). It attends to inner processes of voice and social discourses which influence what can and cannot be said (Gilligan & Eddy, 2017), to ''capture the layered nature of psychological experience'' and meaning making (Brown & Gilligan, 1992, p.11). Cohesive with the current research, the LG is predominantly used to analyse interview transcripts (Gilligan, 2015), as it provides a way of systematically attending to the many voices embedded within an informants' verbally expressed experience (Mauthner & Doucet, 1998). Thus, the LG places informant voices at the heart of research (Cruz, 2003; Woodcock, 2005), providing a space to listen to individuals otherwise suppressed in society (Taylor et al., 1995).

3.8.1. Listening Guide Analysis

The LG was comprehensively followed in this research. Its four *listening's*, outlined below, were applied to the transcript of each informant, to analyse their narratives individually.

1: Listening for Plot. The first listening involved two elements. Firstly, I paid attention to the informant's overall story, forming a rich synopsis of the plot. Within this, I identified recurring words, key metaphors, dominant themes, contradictions and silences, to develop an acquainted understanding of the shape and landscape of the story (Cruz, 2003; Gilligan, 2015). Secondly, I considered my interaction with the informant, as this "directs researchers to locate themselves in relation to the data and explore their own feelings and thoughts" (Gilligan, 2015, p.71). I particularly focused upon where in the narrative I identified with, or distanced myself from, the informant, or had emotions provoked by the text. I annotated each transcript with these considerations.

2: Listening for the 'I'. During my second listening, I identified each use of an informant's first-person pronouns (e.g., I, me, my), first-person plural pronouns (we, us, our), third person pronouns (they, them, their, she and he) and second person plural pronouns (you, your). I lifted the phrases and passages that began with theses pronouns to create *voice-statements.* As there is no set number of words required for a voice-statement, I selected the run of words associated with each pronoun intuitively. These came together to create *voice-poems,* keeping all statements in the order they were spoken by the informant and only separating them into stanzas where I heard natural breaks in themes or voices. This stage was an adaption of the *I-poems* often used in the LG (i.e., the same process solely using *I-statements*), influenced by the work of Balan (2005) who also utilised voice-poems at this stage of LG analysis. I evaluated that including all voice-statements in the order informants spoke them enabled me to hear how informants spoke of themselves in relation to others (Balan, 2005; Woodcock, 2016).

3: Listening for Contrapuntal Voices. During my third reading, I listened for the voices and themes present in informants' transcripts and voice-poems. I annotated the voices (e.g., of anger, shame, connection), relationships, tensions, harmonies and dissonances that I heard (Gilligan, 2015), developing an understanding of several different layers of their expressed experience. Then, I identified where two themes or voices appeared to overlap or be in tension with one another; such interwoven voices are termed *contrapuntal* by Gilligan (2015). This allowed a richer understanding of informant stories as I sensitised to the complex and interrelated nature of the multiple voices within them.

4: Composing an Analysis. In the final stage of the LG, I brought together each subsequent listening with a focus on the cultural and political positioning of the narratives (Balan, 2005). I drew upon DNA to support my composition of an analysis, as outlined below.

3.8.2. Dialogic Narrative Analysis

Following the four stages of the LG (Gilligan, 2015), I continued to re-read and annotate informant transcripts according to the following dialogical questions, as proposed by Frank (2012; Figure 4).

Figure 4

Dialogical Questions

Resources:	Affiliations:
What narrative resources shape the way the story is told?	*Who tells which stories to whom?* *Who is part of the in-group/ out-group of this story?*
Identities:	**Functions:**
How does this story tell people who they are?	*What does this story do for the person?*
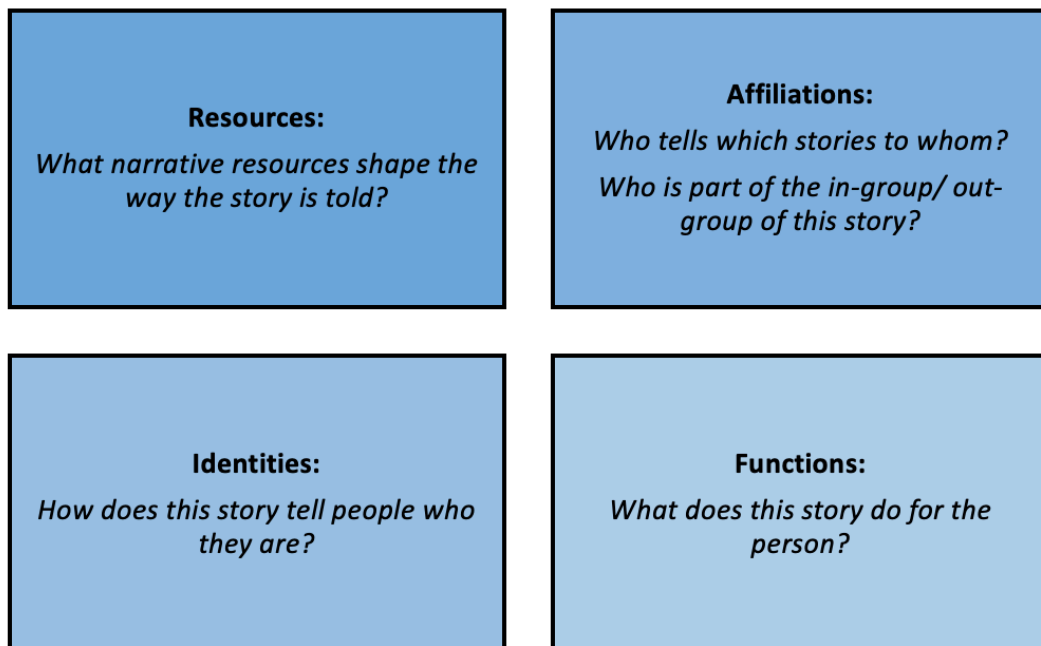
Appendix I includes an example of a coded and annotated voice poem to illustrate how my multi-layered analysis came together.

3.8.3. Developing Narrative Typologies

A distinctive part of Frank's (2012) approach to DNA is the identification and grouping together of similar plotlines and storytelling strategies across informants, to create narrative typologies. Typologies therefore represent the core *types of story*, that informants' specific stories often depend upon (Frank, 2012). A justification for developing typologies is that it allows informants and their stories to remain unfinalised, yet recognises that the number of plotlines, character-types, and genres they can story are finite. Therefore, it enables researchers to draw conclusions based upon these stable narrative resources.

I judged that such a method for organisation of informants' stories could support my understanding of the complex narrative threads I identified for each informant during my analysis. Additionally, I was inspired by Frank's (2012) proposition that, through building narratives typologies, active listening can be enhanced, as professionals are provided a structure identifying "what to listen for" (p.48). I was motivated by the potential of supporting EPs through outlining *what to listen for* when YP share their stories of OHE. However, it is important to note that my intention in constructing typologies was not to theme or classify stories, as "while a typology can structure the content presented in a narrative analysis, a typology is never an end in itself" (Frank, 2012, p.15), nor is the use of typologies an assumption they are a truth. Thus, a typology recognises that lives are storied, and stories can change. This position aligned with the constructivist-interpretivist underpinnings of this research, whereby YP's experiences and their meanings are viewed as *in-process*, continually reconstructed through language in accordance with their current needs and purposes and the interpretations of the listener.

Therefore, my final stage of analysis involved developing narrative typologies, which aimed to reflect the narrative resources informants drew upon to tell their stories (Frank, 2012). Building typologies involved a painstaking process of clustering informant stories and the voices identified via my LG analysis together, in a way that I felt expressed something unique about their experiences. Through writing numerous drafts and discussing early ideas in supervision meetings, I grouped key stories and voices which were salient across the informants. I regularly revisited the data and kept a log of my thoughts and processes, to monitor how the typologies I was developing were grounded in the stories collected. I revised and finalised the names of the narratives through a continued process of writing, reflecting and supervisory discussion.

3.9. Ethical Considerations

This dissertation received ethical approval from the University of Bristol's School for Policy Studies Ethics Committee in March 2022. Throughout the designing and conducting of the research, I identified and reflected upon ethical concerns. The BPS Code of Human Research Ethics was adhered to (BPS, 2021) and data management procedures complied with data protection regulations of the University of Bristol and UK Data Protection Act (2018). In this subsection, I outline relevant ethical issues to this study and how they were considered.

3.9.1. Informed Consent

YP and their caregivers could have felt compelled to take part in this study, due to perceived pressure from their OHE service, as recruitment posters were disseminated by them. To circumvent this, the recruitment poster and information sheets emphasised that participation was voluntary. Recruitment took an opt-in approach; after discussing the research with their

child, caregivers were in control of providing their contact details via a link to an online survey, which I then used to contact them about the research. Following a telephone meeting to thoroughly discuss the research and their child's participation, caregivers completed and returned informed consent forms ahead of their child's first session.

Informing and gathering consent from informants was acknowledged to be an evolving process, within which they were given ongoing opportunities to continue or withdraw (Hill, 2005; Willig, 2013). Verbal and written consent was sought from all informants. I read the consent form aloud to informants during their first session and invited their questions prior to their provision of signed consent. Assent was re-established at the outset of second sessions. YP were informed of their right to withdraw and erasure without consequence immediately prior to, and after, each interview. I checked for consent at appropriate opportunities during interviews, mindful that informant understanding and willingness to engage could be subject to fluctuation (Hewitt, 2007; Rosenblatt, 1995).

3.9.2. Confidentiality and Anonymity

The confidentiality protocol for the study was shared with YP via the research information sheet and informed consent form. Informants were made aware of the limits of confidentiality and their understanding was clarified during interview introductions. Prior to meeting informants, I familiarised myself with the safeguarding protocols of each recruited OHE service and obtained contact details for their respective Designated Safeguarding Leads. Informants understood their anonymity would be treated with respect via removing identifying details from their data and transcripts. In this dissertation, the OHE services and geographical locations of informants are not revealed, their names and those of others are

changed, and any identifiable details are deleted. I gave informants the agency to choose a pseudonym to represent themselves if they wished to (Clandinin, 2013); three of the informants, *Nova*, *Jim* and *Bartholomew* selected their own pseudonyms.

3.9.3. Informant Wellbeing

Cohen et al. (2018) highlight a tension between the benefits of gaining information through research, and its potential cost to informants. A primary ethical consideration was for the wellbeing of informants during and following interviews, owing to their perceived vulnerability and the potentially sensitive interview subject matters of mental health, school and OHE. Informants were informed of the research aims and interview topics we might cover; I emphasised that they oversaw the direction of our conversations and would not need to discuss anything uncomfortable for them.

Awareness of relational dynamics and appropriate and caring responses to situations that emerged as part of the research process were important. As a TEP, bringing with me experience of working with YP in advocational, safeguarding and therapeutic roles, my own set of values, shaped by being non-judgemental, curious and empathic (Rogers, 1957), were present when I communicated with informants. In the event of an informant becoming upset, I planned to offer a comfort break, ask them if they wished to stop the interview, and reiterate their right to withdraw without consequence. Moreover, there was always a parent or member of OHE staff *on-hand* for support if needed. At the end of each session, I engaged informants in problem-free talk and an emotional check-in. I gave them a debrief poster containing resources for accessing support services.

3.9.4. Researcher Safety

Researcher wellbeing and safety was considered via a risk assessment developed as part of the ethical approval process. When interviews took place within informant homes, I employed a lone-worker policy in which a trusted person expected timely check-out communication from me and could access confidential address details if necessary.

As outlined in Chapter 1, I had personal experience of receiving HE due to a mental health need as a secondary-aged pupil. I recognised the potential for informant stories to prompt my memories and reflections. It was necessary to draw upon my own support networks and research supervision where necessary, whilst engaging in researcher reflexivity as discussed below.

3.9.5. Researcher Reflexivity

In qualitative research, reflexivity can be defined as "a set of continuous, collaborative, and multifaceted practices through which researchers self-consciously critique, appraise, and evaluate how their subjectivity and context influence the research processes." (Olmos-Vega et al., 2022, p.2). Reflexivity is upheld as a priority in qualitative research, as it brings transparency to the validity of findings and establishes quality and rigour (Cohen & Crabtree, 2008; Johnson et al., 2020).

In Chapter 1, the background of this study is detailed, to facilitate the readers' appreciation of my position in relation to the research topic. Throughout the study, I drew upon several strategies in further commitment to reflexive action:

- I utilised research supervision as a forum to reflect upon the utility and purpose of the project.

- During narrative interviews, I self-examined my interactions with informants (Hsiung, 2008). Following the sessions, I recorded my thoughts and feelings in a reflective diary.

- When analysing and interpreting findings, I annotated informant transcripts and voice-poems with reflexive notes, remaining mindful of my commitment to explore and report on their individual experiences.

I have produced a reflexive account in Chapter 6 of this dissertation, documenting my relationship with the research at different points throughout the process. This includes extracts taken from my broader reflective diary (Appendix J). Through this, I aimed to make readers aware of how my values-based thinking informed this study and its findings.

3.10. Informant Reflections

A few months after informants' sessions, I sent a feedback email to their caregivers; due to time constraints, a feedback session in-person was not possible. In the email, I thanked them and their child for their participation and included a summary of the study's overall findings. I encouraged caregivers to share the findings with their child and send me any reflections on the results and the research process. The aim of this was to seek informant reflections and offer them a concrete ending to the research process. None of the caregivers responded to my email. I may have had more feedback if this process had been part of a conversation with informants directly, rather than an email with their caregivers.

3.11. Chapter Summary

This chapter presented an overview of the methodological orientation used and procedures followed within this qualitative study concerning the experiences of five secondary aged YP receiving OHE due to mental health needs. It attempted to clarify the development of my thinking over the course of the research project, as well as how the decisions made were informed by various methodological, philosophical and ethical considerations. In the following chapter, I present the narratives of the five YP who participated in the research.

Chapter 4: Presentation of Narrative Analysis and Findings

4.1. Chapter Overview

This chapter presents the narratives of the five YP who participated in the present research.

It is organised across two parts:

1. **Introducing the informants:** An introduction to each participating young person through a summary of their narrative plotline, visual representation of their experiences and researcher reflexive commentary.

2. **Narrative typologies:** A presentation and exploration of the two narrative typologies constructed through analysis of the informant's stories: *Chaos* and *moving Through*. The chapter concludes by summarising the findings presented.

4.2. Introducing the Informants

This section introduces the five informants that participated in this research, through narrative summaries. I present a structured graphical representation for each informant to provide the reader with a visual depiction of their mainstream school and OHE experiences (Riessman, 2008). In narrative analyses, graphical representations are considered effective tools in presenting large amounts of narrative material in clear and accessible formats (Lieblich et al., 1998). I constructed these graphs by lifting and chronologising key extracts from informants' interview transcripts which I deemed to summarise core events from each phase of their educational journey. Creating graphical representations aimed to visually capture where informants' key stories were: progressive (suggesting progression toward a goal), regressive (suggesting movement away from a valued state) and stable (steady evaluative position). Narrative inquirers maintain that such progressions, stabilities and regressions are the core templates required to narrate and understand events (Gergen & Gergen, 1988). Therefore, creating graphical representations was deemed a useful process for me to begin comprehending the overall school and OHE experiences encountered by informants, prior to commencing in-depth data analyses. For each informant, I also present the Dixit® cards they selected to represent their experiences and a reflexive commentary regarding our relational interactions, to enhance transparency.

4.2.1. Abbie

Abbie was aged 15 and in Year 11 at the time of interview. She identified herself as having a "mental illness", however, did not describe or label her mental health need/s further.

Abbie had attended two mainstream secondary schools in England, owing to her family's relocation in Year 9. In the autumn term of Year 11, Abbie "got taken out of school" due to her mental health. Following a period of "not being in any form of education", she was referred to OHE. When I met Abbie, she had been receiving OHE for approximately five months at home, via online lessons. Abbie was due to leave OHE at the end of Year 11 and access post-16 education in a mainstream setting. Table 2 presents the Dixit® cards selected by Abbie to represent her experiences.

4.2.1.1 Researcher Reflexivity

Abbie's narrative interview took place in a OHE classroom. I warmed to Abbie quickly; throughout our session and beyond, I noticed my own feelings of wanting to support and protect her.

I could sense Abbie was sometimes nervous during our session. Where there are pauses in her transcript, she was often smiling at me, seemingly inviting me to speak. I was conscious not to initiate questioning phases too quickly, allowing Abbie space to add to her self-generating narratives; instead, I asked probes such as "is there anything else you want to add about that?". Nonetheless, I did find myself asking Abbie more questions than I had wanted, to avoid her discomfort in spaces of silence. I felt reluctant to push her for further information related to her "mental illness". Thus, whilst I felt particularly connected to Abbie on an emotional level, the lack of expansion of her answers coupled with my limited understanding of her needs, rendered her narrative the most difficult for me to immerse myself in at the data analysis stage. Following transcription of Abbie's interview, I constructed a graphical representation of her narrative (Figure 5).

Table 2

Abbie's Dixit® Cards

Experience or Concept	Selected Dixit Card	Accompanying Description
"Mainstream School"		*"There's lots that I wanted to say in school but felt like I couldn't in a way, so it's sort of like you're covering over what you really feel like. This is me wanting to ask for help but having to keep it covered over".*
"Hospital Education"		*"It's helping to sort of, it looks like a putting back together, after what happened it's sort of gluing me back together in a way that's helping my education improve really".*
"Mental Health"		*"It can be OK, but then it can also be like really bad and stormy. Kind of like periods where I'm kind of on the raft and doing OK, and then there's other periods where it's really rocky."*

Figure 5

Graphical Representation of Abbie's Narrative

Figure content includes the following labels and annotations:

+ve

EVALUATION

"I think it wasn't bad but it was just alright"
"Teachers they don't get to know the people like me, like anxious"
"You're just a number"

Stable Plot Line

"You get much more help and support"
"They do care"
"I feel like they know me more"
"I guess I'm doing a lot better"
"I think it's glued me back together"
"I'm learning to cope definitely"
"I can concentrate and understand things a lot better"
"I can access education even while being ill"

Initial Regression

"I moved school in Year Nine"
"I didn't like it after we moved"
"I didn't feel like I fit in"
"I was just like a number"
"I really struggled"
"I couldn't ask for help"

Stable Plot Line

"I was struggling and they had no idea whatsoever"
"I didn't have one person to talk to"

Progressive Peak

Regressive Trough

Regressive Phase

"I do really wish I could have been in lessons face-to-face with others"
"I wouldn't have had a doubt in my mind I'd be able to go to sixth form last year"
"I'll have to go to college more likely now"

"I was stressed every single day"
"I felt isolated"
"I felt forgotten about"
"I didn't know what was going on"

"I started to go downhill"
"I was really ill"

Sharp Regression

-ve

Year 7   Year 8   Year 9   Year 10   Year 11   "Not in any form of education"   Hospital Education   Future Story

Mainstream School

101

4.2.2. Bartholomew

When I first interviewed Bartholomew, he was aged 14 and in Year 10. At our second session, he had turned 15 and finished Year 10 for the summer holidays. Bartholomew described his own mental health needs by using the following labels: "Pathological Demand Avoidance", "Anxiety", "Depression", "Psychosis", "PTSD". He had current CAMHS involvement.

Bartholomew had attended one mainstream secondary school. He "left" the school in Year 8 due to his mental health needs. Bartholomew was then "out of school" for "over a year" before he was referred to OHE in Year 9. When I first met Bartholomew, he had been receiving OHE for approximately one year and six months, via a combination of online and in-person lessons. Table 3 presents the Dixit® cards selected by Bartholomew to represent his experiences.

4.2.2.1. Researcher Reflexivity

Bartholomew's first session took place in a private space within a public library. His mother was present throughout the interview and sometimes shared her perceptions of events, adding depth to Bartholomew's narrative. It was my interpretation that whenever Bartholomew engaged with his mother, their natural conversation put Bartholomew at ease which, in-turn, appeared to elevate the conversation between Bartholomew and me.

I felt I had built a positive, informal, rapport with Bartholomew and his mother during the first session. This was reinforced when meeting them for a second time, at their home. I felt a sense of comfort and playfulness in their presence, which I interpreted to mirror the close bond they had together. Bartholomew and I sat on the living room sofa for the interview. He

expressed his views about mainstream school and OHE confidently. Following transcription

of Bartholomew's interviews, I constructed a graphical representation of his narrative (Figure

6).

Table 3

Bartholomew's Dixit® Cards

Experience or Concept	Selected Dixit Card	Accompanying Description
"Mainstream School"		*"You're locked in a cell, you don't have a choice of what you're doing, you're forced to do everything."*
"Hospital Education"		*"Because bears are cool"*
"Mental Health"		*"Her skin is pulled back like a curtain, hiding behind a curtain. Locked away in a secret cage. That's actually you and you're completely covered, pretending from your cage."*

Figure 6

Graphical Representation of Bartholomew's Narrative

On the graph (Evaluation axis from −ve to +ve; horizontal timeline: Year 7, Year 8, "Out of school", Hospital Education, Future Story):

Stable Plot Line

"I think mainstream school sucks"
"I don't think I learned a single thing from school"
"I started secondary and it wasn't going well"
"I had been looking forward to it"
"I knew it wasn't going to end well before I even went"
"They didn't have a clue what my needs were"
"My attendance was crap"
"I masked all day"

Regressive Phase

"I had severe anxiety"
"I was depressed"
"I tried to kill myself"
"I took an overdose"
"I was in hospital for a week because of school"
"I never went back"

Sharp Progression

"I was out of school for nearly two years"
"I needed the break"
"I taught myself physics whilst I was out of school"
"I've taught myself most of what I've learnt"

Regressive Trough

"I had PTSD caused by school"
"I went downhill fast"
"They just didn't do anything"
"I was out of sight out of mind"

Progressive Peak

"I started to realise what I was doing"
"I've got on board with it"
"I've got a lot more into it"
"you're actually a person here"
"you are safe"

Stable Plot Line

"They are really supportive"
"They're almost more genuine"
"I went from a battery hen to a free-range"
"I now love learning"
"You go to Hospital Education and everything changes"

"I don't like it because it's over"
"I'm in hospital education but I'm not thick as shit"
"I'm gonna go to a mainstream college"

Mainstream School

4.2.3. Jim

Jim was aged 13 and in Year 8 during his interview. He described his own mental health needs as: "Anxiety Disorder" and "School PTSD". He had current CAMHS involvement.

Jim had attended one mainstream secondary school. He was referred to OHE in Year 8 due to his mental health needs and had been attending for approximately six months. Jim attended his OHE base in-person, following a weekly timetable of lessons and group activities. Table 4 presents the Dixit® cards selected by Jim to represent his experiences.

4.2.3.1 Researcher Reflexivity

Jim's session took place in an OHE classroom. He was enthusiastic about taking part in the research and expressed this to me. Jim appeared keen to tell his story.

At the beginning of our session, Jim named his mainstream secondary school and I openly shared that I had previously worked at this school. Whilst Jim was not secondary-aged during my employment at the school, I was conscious that he may have known I was a previous staff member. It felt important for me to build a transparent, trusting, space and not to conceal this information. As far as I could interpret, this admission did not impact upon Jim's honesty about his school experiences, which he storied to be traumatic. Nonetheless, there is a likelihood that it influenced the relational and narrative space between us. Interviewing Jim and re-storying his narrative felt like an emotive, yet uncomplicated, process. He was a lovely person to work with and I was struck by his ability to share painful experiences whilst maintaining an inspiring sense of positivity. Following transcription of Jim's interview, I constructed a graphical representation of his narrative (Figure 7).

Table 4

Jim's Dixit® Cards

Experience or Concept	Selected Dixit Card	Accompanying Description
"Mainstream School"		*"In Mainstream it was just like me being told what to do and just carrying on with it basically, like someone's big and I'm a puppet."*
"Mental Health in Mainstream"		*"I was just constantly sad and just emotional and just depressed. Just everything made me sad and stuff and it just was horrible."*
"Hospital Education"		*"Here I'm like on a roll. I'm the highest like I've ever been in life, like the happiest almost. I'm just, yeah, it's quite hard to describe but I just feel happy and like I'm just flying on a fish. Just happy."*

Figure 7

Graphical Representation of Jim's Narrative

+ve

Stable High Point of Plot Line

"I loved primary school"
"I My favourite years of my life"

"I went to secondary school"
"I absolutely loved it at first"
"I loved it for the first two weeks"
"I made friends really easily"
"I really loved it"

"I've learned a lot about myself being here"
"I feel comfortable here"
"I'm the highest like I've ever been in life"
"I just feel happy"
"I'm like a whole new person"
"I feel like coming here is the best decision in my life"
"I'm just gonna stay here until I do my GCSEs"
"You can reach the stars"

Stable Plot Line

Sharp Regression

"I went skyrocketing down so terribly"
"I went from one hundred to zero just like that"
"I suddenly had this like cloud of anxiety and everything just all over me"

Progressive Narrative

"I started to understand everything"
"I started going in by myself"
"I thought people were really welcoming"
"I started doing more and more lessons"
"I know that I can trust them"
"I know they're very reliable here"
"They're really really supportive"

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"I hit a massive roadblock"
"I was constantly anxious about everything"
"They just couldn't help me"
"I was missing pretty much every day"
"I was just constantly sad and just emotional and just depressed"
"I was pretty much just stuck at home"
"I was like "what am I going to do? I can't keep going on like this"

"My Head of Year spoke to me about Hospital Education"
"I had it in my head that it was gonna be some horrible place"
"I was like "I don't want this"
"I don't want this"

Regressive Trough

-ve

Primary   Year 7   Year 8   **Hospital Education**   **Future Story**

Mainstream School

4.2.4. Nova

During our first and second sessions, Nova was aged 16 and in Year 11. Nova described her own mental health needs as: "Depression", "extreme anxiety", "self-harm" and "suicide attempts". She had current CAMHS involvement.

Nova had previously attended one mainstream secondary school, before electing to join an "online international school" in Year 10 due to difficulties attending school. Nova returned to the same mainstream school in Year 11, however "left" due to her mental health and was referred to OHE. When I first met Nova, she had been accessing OHE for approximately five months via in-person lessons at her OHE school base, although she "was not good at going in at all". Nova was due to leave OHE and access post-16 education in a mainstream setting. Table 5 presents the Dixit® cards selected by Nova to represent her experiences.

4.2.4.1. Researcher Reflexivity

Nova's sessions took place in her home, at the kitchen table. During both interviews, there was very little I needed to verbally contribute to encourage Nova's storytelling. Her informal tone, introspect, and lack of need for prompting enabled me to relax into what I judged to be a strong example of a narrative interview. For example, Nova verbalised her narrative coherently, using "and then" phrases which created a sense of rhythm.

I felt a particular relational closeness to Nova and wondered to what extent this was due to the informality of meeting at her home and the extended time we spent together. The positive rapport between us seemed to enable Nova's painful honesty about many challenging experiences. Such openness sometimes instigated my feelings of concern,

particularly when she discussed self-harm, suicide attempts and being a "borderline alcoholic". In these cases, it was important to clarify with Nova that these experiences were in the past and that her supporting adults were aware of them. Following transcription of Nova's interviews, I constructed a graphical representation of her narrative (Figure 8).
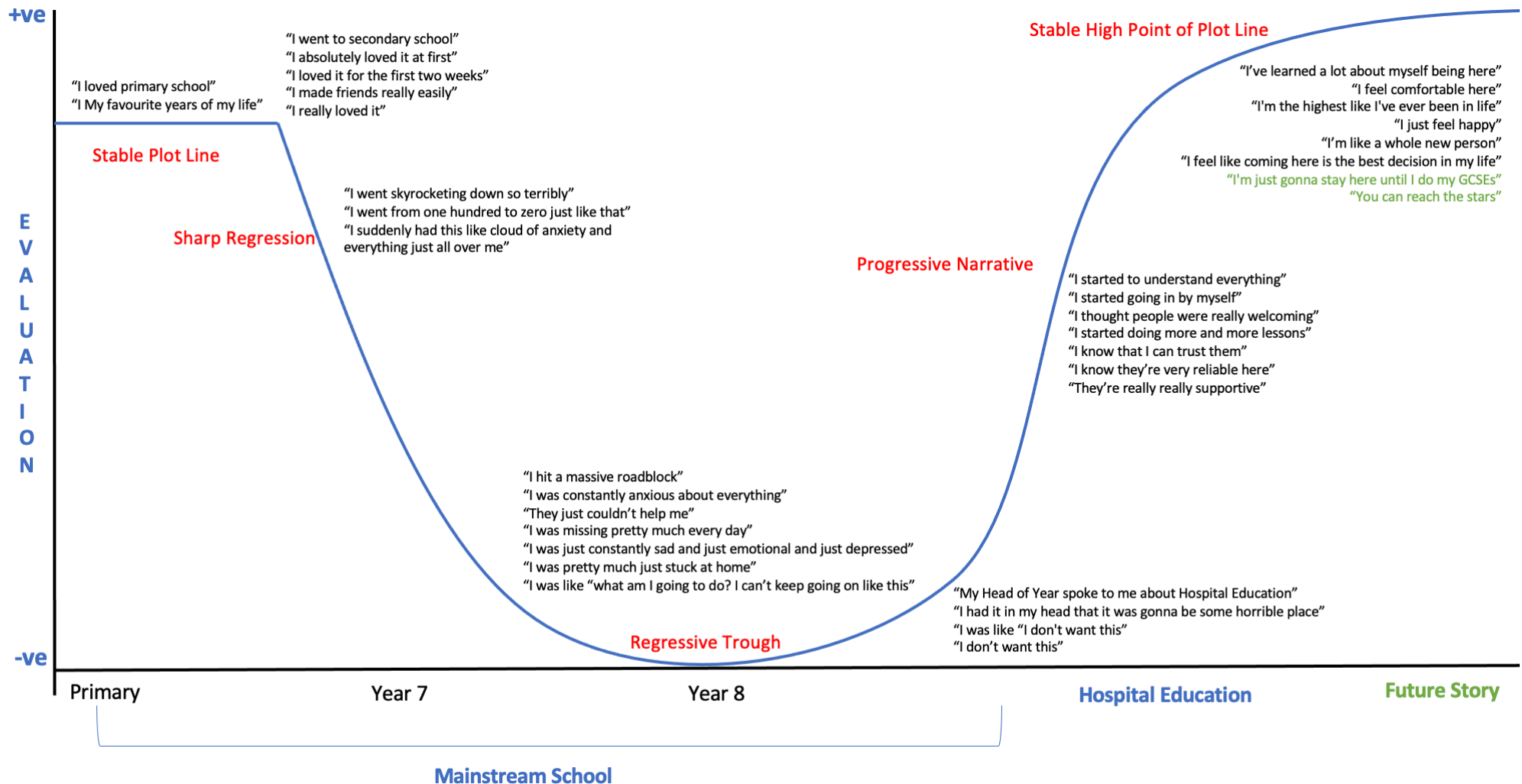
Table 5

Nova's Dixit® Cards
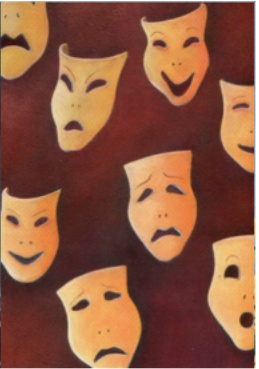
Experience or Concept	Selected Dixit Card	Accompanying Description
"Mainstream School"		*"It's a puppet because it feels like that in mainstream. It feels like they wanna make everyone kind of do the same, like dress the same, act the same, do the work the same. It does just feel like they try to control you."*
"Hospital Education"		*"In Hospital Education there was always someone even if it wasn't like a teacher, like even if it was just another student, there was always someone there when you were upset. Just to like, talk to or comfort you."*
"Mental Health"		*"It's like putting on a mask and a different face. In my brain I'm thinking the worst possible things ever, but on the outside, I look fine because I just put this face on…because I'm good at acting fine when really I'm seriously not."*

Figure 8

Graphical Representation of Nova's Narrative

Stable High Point of Plot Line

"I was a really good child"
"I thrived in primary school"
"I had the highest reading level"
"I was clever"

Initial Regression

"My anxiety started kicking in in Key Stage Two"
"I felt physically ill whenever I had to go to school"

"They gave me a lot of help in Year Nine"
"I did like group therapy"
"I had THRIVE and all that"

Progressive Peak

Stable Plot Line

"I was thrown in the deep end"
"I was bullied"
"I struggled"
"I just didn't want to be alive"
"I started self-harming"
"I took a lot of time off"
"I found it so stressful"

Sharp Regression

"I was suicidal"
"I had my really bad depressive episode"
"I was on a reduced timetable"
"My attendance was non-existent really"
"I became a borderline alcoholic"

"I think it worked for the first few months"
"I had a full mental health crisis"
"I went to hospital"

Regressive Trough

"I was in a state of distress"
"I felt like they didn't want me"
"They were kicking me out"
"I didn't ever go back"

"I found it very overwhelming at the start"
"I had my worst ever death attempts"
"I didn't want to be alive"
"My old school just forgot about me"

Progressive Peak

"I did alright in my exams"
"They made sure I could do it"
"I'm doing film and TV"
"I'm really excited about it"
"I actually feel real proud of myself"
"I hope I'm not always gonna struggle"

Sharp Progression

"I think it's good to have less people"
"They adapt to what students need"
"They do like really care"

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Primary   Year 7   Year 8   Year 9   Year 10   Online international school   Year 11   Future Story

Mainstream School

Mainstream School   Hospital Education

110

4.2.5. Ezra

They/them pronouns are used for Ezra within this research, as chosen by them. During both our sessions, Ezra was aged 13 and in Year 8. Ezra described their own mental health needs as: "I am generally depressed" and "I started having suicidal thoughts since Year Three".

Ezra had attended one mainstream secondary school. In the first term of Year 7, they were permanently excluded from school. From this point, Ezra received some one-to-one lessons from private tutors and OHE teachers. After "about a year", when Ezra was in Year 8, they joined their OHE base which they had attended for approximately six months when we met, following a weekly in-person timetable of lessons and group activities. Table 6 presents the Dixit® cards selected by Ezra to represent their experiences.

4.2.5.1. Researcher Reflexivity

I first met Ezra in an OHE classroom and quickly interpreted they were a curious and intelligent person. Although Ezra answered my questions thoughtfully, I sometimes found it challenging to mobilise our conversation toward a dialogue of storytelling, rather than question and response. Sometimes, when Ezra spoke about their experiences, there seemed to be limited words available to them. My sense was that Ezra's silences revealed something about unspoken shame regarding their journey through mainstream education and OHE.

Our second session took place at Ezra's home with their mother present. Ezra was feeling unwell, although they still wanted to go ahead with the interview. The interview only lasted 33 minutes; I felt I hadn't been able to elicit much from Ezra. After the interview, Ezra left the room and I stayed speaking to their mother for a short while; the information she shared was

traumatic and inevitably impacted upon my connection with Ezra's narrative. Following

transcription of Ezra's interviews, I constructed a graphical representation of their narrative

(Figure 9).

Table 6

Ezra's Dixit® Cards

Experience or Concept	Selected Dixit Card	Accompanying Description
"Mainstream School"		*"They just really want results, so you are basically being forced into studying hard just so they can get more students and get more money and get like more of a salary. How I felt was like you're being puppeteered into doing this thing you don't want to do."*
"Hospital Education"		*"You're like getting coached into having better mental health and then you can get better results on your own, because you're not being forced into it."*
"Mental Health"		*"You feel like you're being forced into wearing this kind of facade with stuff like depression so you're not horrendously looking sad. No one really shows that they're depressed...it feels kind of like you need to be a person who is not so weak, and you have to have a strong face. I do anyway."*

Figure 9

Graphical Representation of Ezra's Narrative

+ve

EVALUATION

"I think my mental health is a lot better than it was"
"I don't need therapy anymore"
"We can do GCSE's"
"I'd like to go to a arts college"
"I'd like to study art and ICT at university so I can code well"

"I think primary was alright"
"I was actually on the waiting list since Year Three for CAMHS"
"I started having suicidal thoughts since Year Three"

Stable Plot Line

Sharp Regression

"I've always had an issue with transitions"
"I was being thrown in the deep end"
"I'm not good at swimming"
"I completely broke down"

"I started to enjoy myself more here"
"They support you"
"I like the individuality at hospital school"
"You're like getting coached into having better mental health"
"They're like the candle in the darkness"

Stable Plot Line

Progressive Narrative

"I was bullied"
"I had anger issues"
"They wouldn't really support me"
"I just broke down"
"I ran away and jumped over the fence"
"I'm not sure of the exact reason I was excluded"

"I'm not really sure why I ended up here"
"I never really bothered to ask"
"I wasn't immediately happy with the situation"
"I wanted to get back to mainstream and be with my friends"

Regressive Trough

-ve

Primary   Year 7   Hospital Education   Future Story

Mainstream School

4.3. Narrative Typologies

This remainder of this findings chapter presents two narrative typologies developed through my analysis of, and reflexive engagement with, informant stories: *chaos* and *moving through*. These typologies represent the two core narratives, or types of story, that informants' specific stories often depended upon (Frank, 2012). Throughout the section, specialist theoretical language is used. Therefore, Table 7 presents key definitions to support the reader's comprehension. Following this, how the two typologies are presented is explained, before they are explored in-turn alongside relevant informant data.

4.3.1. Terminology

Table 7

Narrative Terminology Definitions

Key Terminology	Definition/ Description
Narrative resources/ frameworks	The dominant ideologies, or understandings, that exist within socio-cultural spheres. They act as a form of *social code*, shaping how informants structured their accounts and made sense of their experiences.
Voices	An informant's multiple selves, often identified through the use of "I" phrases and statements. They function similarly to interacting characters which each have a story to tell from their own perspective.
Stories	Refer to what informants said about their experiences and their practice of reflecting on events. In this context, a story is not assumed to be fictitious or false.
Narrative Typologies	Core narratives which reflect the stories told across informants that used similar qualities, plotlines, narrative resources and storytelling strategies. Typologies were constructed by identifying and grouping together key stories and voices which were salient across the informants. In this study, the typologies are the *chaos* narrative and the *moving through* narrative.

4.3.2. Presentation of Typologies

Two typologies were developed: *chaos* and *moving through*. In the following subsections, I present these core narratives in turn, whilst exploring the informant voices I identified as characterising them. To present my analysis, I use extracts of informants' individual voice-poems. As outlined in Chapter 3, voice-poems were made up of all phrases that started with first, second or third person pronouns (i.e., voice-statements); these were kept in the order that the informant said them and were only separated into stanzas where I heard natural breaks in themes or voices. However, as these poems offer fragmented versions of stories, in places, I use direct transcript extracts to offer greater contextualisation to the data, regarding what the informant had said directly before or following a voice-statement.

4.4. The Chaos Narrative: Helplessness and Disconnection

Through the core narrative of chaos, informants shared stories of painful struggle, related to their current and past experiences of mental health, mainstream school and OHE referral. The chaos plot was one of unresolvable crisis: informants' lives had collapsed around them; their mental distress only increased; those around them were unable to understand what was wrong or effectively help; and positive change could not be imagined. Not only was the content of informants' stories chaotic, but also the disordered and emotional nature in which they were articulated. The narrative features informants relied upon within their stories which led me to clustering them into a chaos typology, are presented in Table 8 and discussed throughout this subsection.

Table 8

Narrative Features of The Chaos Typology

Typology Features	Example(s)
Highly Emotive, Anxiety-Laden and Language	"No, no, I don't want that"; "I tried to kill myself"; "you're gonna die"; "I didn't want to be alive".
Personalised Idioms and Metaphors	"I had it in my head"; "The best kick of it"; "Out of sight out of mind"; "You're stranded in the sea in this storm".
Absolutes	"I was constantly anxious about *everything*"; "I knew *absolutely* nobody".
Broken Communication	Frequent "I don't know" phrases; gaps in speech; filling silences with non-verbal communication.
Overall Lack of Coherence	Plot line includes numerous and disordered narratives which can be difficult to follow.

Having considered various names for this narrative, such as *crisis* or *trauma*, I eventually decided upon chaos, matching the label of one of Frank's (2012) illness typologies. I perceived the concept of *chaos* to best capture the essence of this core narrative. It represented the state of confusion and disorder that YP described being sucked into through their mental health and school difficulties, generating one crisis of survival after another, with no seeming resolution, perpetuating their stories of chaotic, indescribable, suffering. As a listener of the chaos narrative, I heard two of the core voices identified during my LG (Gilligan, 2015) analysis (see Chapter 3), to be the most prominent within it and therefore to cluster together to characterise the typology: *helplessness* and *disconnection.* Feeling helpless and disconnected seemed to represent core experiences of chaos for informants. I present and discuss these

two voices in turn below, to convey the essence of YP's chaos stories, before summarising the overall chaos narrative.

4.4.1. Voice of Helplessness

Within YP's chaos stories, the *helplessness voice* was often used to communicate experiences of uncertainty, powerlessness and giving up. Whilst the exact nature of this voice varied across informants, it was characterised by highly personalised language and emotive storytelling techniques, such as idioms ("the best kick of it all") and metaphors ("you're stranded in the sea in this storm"). I initially heard the *helplessness voice* when informants shared reflections on how their mainstream school experiences led to, or exacerbated, debilitating experiences of anxiety and depression, as exemplified through Bartholomew's voice-poem stanza:

> I had severe anxiety
>
> I was depressed
>
> I tried to kill myself
>
> I took an overdose
>
> I was in hospital for a week because of school staff
>
> My mum said she'd rather have an uneducated child than a dead one
>
> I never went back
>
> I had PTSD caused by school
>
> (Bartholomew)

Bartholomew narrates a dichotomy between being educated or dead, indicating a parallel structure in which wellbeing and attending mainstream school are opposing forces. This

account of school as a protagonist engenders Bartholomew's story of chaos, whereby the "PTSD" he describes is underpinned by a chronic sense of helplessness in the mainstream context, such that the options left available to him were to give up school or his life. Bartholomew's experience of only a fine line existing between school and suicide could not be romanticised. As a listener, it felt confronting; the helplessness position from which Bartholomew spoke built toward a chaos plot that pulled me in and felt uncomfortable to hear.

Whilst informants narrated a sense of dissonance between the mental health difficulties they experienced and school expectations placed upon them, storying emotion in this context produced challenges. Relevant words sometimes failed informants and they grappled with providing accounts which used emotion talk yet were coherent. Therefore, as in Nova's following extract, informants sometimes drew upon familiar metaphors as a strategy to articulate emotional nuances and helplessness:

> You feel trapped
>
> You've got your mental health against you
>
> Your brain is against you
>
> You're stranded in the sea in this storm
>
> You have school which is like a shark
>
> You've got like nothing with you
>
> you're just like being thrown in the deep end
>
> You're gonna die
>
> (Nova)

Nova used the metaphor of being "stranded in the sea" to communicate her felt lack of agency and struggle to cope in school. She then extended this to represent her experience of a losing battle ("you're gonna die") and imbalance of power in mainstream (i.e., the shark and its prey). When informants storied school survival as a battle in this way, it seemingly brought to light some of the tensions in their stories which could otherwise be overlooked. I used follow-up prompts to expand on Nova's shark metaphor (i.e., "how does the shark attack?"). Her responses enabled me to understand that the state of incapacity she experienced as *prey* in school had resulted in the symbolic death of her perceived motivation, wellbeing and agency; the shark was killing part of Nova's authentic self, instigating her school withdrawal. In this way, Nova's use of metaphor helped me to engage in her chosen story and tune-in to her experiences. Ultimately, I learnt that Nova's repeated exposure to feeling helpless underlay her chaos plot of the world collapsing around her whilst she was beaten by forces beyond her control.

For Ezra, the *helplessness voice* intertwined with their experiences of bullying at mainstream school, which they storied as instigating their segregation from the school community:

> I was bullied
>
> you tell teachers about that in mainstream
>
> they'll say "oh yeah don't bully this kid"
>
> They think that will just fix it, it actually makes it worse
>
> I didn't tell
>
> I knew that if I did it would get worse
>
> I dealt with it in an unorthodox way
>
> I got a detention

I knew I would

I didn't think that the teachers would believe me

I certainly wasn't a teacher's pet

They were a teacher's pet

I wasn't overly polite towards teachers so who do you think they will believe?

I was the one bullied for an illness or a disability

you shouldn't punish your student if they are being bullied

(Ezra)

Ezra positioned themself as having knowledge about how bullying is "dealt with" by school staff. Through this, Ezra expressed their helplessness in the anticipation of their experiences being dismissed, or dealt with ineffectively, leading to the bullying worsening. Threading through the voice poem is a sense of injustice regarding Ezra being let down and punished by teachers. Ezra alludes to this through calling the actions of school staff into question ("you shouldn't punish your student if they are being bullied") and asking a rhetorical question to gain credibility from the listener ("who do you think they will believe?"). Ultimately, Ezra's *helplessness voice* disclosed a sense they had no control over their situation or the outcome of their bullying, because teachers inherently disbelieved their struggles at school and perceived them as untrustworthy in comparison to others. Ezra identifies as a victim of "bullying for an illness", yet "knew" that they would be further victimised for speaking up; their chaos plot communicates a helplessness descended from experiences of discrimination through others' ignorance, lack of understanding and systemic injustices.

Beyond mainstream school, informants conveyed feelings of helplessness when sharing the chaos stories that accompanied their experiences of being referred into OHE:

My Head of Year spoke to me about Hospital Education

They were like "if you can't come into school

I'm looking at Hospital Education"

I was like "no, no, I don't want that"

they were putting in my head that it was a terrible place

"you don't wanna go there"

I had it in my head that it was gonna be some horrible place

I couldn't leave the house

I was constantly anxious about everything

I was like "I don't want this"

I don't want this

I don't want this

(Jim)

Such an account is characteristic of the chaos narrative constructed, as it is characterised by personalised language ("I had it in my head") and absolutes ("I was constantly anxious about everything"). Speaking in this way enabled Jim to articulate his resistance and limited agency when first learning about OHE. Jim tells a story of OHE being presented as a threat by school staff. His *helplessness voice* is heard strongly in response, through his repetition of "I don't want this". This flustered way of speaking demonstrates how chaos stories are difficult for YP to tell; attempting to convey his suffering in words forced Jim's speech to speed up and him to repeat himself. I interpreted that within his OHE referral process, Jim was desperate to be

heard yet felt powerless ("I couldn't leave the house"), exacerbating his feelings of anxiety and withdrawal.

Similarly, Nova's account of transitioning into OHE spoke to feelings of being excluded and overwhelmed:

> They [school] had been having chats with CAMHS about hospital school all along
>
> I were not involved cos it was all behind our back
>
> I had a meeting with someone from Hospital Ed.
>
> I didn't go in much at the start
>
> I found it very overwhelming at the start
>
> I was in a new building
>
> I knew absolutely nobody
>
> I was expected to do subjects I've never done before
>
> I was the only person
>
> They all had their friend groups
>
> They all knew the teachers
>
> I didn't want to be alive
>
> I had my worst ever death attempts
>
> You know?
>
> I went to hospital

(Nova)

Nova's description of not wanting to be alive invites the listener to tune into the distress she experienced during her OHE transition. Use of the phrase "death attempts" emphasises the

alternative story that Nova would not be here to tell. Through this account, Nova shares a sense of helplessness to improve her situation. She imagines herself alone in her OHE transition ("I knew absolutely nobody"; "I was the only person") as her chaos plot renders other characters absent and all avenues to assistance blocked. However, Nova seemingly recognised the risk that this story of her experience might not be understood by the listener, perhaps as it felt indescribable; instead of elaborating on her account, she invited me to listen to the important story she had to tell of suicidality by pausing to check my understanding ("you know?").

The informants in this study told further chaos stories when describing the on-going struggles they experienced once receiving OHE. For Nova and Bartholomew, these particularly related to a felt sense of rejection from their dual-registered mainstream schools:

My old school just forgot about me

We got told we would get updates

We didn't

I had my review meeting

They didn't bother to show up

We sat there with the laptop on Zoom the whole time

They never came

They wouldn't email me about leavers assembly

They wouldn't email me about prom

I felt so unwanted

(Nova)

I was out of sight out of mind

My school sent me a report card a few months ago

I hadn't been in the school once for well over a year

I managed to pass Geography when I've never even met the teacher

I think that was the best kick of it all the final kick

They kept saying all the teachers will send you work home

They didn't send a damn thing

(Bartholomew)

As characteristic of the chaos narrative, these accounts were amplified by emotive phrases ("I felt so unwanted") and idioms ("the best kick of it all") which carried the emotional weight of rejection, evoking empathy in me as a listener. I heard tones of helplessness from Nova and Bartholomew when they storied their lack of visibility ("I was out of sight out of mind") and control ("they wouldn't email me") in their relationship with their mainstream schools. This seemed to compel them both toward feelings of anger and resentment, as conveyed through their accusatory statements and informal language ("they didn't bother"; "they didn't send a damn thing"). This chaos plot tells the listener that YP's relationships with their mainstream schools will never get better; there is no resolution to this aspect of their story.

Finally, many of the informants spoke through *helpless voices* to share accounts of transitioning into OHE and needing to manage the inquisitions of mainstream peers regarding their school absence. For example, Jim and Bartholomew discussed not wanting to divulge information regarding their school non-attendance and OHE enrolment, yet having no control over peers' wondering and gossiping:

I haven't told anyone I'm here

I feel everyone will ask loads of questions like "why are you not here? Why? Why?"

I had a friend

He would say like "oh loads of people are asking where's *Jim*? where's *Jim*?"

they kept asking and then after a while they just forgot

(Jim)

I didn't tell anyone at school what happened

I didn't want to see anyone

I think it was Chinese whispers around school about why I left

They eventually made up I had contracted rabies

I didn't want to explain

(Bartholomew)

In the context of their wider stories, it sounded as though, by the point of their OHE referrals, Jim and Bartholomew inhabited a chronic state of helplessness due to their repeated exposure to stressors that they perceived as uncontrollable. Thus, they were unable to use control options that may have been available to them to respond to peers' questions and maintain their relationships, rather than retreating into silence. In this way, YP's chaos stories spoke to their vulnerability to social exclusion, through the mechanism of prolonged experiences of powerlessness; others around them were unable to understand and attempts to explain were pointless. For Ezra, it was the idea of their peers finding out about their "mental health issues" that held particular risk and uncertainty, as they worried about their potential lack of acceptance:

"I kind of just say I go to [local school]. I just kind of feel like they'll um…what's a word for being excluded from things?...*[sigh]*…like they will isolate me from being in the friend group as the person who is suffering from mental health issues…needs to go to a special school to stop having those mental health issues…I'd say it's stigma."

(Ezra)

The risk of being misunderstood and isolated through sharing their experiences is evident through the content of Ezra's story. They rely on space filling resources, including sighs, pauses and questioning of language. These storytelling practices point to the challenge of articulating chaos narratives that, in my opinion, dominant narrative frameworks of schooling and adolescence in our culture do not make space for. Locating their story in a social-cultural context, Ezra alludes to the "stigma" of "mental health issues" which restricted their ability to share experiences with others. Through my listening to the chaos narrative, I interpreted it to be compounded by socio-political expectations placed on YP to safeguard the worlds of others who may fear stories of adolescent mental health crisis and non-mainstream education. Potentially, these plotlines are not often told because they threaten the ideals of wellbeing and educational inclusion that *we* ascribe to, leaving YP with mental health needs little agency to share their experiences if they are to avoid the risk of stigma and social isolation.

4.4.2. Voice of Disconnection

Informant accounts conveyed a sensitivity toward their experiences of disconnection; the struggle to story this experience characterised the chaos narrative, as will be explored in this

subsection. *Disconnection voices* emerged most powerfully when informants alluded to states in which they were detached from others and their own sense of *knowing*. For Jim, I particularly heard the *disconnection voice* when he conveyed his account of prolonged school non-attendance:

I was in Year Eight

I was missing pretty much every day

I'd shut my, lock my door

I'd shut all the blinds to make sure that no one could see me

I couldn't go out

I couldn't do anything like that

I was pretty much just stuck at home

(Jim)

Jim narrated a story of physical and emotional disconnection from others, signified not only through the content of his account but the multiple I-positions through which he tells it (i.e., "I couldn't…I was…"), highlighting the absence of *other* pronouns and characters. This disconnection is characteristic of the chaos narrative, in which YP are alone and there is an absence of other voices contributing to their stories. Nonetheless, elsewhere in Jim's story, we understand that his experience of disconnection was underlain by school staff's lack of empathy and support:

I didn't have a say

I wasn't allowed on a reduced timetable

they were more worried about me being in the building than my mental health

I would keep getting attendance letters

I was like "why are you doing this for?"

I knew they were making me more worse with pressure and stuff

I felt like attendance was the only thing they cared about

I was just being annoying to them

I felt like I was just a pester to them

(Jim)

As a result of his felt disconnection to others and their perspectives, Jim storied himself as having no "say" regarding potential interventions to support his needs in school, and as feeling like a burden. Jim's account centres around the actions of school staff, which he positions as problematic by the acknowledgement that attendance measures were "making me worse". Interestingly, Jim's broader chaos plot was shaped by school attendance being an important motivator for him ("I really wanted to get back, have good attendance, be a model student again"), yet not achievable; he storied that everything had been tried yet his efforts to attend remained futile as "they [school staff] just couldn't help me". Therefore, Jim's account draws upon narrative frameworks of school attendance expectations, values and processes to highlight them as not only causing disconnection between himself and school staff, but also his disconnection to being the "model student" he aspired to.

The *disconnection voice* in relation to mainstream school staff was also heard strongly and frequently within Abbie's story. This was entangled with her positioning of herself as "shy" and "quiet", which she experienced to be distancing factors between her and teachers:

I guess teachers don't really sort of learn to know everyone

they almost pick and choose

they don't get to know the people like me, like anxious

You know, quiet, shy

I was just like a number

I couldn't ask for help

I didn't know them

I was quiet

I really struggled

I wanted to ask for help

I wanted to say

I felt like I couldn't do it

I felt dumb

I didn't know

I couldn't ask

I wouldn't speak

(Abbie)

When listening to Abbie's voice poem, the *I-voice* is heard as powerful in conveying the sense of invisibility she experienced at school, which led her to "struggle". Abbie's perceptions of being isolated due to her personality characteristics left her feeling socially and emotionally disconnected from others and therefore less able to enter interactions, such as through asking for help in the classroom. Abbie's lack of opportunity to forge supportive relationships with adults resulted in her experiences of suffering in silence:

I feel weird knowing that this big thing has happened to me

I was struggling and they had no idea whatsoever

If they'd have known about it

They could have maybe spotted it if they'd started to talk to me

I wouldn't have got as ill

I didn't have one person to talk to

(Abbie)

From Abbie's perspective, the absence of an adult she could "talk to" and who could notice her decline in mental and physical health had detrimental consequences. This demonstrates how informants' *disconnection voices* came together to characterise their chaos narratives, with plots of nobody being able to understand their struggles or effectively support them. Like other chaos stories, Abbie's confronts us with a vision of how isolating life can get for YP experiencing mental health crises, leading to their difficulties only multiplying.

Informants' *disconnection voice* related to mainstream school was further heard through their contrasting use of *you*, *they* and *we* pronouns:

They don't care if you're alive or not as long as there's a carcass in the class

They don't care if you're there

You just have to be there

You can tick the box

You don't have to do anything

You don't have to actually be there

(Bartholomew)

I interpreted the interplay between voices of self (e.g., I and we) and other (e.g., you and they) to story YP with mental health needs as silenced, passive and dismissed. Meanwhile, the voices of others, such as school staff, were dominant and suggested social power within informants' stories. Bartholomew's interplay of "they" and "you" statements was spoken with tones of frustration related to how mainstream schools relate to their pupils. Through the *disconnection voice* he narrated the dehumanisation of YP as being a "carcass" or *tick box* in mainstream contexts, symbolising them as stripped of individuality, dignity and compassion in school classrooms. Such familiar troupes evoked powerful imagery and emotion in me as a listener, as characteristic of the chaos typology.

Like in Bartholomew's account, Nova's chaos stories interlinked with tones of injustice pertaining to how mainstream schools work with, and support pupils:

> They pretend to listen at school
>
> They're not actually listening
>
> We need you to notice us
>
> We need you to not dismiss us
>
> We need to feel heard
>
> We need you to give advice
>
> We need to feel safe
>
> They say "we can't because we're a mainstream school"
>
> "we can't do this
>
> we're a mainstream school
>
> we can't do that
>
> we're a mainstream school"

I was like

you can't listen to your students with mental health needs because

you're a mainstream school? Wow!

<div align="right">(Nova)</div>

School staff conveying their mainstream status as a justification for not "listening" or "noticing" was a consistent plot across Nova's accounts. This spoke to the disconnection between Nova and professionals, as well as the incongruence between her experiences of school support and perceptions of how YP with mental health needs should be helped. As in Nova's account, the dialogue between *self* and *other* pronouns within informant stories queries who holds the power in authoring their experiences. Through re-reading interview transcripts, it struck me that, whilst informants' stories were their own, they were often shaped by their felt disconnection to the powerful narratives they had been told by professionals. The chaos narrative tells us that, for YP with mental health needs, some painful stories, such as those of professionals dismissing them, are difficult to rise above.

As well as relating to a detachment from others, the *disconnection voice* sometimes spoke to informants' detachment from their own *sense of knowing* within their stories. I heard this expressed via a pattern of speech in which the phrase "I don't know" reoccurred, as effectually displayed through voice-poem stanzas:

I was taken out of school just like that

I felt forgotten about

I don't know

I didn't know what was going on

They made decisions for us

I don't know

They just didn't really involve us

I don't know

<div align="right">(Abbie)</div>

Abbie's recounting of being "taken out of school" due to her mental health was orchestrated to the rhythm of "I don't know". Telling a story of being on the periphery of mainstream education positioned Abbie as disconnected from "all I ever knew". Therefore, when recounting her experiences, Abbie appeared to be left with few options for making sense of, or articulating, a removal from what she *knows*, leading to her reliance on "I don't know" statements and rendering her story chaotic in nature. Similarly, I heard Ezra's *disconnection voice* when they storied their exclusion from mainstream school and their subsequent referral to OHE:

I know what happened but

I don't know

I'm not sure of the exact reason I was excluded

I ran away and jumped over the fence

They said to mum that it's a safeguarding issue

I don't really know

I think it took about a year to go to hospital education

I don't know

I just broke down

I think I destroyed the classroom and a bunch of computers

I was having trouble at school

I don't know

I suppose this was just the outcome of that

I'm not really sure why I ended up here

I never really bothered to ask

(Ezra)

In the absence of a framework that represented their experiences, Ezra's stories were told through the only narrative resources available to them, including phrases such as "I don't know", "I know…but", and "I'm not really sure". The nature of Ezra's *disconnection voice* is passive and, on occasion, dismissive. I heard this voice to serve as a vehicle for them to process and reconcile their educational experiences. The phrase "I don't know" was a narrative feature which appeared to facilitate their sense of coping with sharing their story, through the mechanism of disconnecting from, or denying, their *sense of knowing*. This dismissive voice was evident in moments where they downplayed or minimised the significance of their mental health and educational experiences. Therefore, whilst chaos stories were difficult for informants to tell, I wondered if, through sharing them, informants were able to distance themselves from the seeming *messiness* and *severity* of mental health difficulties and school exclusions, protecting their construction of self as not accountable.

4.4.3. Summary

Through the chaos narrative, YP shared stories of unresolvable crisis related to their mental health needs, mainstream school experiences and OHE transitions. Not only was the content of these stories *chaotic*, but so was the nature in which they were articulated, rendering them

uncomfortable to hear. The chaos narrative was characterised by core voices of helplessness and disconnection, which left informants struggling for authorship over their own stories. This alerted me to the individual and socio-cultural barriers informants faced in processing and sharing their experiences. For example, social "stigma" and discrimination restricted informants' ability to share their mental health difficulties with peers, to confide in teachers, and ask for help. Without a reliable narrative framework through which to understand and articulate their experiences, informants told chaos stories through highly emotive phrases, idioms and metaphors, to articulate challenging emotional nuances and evoke empathy in the listener. Simultaneously, YP's accounts became broken by their non-verbal communication and "I don't know" phrases, to fill spaces of silence as they grappled to tell stories of suffering that led to no resolution.

On reflection, chaos stories might be more comfortably avoided by listeners. Thus, when YP share them with professionals, they could be met by attempts to mobilise their narrative toward a greater sense of order, hopefulness, or adult agenda. However, through my continued listening to informants' stories, I would argue that hearing chaos stories in all their messy humanness is important for us to tune into their depth and meaning. For me, there seemed an honesty and authenticity to the chaos narrative that professionals may only attune to by allowing themselves to be present in the suffering shared.

4.5. The Moving Through Narrative: Connection, Resilience and Advocacy

Through the core narrative of moving through, informants shared stories of having moved forward, through their development of social connection with others and personal resilience. This type of story is discerned by transforming perceptions, emotions, and attitudes. When

informants shared a moving through plot, they conveyed that their mental health needs, difficulties at school and referrals to OHE had been challenging impetuses for change, yet, they had accepted their experiences, connected with themselves and others, and undergone a personal change. The narrative features informants relied upon within their stories which led me to cluster them into a moving through typology are presented in Table 9 and discussed throughout this subsection.

Table 9

Narrative Features of The Moving Through Typology

Typology Features	Example(s)
Assertive I-statements in the present and future tense	"I'm working on"; "I'm realising"; "I can"; "I'm going to".
Strategies of comparison (i.e., between time and place)	"They support you… they wouldn't really support you"; "They do care…whereas…they don't".
Advising terms	"I think"; "they should"; "I don't think"; "I promise you"; "I think that's the easiest way to put it".
Figurative language which creates persuasive imagery	"The candle in the darkness"; "You go from a battery hen at school to a free-range hen".
Overall progressive structure	Narratives progress through regressions, toward stability, a goal or happy ending.

Having considered various names for this narrative, such as *moving on* or *recovery*, I eventually decided upon moving through. I perceived the concept of *moving through*, from one place to another, to best represent the progressive elements of this type of story, whilst acknowledging the on-going, infinite, nature of informant journeys which had not yet reached a *destination*. As a listener of the moving through narrative, I heard three of the key voices

identified during my LG (Gilligan, 2015) analysis to be most prominent within it and therefore to cluster together to characterise the typology: *Connection, Resilience* and *Advocacy*. Informants' experiences of developing interpersonal connections, resilience, and knowledge to share with others were core contributions to their stories of progression in the OHE context. These voices are discussed in-turn below, to convey the essence of YP's moving through stories before the overall moving through narrative is summarised.

4.5.1. The Voice of Connection

Within the moving through narrative, informants often used a *connection voice* to communicate their stories of coming into relational contact with others through their OHE journeys, promoting their wellbeing. These stories most frequently referred to the positive and reliable attachments they developed with OHE staff:

> I can like speak to them
>
> I can speak to the teacher and say "I'm feeling like anxious can you like help me?"
>
> We'll sit and talk or walk and talk
>
> They don't just say "I'll come back and see you in a minute" then don't ever come back
>
> I know that I can trust them
>
> I know they're very reliable here
>
> they're really really supportive
>
> (Jim)

> they act like real people
>
> they treat you like a person
>
> you're actually a person here

you get spoken to like a person not like something that's just there

you call them by their first names

they're almost more genuine

They are really supportive

(Bartholomew)

Jim and Bartholomew's *connection voices* associated with being heard, known, and understood by staff at OHE, conveyed through their use of positive interpersonal adjectives such as "reliable", "genuine" and "supportive". These experiences of adults standing alongside them seemed central to OHE being a turning point in their educational journeys. As a listener, I interpreted the informants' feelings of emotional safety and containment in these accounts, which associated with OHE becoming a place they felt accepted for their authentic selves:

You are who you really are at Hospital Education

You can express yourself however you want

You don't have to wear uniform

You can wear whatever clothes you want

You can have piercings

You can have whatever hair colour

You can be yourself

You are safe

you feel actually wanted

they acknowledge that you're actually alive

(Bartholomew)

Whilst Bartholomew does not explicitly compare OHE to mainstream school, his use of the word "actually" implies that his OHE experiences conflicted with his own pre-conceived expectations ("you feel *actually* wanted…they acknowledge that you're *actually* alive"). This storied how OHE represented a newfound, and qualitatively different, sense of belongingness for him compared to other systems. Other YP narrated their experiences of connection to OHE through drawing comparisons between school and OHE more directly:

> They support you
>
> They wouldn't really support you at school
>
> I think it's just annoying how mainstream teachers are
>
> I think lots of people in mainstream think that they have to act in a uniform way
>
> they feel like they will get punished for not being the same as others
>
> I don't want to be known as just another student
>
> I want to be seen as an individual
>
> I like individuality at hospital school
>
> I think it's important
>
> (Ezra)

> I came to hospital school
>
> They do care
>
> Our teachers do care
>
> They do want to know about us
>
> they care a lot, whereas in mainstream it's kind of like they don't
>
> I think it does sort of show that they do want us to learn compared to mainstream

Through utilising the analytical strategy of comparison, Ezra and Abbie made sense of their positive OHE experiences. Storying the support, individuality and care they were afforded at OHE in contrast to the challenges they had experienced in school, highlighted the importance of empathetic relationships to YP's stable moving through narrative following mental health crisis. Emphasising differences between OHE and mainstream enabled the informants to connect with, and communicate, their own evaluations and judgements of which setting was best suited to them and, perhaps more implicitly, other YP.

For informants receiving OHE in-person, further moving through stories spoken through a *connection voice* unfolded in relation to their friendships with peers at OHE:

"I've got two friends here I can speak to about it, and they're like really understanding and they actually listen. I feel like oh, I can be in lesson and speak to this person, they understand my experiences really well."

(Jim)

"I've made friends here. We all can't go to mainstream. We're mostly a lot more different than people in mainstream, and we are all quite different from each other. But it works because you're all in the same boat."

(Ezra)

Jim and Ezra storied a sense of shared experience with their peers which facilitated their feelings of emotional safety when attending group lessons, and fostered friendships within which they could talk openly about their experiences. The phrases and idioms they used, such as "all in the same boat" emphasised feelings of social unity and connection, which had seemingly shaped informants' identities and wellbeing, building towards their expressed experiences of moving through. I heard these stories of peer connection to bear contrast to those of informants who received OHE lessons virtually and remotely, as demonstrated in Abbie's account of her OHE relationships:

> I've never seen people face-to-face
>
> I don't know what my teachers look like and it does feel distant in that way
>
> I don't have friends here
>
> They can't be your friends
>
> You're just in online lessons with them
>
> I don't know their face
>
> I do really wish I could have been in lessons face-to-face with others
>
> I think that's the downside of hospital school
>
> I don't know
>
> I wouldn't say its changed me
>
> I prefer like typing maybe than actually talking
>
> I'm too anxious…yeah
>
> I don't know
>
> I do still wish though kind of
>
> I need a friend

(Abbie)

Abbie stories her physical and emotional disconnection from OHE peers and teachers to have a sense of inevitability, suggested through her use of negative words ("never"), statements ("can't") and minimising language ("just"). However, Abbie drew on narrations of connection with regards to her seeking of relationships (e.g., "I do really wish…I need a friend"). In these moments, I heard this *connection voice* to be tied to hesitancy for Abbie; it had to push through phrases of hesitancy ("I don't know"), uncertainty ("I prefer like typing *maybe*") and broken sentences ("I'm too anxious…yeah") as she wondered aloud about whether to remain silent or speak-up within her relationships. The ambivalence in her statements suggests that, despite her broader moving through story of OHE ("it's glued me back together"; "I'm learning to cope definitely"), it was punctuated by her heightened sensitivity to feeling interpersonally connected or disconnected.

4.5.2. The Voice of Resilience

Informants used a *resilience voice* when they shared accounts of re-engaging with education, making meaning out of their experiences and looking toward the future. For example, YP storied how, following their periods of school non-attendance, OHE provisions supported them to access the curriculum and examination processes, re-building their resilience for learning and positive connections to achievement:

> They know that I can do it
>
> I don't have the confidence to
>
> They'll try and get me to push forwards
>
> They never force me
>
> They just build you up to the point you can do it

They tailor everything to your potential

You're not stuck to that age group like you are in normal school

you can have your work to your level

you can do it

I'm studying A-level maths in Year 10

(Bartholomew)

I liked the way Hospital Education did GCSEs

I was in a room with five people

You just sat where you wanted

they let everyone have breaks

I felt so much calmer

They make sure you don't get stressed about it

I didn't even think I was gonna do my GCSEs to be honest

They built a good environment

They made sure I could do it

I did alright in my exams

(Nova)

Bartholomew and Nova's accounts suggest that the educational opportunities and achievements they experienced at OHE challenged their negative self-concepts, enabling their narrative construction as a person that can succeed. Through a *connection voice*, Bartholomew and Nova both criticised the version of themselves that first attended OHE yet praised their recent past selves who can "do it"; this shift suggests a positive connection to

their present identities. They shared similar moving through plots which followed a period of challenge, then a progressive narrative of OHE learning support, before concluding in a *happy ending* story of triumph ("I did alright in my exams"; "I'm studying A-level maths in Year 10").

Similarly, Abbie and Bartholomew both positioned themselves into hopeful and positive futures following their OHE placements:

> I can concentrate and understand things a lot better
>
> I can access education even while being ill
>
> I think it's glued me back together

(Abbie)

> I'm gonna go to mainstream college
>
> They don't have hospital college so no choice
>
> I'm in hospital education but
>
> I'm not thick as shit
>
> I'm still ahead of everyone else
>
> I now love learning

(Bartholomew)

Using assertive I-statements which confidently conveyed their changing abilities, feelings and motivations, such as "I can" and "I'm gonna", amplified stories of self-awareness, acceptance and survivorship, which sounded self-reflective. For example, where Abbie uses the phrase "glued me back together" she symbolises her moving through journey from the *brokenness* of being "ill" to a place of restoration, where, with the support of OHE, she had adapted to

challenging life experiences and regained a level of mental health. In this way, informants used a *resilience voice* to identify themselves as someone who, as a result of time, personal adaptation, effort and support, had moved through difficulty to a better place. For Bartholomew, he further develops his story of moving through by rejecting some of the negative constructions he associated with OHE attendance, as explicitly suggested by his assertion "I'm in hospital education but I'm not thick as shit…I'm still ahead of everyone else". Bartholomew projects himself into the role of a resilient hero-type character who, despite his challenges, has personal abilities and skills that set him apart from others.

Jim also told a story of moving through as he discussed his mental health struggles which began at secondary school, before becoming "the happiest I've ever been" whilst receiving OHE:

> **"**I was in a bad bad place in my old school. Then I joined here and yeah…it totally changed my life around. I was obviously anxious because it's new but then I loved it ever since, it's been incredibly helpful. One hundred percent coming here is the best decision in my life, it's helped me incredibly and I'm like a whole new person…I've learned a lot about myself being here."
>
> (Jim)

Jim's transformatory account positions him as having come through the "bad bad place" that he narrated. His *resilience voice* held tones of acceptance whereby the passing of time, coupled with OHE support, had altered the way he made sense of his mental health and educational struggles. Jim's statement "I've learned a lot about myself" suggested his discovery of a new language for his needs and experiences, presenting him the opportunity

to re-construct his stories to the narrative of moving through. The progressive structure of Jim's storytelling aligns with narrative frameworks of recovery and survivorship, producing an account which is both coherent and engaging for the listener. Telling a moving through story via a *resilience voice,* which was not *too messy* afforded Jim the opportunity to articulate narratives which could be construed as stable. My reflections on interviewing Jim were that his *resilience voice* was compelling yet felt particularly neat; it did not always make space for Jim to elaborate on the confusion and uncertainty of his experiences. I therefore wondered if the moving through narrative followed a socio-culturally valuable script which, whilst perceivably empowering, comfortable to narrate and pleasing to audiences, constricted the opportunity for YP to share the realities of their nuanced, problematic, experiences.

Nova communicated feelings of excitement and pride related to her upcoming transition from OHE to a Post-16 college. However, this encouraging moving through narrative was not maintained through her accounts:

> "I'm really excited about it and I actually feel real proud of myself. Maybe it will be the making of me? But with my attendance…if I'm having a bad day, I'm just not gonna show up, which you can't really afford to do on that course…I hope I'm not always gonna struggle, I don't want it like following me around every day."

> (Nova)

Nova starts her post-16 story using positive I-statements and an optimistic rhetorical question, "maybe it will be the making of me?", to construct a future self that has capacity to change. This narrative of self-improvement enables Nova's empowerment for moving forward. However, her optimism for change was quickly challenged by her struggles with

mental health and non-attendance. As Nova accounts the possibility of a positive future, her story falls to a place of doubt: "I hope I'm not always gonna struggle". This produces a tension in Nova's plot, highlighting the challenges for YP in telling a consistent narrative of moving through OHE when they remain to encounter mental health battles and struggles engaging in educational settings.

4.5.3. The Voice of Advocacy

I identified informants to use an *advocacy voice* when they infused their moving through stories with personal opinions and guidance for others regarding mainstream school:

I just don't think schools understand mental health and anxiety

I just don't think they are educated properly about it

I think that it should be something they are educated about

they don't understand that mental health is a massive thing

I don't think it's talked about enough

I think what they think is

you can see the disability

they'll do something

you don't see it

they'll carry on

They don't understand that some disabilities you can't see

they have to see them, to understand them

(Jim)

Jim conveyed an *advocacy voice* through terms of advising, such as "I think", "should" and "I don't think" statements, positioning himself as knowledgeable and building further sense of meaning into his accounts. Jim used these narrative devices to ultimately draw upon his own experiences and criticise mainstream schools' understanding and support of mental health, similarly to Ezra:

> I think that secondary schools need to be more flexible about how they treat people
>
> they just want like results
>
> you had like one hundred really good students but
>
> they had mental health issues
>
> they had depression because of what the school was doing to get them to learn
>
> they would say "wow these one hundred kids got top marks on that final exam"
>
> They wouldn't say "oh we need to get a bit more help for these people who are suffering"
>
> I think they should make mental health a priority

(Ezra)

As exemplified in Jim and Bartholomew's extracts, informants took opportunities to advocate for changes in attitudes and behaviours at individual and systemic levels. Listening to these collectively, I heard informants endorsing change to how YP with mental health needs are responded to and supported in educational settings. Informants using their voice in this way, to advocate, reflected the heaviness of their stories of being misunderstood and having their struggles invalidated by professionals and peers. Such narrations hold a purpose of social change; the informants are asking listeners to think and act differently, as they have had to experience society's discriminations first-hand, in the hope that other YP will not have the

same future stories to tell. This voice seemed to support informants in expressing their emotions in a way that externalised and contained, enabling them to highlight injustices whilst maintaining their own narrative position of having *moved through*.

Informants also used an *advocacy voice* to share positive accounts of OHE with a seeming rationale of sharing knowledge and hope for YP who may experience OHE in the future:

> I think this place is to help you loads
>
> I think their aim is to like make people like not so anxious
>
> They help you with your life and make sure
>
> You can reach the stars
>
> I think it's important to say to others
>
> You've been given information from someone else
>
> You think hospital school is a really bad place
>
> I promise you it's not that
>
> They will support you all the way
>
> They really help with all different disabilities
>
> They help with the disabilities you can't see
>
> (Jim)

Jim used "you" and "they" pronouns and drew on personalised phrases ("I promise you") to directly address his intended audience and advocate for OHE as helpful and supportive for YP with "all different disabilities" and needs. Ezra and Bartholomew used similar narrative devices to advocate for OHE as supporting YP with mental health needs specifically:

> You're like getting coached into having better mental health

you can get better results on your own cos

you want to not cos

you're not being forced

They're like the candle in the darkness

I just think that people should know more about this sort of thing

<p align="right">(Ezra)</p>

They realise after a mental breakdown it's a hell of a thing to get back into education

You go from a battery hen at school to a free-range hen

I think that's the easiest way to put it

You go to Hospital Education and everything changes

<p align="right">(Bartholomew)</p>

Ezra and Bartholomew resourced figurative language to create persuasive imagery and emphasise their advocacy of OHE as "the candle in the darkness" when struggling with their mental health, allowing them the freedom of being a "free-range hen". These metaphors expressed nuances which informants' vocabulary may not have, to convey their transforming emotions and invite the listener to understand successful stories of YP who attend OHE due to their mental health needs. For me, this created connection to the informants' advocacy stories, as it helped me to understand their journeys through OHE at a deeper level than literal description.

My overall researcher reflection on the *advocacy voice* was that it spoke to informants' motivations for participating in this study. Interviews represented the first time many of them

had spoken openly about their experiences; however, they were all motivated to participate to help others. I wondered if this related to informants' stories of OHE being "something you just wouldn't know about until it happens to you". Some informants discussed their newfound ability, or "confidence" to share their experiences, as they were at a place in their journey which enabled them to do so. However, regardless of how informants framed their capacity and motivation to participate, the moving through narrative told through an *advocacy voice* placed their struggles in the past, supporting their narrative construction as self-knowledgeable survivors.

4.5.4. Summary

The moving through narrative captures YP's journeys from crisis and injustice toward resilience and positive futures in relation to their mental health needs and educational experiences. Such stories conveyed informants' previous crises as being impetuses for change, leading to their personal development, learning new ways to cope, and motivation to advocate for themselves, others, and systemic change. I interpreted that such plotlines of crises resulting in *happy endings* enabled informants to produce coherent accounts which placed their struggles in the past, supporting their narrative construction as self-knowledgeable survivors.

The typology also elucidates the cruciality of positive interpersonal connections and empathetic relationships to YP's stable moving through plotlines following mental health crisis. Overall, I identified the moving through narrative to be socio-culturally valuable for YP, as it could be both comfortable to narrate and engaging for the listener. However, it sometimes seemed to constrict the opportunity for YP to share the realities of their nuanced,

problematic, experiences. This reflection is not to discredit YP's moving through stories, but to acknowledge the potential risk of them over-crowding other stories that YP might tell us, which are perhaps depressing, frustrating, or do not meet the story-telling conventions of carefully balanced regressions and progressions. Attentively listening to the moving through narrative, whilst simultaneously remaining curious about the other stories and experiences YP might have to tell, may support us to truly hear them.

4.6. Chapter Summary

This chapter presented the stories of the five YP who participated in this research. It introduced each informant before exploring and summarising the two narrative typologies constructed through analysis of the informants' accounts: *chaos* and *moving through*. Having presented my analysis of informant data, the next chapter discusses the study's findings in relation to existing literature.

Chapter 5: Discussion

5.1. Chapter Overview

This chapter discusses the research findings in relation to existing literature and psychological theory. It is presented predominantly across one section, yet concludes with a brief second section:

1. **Addressing the research questions:** Findings are discussed in relation to the study's aims and two guiding research questions, drawing upon existing research literature. Overall reflections and concluding comments are provided for each question.

2. **Discussion of methodological approach:** The contributions of the narrative methodology employed in the current research, and its effectiveness for understanding informants' experiences, are discussed.

5.2. Discussion of The Research Questions

As examined in Chapters 1 and 2, OHE is an area of AP that is missing from educational discourses and published literature. My research aimed to contribute a new understanding of OHE services for YP with mental health needs, through placing their voices at the forefront of the conversation. In Chapter 4, I presented the stories of the five YP who participated in the current study and explored two narrative typologies which captured the nature and purpose of them: *chaos* and *moving through*. The chaos narrative captured informants' difficult experiences of mental health and mainstream school, which were often related to feelings of helplessness and disconnection. The moving through narrative captured informants' journeys through OHE, from a place of crisis and injustice toward a place of connection, resilience and positive futures. In this discussion chapter, I discuss these findings in relation to existing literature, aiming to answer my two guiding research questions. The research questions are addressed in-turn:

1. *What are the relationships, thoughts and feelings associated with mainstream school for YP with mental health needs who are receiving OHE?*

2. *How do YP with mental health needs make sense of their experiences of receiving OHE?*

5.2.1. What Are the Relationships, Thoughts and Feelings Associated with Mainstream School for YP With Mental Health Needs Who Are Receiving OHE?

Informants shared various stories of mainstream school which often revealed the sense of helplessness, disconnection and unresolvable crisis that came through in their accounts, characterising the chaos typology developed. A visual characterisation of the chaos typology is presented below for the readers own interpretation (Figure 10); this is made up of the images selected by informants to convey their experiences of school. In this discussion section, I examine the relationships, thoughts and feelings associated with mainstream school that informants predominantly told through the chaos narrative, in relation to existing research literature.

Figure 10

Informants' Visual Representations of Mainstream School

5.2.1.1. Relationships Characterised by Negativity

The mainstream secondary school stories of the five YP in the present study were punctuated by negative relationships. Findings revealed experiences of significant rupture in informants' interpersonal connections with school adults, characterised by them being repeatedly dismissed, unsupported and victimised. This is congruent with findings of existing research

exploring the educational experiences of YP with SEMH needs in the UK. Jalali and Morgan's (2018) secondary-aged participants had felt unsupported and disliked by their schoolteachers; Dimitrellou and Male's (2020) participants expressed negative feelings about mainstream staff who lacked empathy and ignored individual needs; and Barragry's (2017) participants felt misunderstood, ignored and not listened to by school adults.

Similarly to my study, and unlike Jalali and Morgan's (2018) and Dimitrellou and Male's (2020), Barragry's (2017) research explicitly investigated the experiences of pupils with medical mental health needs. In both our studies, YP narrated their negative relationships with school adults as a significant contributing factor to their experiences of mental health decline and eventual withdrawal from school. This suggests an interplay between teacher-pupil relationships, pupil mental health and medical school withdrawal, with relationships being a mediating factor. Based on the stories of my informants', experiences of dismissal, lack of support and victimisation, are attributes of teacher-pupil relationships that may be associated with eventual medical withdrawal from mainstream systems. Pupil interviews were supplemented with visual and creative methods in my research and in Barragry's (2017), including life-grids resources and picture-based tasks. This perhaps constituted a strength of both studies as, during interviews, concrete resources can support vulnerable pupils to feel comfortable (Harden et al., 2000) and increase their insight and enjoyment (Winstone et al., 2014). Our similar findings may demonstrate that such creative approaches can offer YP with mental health needs a meaningful method through which to voice their adverse relational experiences at school.

YP in my study described mainstream teachers as not prioritising the formation of positive connections with all pupils. For example, Abbie storied that teachers *"don't really sort of learn to know everyone…they almost pick and choose"* and particularly neglect fostering relationships with pupils with mental health needs *("they don't get to know the people like me, like anxious")*. This contrasts with findings by Sheffield and Morgan (2017) and Dimitrellou and Male (2020), whose participants with SEMH needs reported some positive relationships with mainstream teachers whom they described as respectfully managing their needs, having the skills to facilitate their learning, and to be fun (Dimitrellou & Male, 2020), motivating, understanding and supportive (Sheffield & Morgan, 2017). Conversely, informants in my study did not share experiences of positive connection with secondary school adults. As Sheffield and Morgan's (2017) and Dimitrellou and Male's (2020) participants were accessing mainstream schools in the presence of some positive pupil-teacher interconnections, the discrepancy in our findings might hypothesise that the existence of such relationships, facilitated by teachers conveying belief in YP, developing shared interests with them, and supporting them to control their own behaviours (Dimitrellou & Male, 2020; Sheffield & Morgan, 2017), constitute a protective factor to school inclusion that my informants had not experienced.

For YP in my study, ruptured relationships with school staff seemed to exacerbate their already difficult experiences of the mainstream environment and social context, ultimately hindering their sense of belonging and leaving them disengaged with education at the point of OHE referral. This process of exacerbation mirrors research by Trotman et al. (2019) who reported the findings of four UK AP evaluations involving 200 YP. The researchers discovered that unsupportive secondary school interactions had amplified YP's otherwise manageable

mental health concerns through a *spiralling* process of vulnerability, which quickly grew in accumulation and velocity. The chaos narrative of secondary school told by my informants maps onto Trotman et al.'s (2019) spiral of vulnerabilities concept. At the outset, informants had some predisposed anxieties; for example, Bartholomew experienced wellbeing difficulties at primary school and was anxious that his transition to secondary school "*wasn't going to end well before I even went"*. Informants' wellbeing then declined steadily as they struggled to navigate challenging secondary ecosystems; Bartholomew experienced secondary school as being *"locked in a cell"* where he felt forced into learning and behaving in a uniform way without being afforded choice or flexibility. Yet, it was the cumulative addition of negative, unempathetic, relationships with school staff that amplified the velocity of informants' decline through feelings of helplessness and disconnection; over time, Bartholomew experienced teachers to not understand his needs or care if he was *"alive or not"* and reported eventually being *"in hospital for a week because of school staff"* following a suicide attempt. As evidenced by the narratives of my five informants, the outcome of this spiralling for YP can be mental health crises and eventual medical withdrawal from school; at this point, Bartholomew storied a distinct choice between becoming an *"uneducated child"* out of mainstream, or *"a dead one"*. This conceptualisation of my findings, based upon Trotman et al.'s (2019) work, reinforces the importance of teacher-pupil relationships for vulnerable YP, which could presumably offer one way of *interjecting* their potential spiralling process, offering a critical protective factor to mental health crisis.

5.2.1.2. Thoughts of School Cultures Being Destructive

Informants thought mainstream schools valued uniformity and conformity. A visual characterisation of this was three informants' selection of a puppet on its strings to represent

their mainstream experiences (Figure 10). Ezra described a culture of pupils needing to *"act in a unform way"* and fearing *"they will get punished for not being the same as others"*. Ezra believed that school adults were more concerned with *"getting results and…more money"* than with fostering pupils' individual development. This aligns with the notion of performative educational agendas, which are primarily concerned with learning outcomes and academic achievement, and contrasts discourses of schools being key agents in nurturing pupils' self-development toward becoming autonomous young adults (Williamson & Cullingford, 2003). Central to adolescent development is YP fostering an independent and autonomous self, whilst simultaneously maintaining a series of supportive interpersonal relationships (Josselson, 1994). Indeed, international research suggests that self-perceived independence and authenticity is integral to adolescent wellbeing (Avedissian & Alayan, 2021). Yet, what emerged strongly from my findings was that informants' self-development had been fractured within mainstream classrooms, which they experienced as a place of control, rather than one of creative learning and discovery. These findings suggest that for some YP, there could be a discordance between their developmental need to perceive themselves as self-expressive and independent individuals, with aspects of the mainstream secondary school environment which limit their autonomy and choice. For YP in this study, it was clear they had not felt valued at school as an individual person, destructing their ability to cope in mainstream environments.

In this context, informants perceived teachers as unable to manage or respond to their mental health needs in a flexible or person-centred way, serving to further disenfranchise them and limit their sense of school inclusion and belongingness. The supposed power dynamic that ensued from their experiences of teachers asserting performative agendas, prevented

informants developing a sense of success as learners, leaving them feeling liable for their failure, with negative impacts upon their self-esteem. Through the lens of the possible selves theoretical framework (outlined in Chapter 1), I interpreted that, as informants thought they were unable to achieve positive possible selves as successful learners in performative cultures, yet were consistently presented with their feared-for selves related to school failure, they were left with limited motivation to engage in mainstream contexts (Mainwaring & Hallam, 2010; Oyserman & Fryberg, 2006). My findings therefore indicate that mainstream environments, and their socio-political agendas, can perpetuate feelings of inadequacy for vulnerable YP, with damaging effects on their engagement with school and self-concepts. This view serves to reinforce assertions that the inclusion agenda competes with a standards agenda in educational discourse surrounding YP with SEMH needs (Ainscow et al., 2006; Lunt & Norwich, 2009).

Informants thought they needed to conform at school by portraying an identity that *fit* into their mainstream culture, perhaps reinforcing the theoretical assumption that belonging is a fundamental and pervasive motivation (Baumeister & Leary, 1995). Ezra described *"wearing this kind of façade"* to protect themself from the emotional harm of showing their true self, weaknesses, and emotions at school. This process resounds with the concept of social camouflaging, which denotes the coping strategy of adopting interpersonal skills, behaviours and compensation techniques in social situations, to hide one's own difficulties and conform with others (Milner et al., 2019; Hull et al., 2017; Lai et al., 2019). My findings echo those of Gray (2020), who theorised that anxious YP employed strategies of social camouflaging, to mitigate the pressure they experienced in mainstream classrooms; limit the potential impacts of appearing different to peers; and reduce their feelings of anxiety at school. Informants in

my study experienced *"masking"* to be exhausting and perpetuate their mental health needs, aligning with the psychological understanding that expressing our authentic selves is central to self-esteem and wellbeing (Schlegel et al., 2009). In academic discourse, social camouflaging is often synonymous with autism spectrum condition. Informant stories mirrored findings from autism literature, which propose that camouflaging strategies can have negative wellbeing impacts for YP, whilst potentially preventing their opportunities for support and intervention in school, as their needs are *masked* (Mandy, 2019). This could suggest the existence of a vicious cycle, whereby, as YP attempt to cope with their mental health challenges in school, by complying with what they consider an accepted way of being, their needs become less likely to be recognised and supported by adults, in-turn perpetuating their difficulties coping in mainstream environments. My informants sought to hide their difficulties and differences from others yet, paradoxically, were very clear they wanted and needed school adults to recognise their needs, understand them, and support them. This poses questions regarding how educational environments can enable YP with mental health needs to feel safe enough to *unmask* their difficulties, whilst supporting staff to recognise and routinely manage triggers of school anxiety for YP, to pre-empt their needs and challenges, regardless of their outward presentation. Future research aiming to explore the impacts, and practice considerations, of social camouflaging at school for YP with mental health needs would be advantageous.

In discussing informants' thoughts of school cultures being destructive, it seems important to comment on the Covid-19 context within which they experienced secondary school. The pandemic context, punctuated by national lockdowns and school-closures, offered a unique backdrop for the mental health crises, educational journeys, and mainstream perspectives of

YP to be explored. Existing research purports that the pandemic negatively impacted YP's: mental health (Kooth, 2020); difficulty coping in mainstream environments (Chian, 2022); accessibility to school SEMH support (Chian, 2022); and achievement-related stress as a result of disruption to education and possible lost learning (Coward, 2021; Mahapatra & Sharma, 2021). Whilst not relating them specifically to the pandemic, my informants spoke about each of these issues (i.e., deteriorating mental health, difficulty coping in school, little access to SEMH support and achievement-related stress) when they discussed their thoughts about school. Whilst I did not explicitly seek YP's views on Covid-19 school closures and returns, the informants' stories I have discussed in this dissertation might offer an understanding of how YP experienced education during the pandemic and in the post-pandemic world. According to the research cited above, support for the mental health needs and school challenges my informants experienced is urgently required in school's post-pandemic. These are needs that, according to my findings, cannot be met by school cultures of performance and conformity, rather, they require an education system which values the diversity, inclusion and self-expression of all YP.

5.2.1.3. Feelings of Rejection Linked to OHE Referral

Informants' felt rejected by their mainstream schools, particularly due to their experiences of OHE referral. They storied being afforded no opportunity to participate in the OHE decision-making process, instigating their feelings of anger and resentment toward mainstream teachers involved in their referral. Jim repeatedly told school staff "*I don't want this*"; Nova felt her OHE referral was "*all behind our back*"; and Abbie storied being "*taken out of school just like that*" without knowing what was happening or why.

Accounts of informants' exclusion from the decision-making process regarding their educational placement echoes some of the findings from Martineau (2018), who investigated YP's transitions into AP. Her research discovered that, of the AP pupils interviewed, the majority could not describe when, how, or by whom, the decision for them to attend AP had been made. However, unlike in my study, some of the YP in Martineau's (2018) research had attended meetings in which they were asked for their opinion regarding AP options and had been taken to visit APs prior to their referral. This seeming contrast between the experiences of our informants might be explained by the context within which YP are referred to OHE. Martineau's (2018) participants were referred to AP by their mainstream schools due to exclusion, or for college transition support, and on the basis of considerations such as convenience, financial considerations and available spaces (Martineau, 2018). However, YP are referred to OHE with support of a medical practitioner on the sole basis that it is deemed the best-placed provision to meet their medical needs (HoCEC, 2018). Given these disparate processes, there may perhaps have been more potential scope for YP in Martineau's (2018) research to be involved in their AP referral, compared to my informants referred to OHE.

Informants in my study identified they would have appreciated professional transparency about their referrals, and to have had an opportunity to contribute their views, particularly as they storied OHE to be *"something you just wouldn't know about until it happens to you"*. Given that the Children and Families Act (2014) and SEND CoP (DfE, 2015a) stipulate pupils must be provided appropriate opportunities to contribute their views and wishes about their support, these findings pose questions regarding how this can be achieved for YP being referred to OHE. The SEND CoP's (DfE, 2015a) focus on pupil participation was largely informed by the humanistic philosophy of Person-Centred Planning (PCP), which is esteemed

as an effective approach to consulting with YP and endorsing their rights (Gray & Woods, 2022). PCP could perhaps provide a useful model for supporting the promotion of YP's voices within their OHE referral process.

Once receiving OHE, informants felt forgotten by mainstream schools, which were reportedly unforthcoming in sending them work or maintaining communication. This is a concerning finding considering statutory guidance recommends that schools should communicate and cooperate with OHE, to ensure their dual-registered pupil is not educationally disadvantaged or deprived (DfE, 2013b). It points to the worrying phenomenon of such legislative arrangements lacking consistency and efficacy in practice (Ofsted, 2016; Gazeley et al., 2013). As informants had already navigated challenging mainstream journeys and relationships, the lack of school communication once at OHE represented a final disconnection from their school, or to use Bartholomew's words, *"the final kick"*. It offered a distinctive confirmation to their feelings of never wanting to return to mainstream secondary school environments. This finding can be understood in the context of informants feeling forgotten by their school, whilst experiencing their belongingness needs being met at OHE. Through accessing an alternative story of connection to tell and compare to, their feelings of rejection from school seemed to become consolidated. This echoes findings from Cockerill's (2019) study of pupils attending shared mainstream-AP placements, which determined that, where YP developed a sense of belonging to their AP but not their school, their motivation to engage with the mainstream portion of their placement diminished. Cockerill (2019) concluded that, to support pupils' on-going mainstream engagement, schools should retain responsibility for them and take an active interest in their AP placements, for example through visiting them and ensuring a joined-up curriculum. For the YP in my study, it seemed most significant that

schools had not maintained communication with them and their families, shared GCSE exam arrangements, nor invited them to appropriate school celebrations. Therefore, my findings offer extension to Cockerill's (2019) within the context of OHE; as well as the school actions Cockerill (2019) advised, those discussed by my informants might reduce YP's feelings of mainstream rejection throughout their OHE journeys.

5.2.1.4. Reflections and Concluding Comments

My findings revealed that, for the YP with mental health needs informing this research, the relationships, thoughts and feelings associated with mainstream school were adverse and destructive. Their experiences of secondary school were punctuated by a lack of support for their needs; a pressure to *fit in* to performative school contexts within which they were struggling to cope; and cumulative feelings of failure. Informants' storied lack of involvement in their OHE referrals, and undesirable levels of school communication throughout their OHE placements, were also found to contribute to their negative feelings about mainstream school at the point of their research participation. Ruptured relationships with school staff were identified to be the significant thread weaving across each of these findings. The accumulation of such relationships was found to have amplified the velocity of informants' mental health decline whilst at school, through their feelings of helplessness and disconnection, ultimately hindering their sense of belonging and leaving them disengaged with education at the point of their OHE referrals.

Owing to the found significance of staff-pupil relationships to YP's mental health in mainstream environments, the mechanisms through which greater attention can be paid to positive relationships within secondary schools necessitate consideration. Current research

evidence in this area draws upon many theoretical models of relationships, including attachment[2] (Ainsworth, 1979; Bowlby, 1973) and self-determination[3] (Deci & Ryan, 2004) theories. These constitute key relational perspectives that would be beneficial for educational practitioners to be trained in. Previous research has highlighted how EPs can support settings through delivering such training, and supporting policy development, to positively enhance relationships between staff and students in secondary schools (Hayes et al., 2019).

Taken together, my findings demonstrate that mainstream environments and cultures perpetuated informants' feelings of inadequacy and mental health difficulties, with damaging effects on their engagement with school and self-concepts. Consideration is required of the cultures, approaches and interventions necessary to support YP with mental health needs to feel safe and supported at school. PHE (2021) proposed a number of principles to promoting a whole-school approach to mental health. My findings offer particular support to four of these principles: school staff to create an ethos which promotes respect and values diversity; provide a curriculum to support YP's social and emotional learning; identify pupils' needs and monitor the impact of interventions; and provide targeted support and make appropriate referrals. However, there remains a lack of evidence for school-based mental health interventions and a need for clarity on what should be provided (Hayes et al., 2019). Arguably, schools need to be better supported through future research, policy and resources to thread effective mental health practices and provisions throughout their policies and cultures. This

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[2] Attachment theory explains the development of emotional bonds between infants and caregivers, highlighting their implications for individual development.

[3] Self-determination theory suggests that relatedness with others is a universal need which serves as a prerequisite to intrinsic motivation.

is relevant to EPs, as supporting pupil mental health within school settings is a fundamental aspect of their work (DfE, 2019a).

The aforementioned Green Paper set out an ambition to strengthen mental health provision in schools, with plans to have a Senior Mental Health Lead (SMHL) in every setting by 2025 (DfE & DoH, 2017). As the researcher, I support such initatives, advocating for sufficiently trained staff members to provide crucial preventative work for vulnerable YP. However, my findings of school cultures and relationships instigating and perpetuating YP's mental health difficulties, point to the necessity of systemic school practises within which pupil mental health is everybody's responsibility, not solely that of SMHLs. For effective whole-school mental health support to be embedded, it would seem that holistic plans and interventions would require co-production between SMHLs and all other staff members. Moreover, YP in my study were clear that teachers not listening to them about their mental health, and the help they needed, resulted in missed opportunities for them to receive support prior to reaching a point of crisis. This suggests that whole-school approaches and interventions, overseen by SMHLs, may only make a meaningful difference to YP's mental health if their voices are heard in the co-production of them.

Throughout this project, I adopted the position that we can learn from YP with mental health needs and that their voices should be used to inform educational decisions, practices and action plans. With this in mind, the concluding comments for this first research question come from informant's own advocations and recommendations for mainstream schools:

> *"I just don't think schools understand mental health and anxiety…I think that it should be something they are educated about"*

"I think that secondary schools need to be more flexible about how they treat people…

I think they should make mental health a priority."

"We need you to notice us, we need you to not dismiss us, we need to feel heard".

5.2.2. How Do Young People With Mental Health Needs Make Sense of Their Experiences of Receiving OHE?

Informants made sense of their experiences of receiving OHE in numerous ways, which often linked to their social connections with adults, peer relationships, evolving sense of self and future OHE endings. Overall, these factors contributed to the sense of connection and resilience that came through in informants' accounts, characterising the moving through typology developed. A visual characterisation of the moving through typology is presented below for the readers own interpretation (Figure 11); this is made up of the images selected by informants to convey their experiences of OHE. In this section, I discuss the experiences that informants predominantly shared through the moving through narrative, in relation to existing research literature.

Figure 11

Informants' Visual Representations of Outreach Hospital Education

5.2.1.1. Social Connection With Adults

I found that OHE generally represented a positive turning point for informants. Their accounts revealed that the sense of individuality and belonging they experienced in OHE provided a distinctly different interpersonal context from mainstream school, enabling them to build emotional connections and constructive relationships with OHE adults. Trusting, caring and child-centred interactions facilitated by OHE staff were of value to the YP in this study and were found to play a key part in promoting their wellbeing, transforming their emotions and enabling their stories of moving through.

These findings contribute to existing evidence of APs being able to create an inclusive social environment for pupils with SEMH needs. Research studies by Tellis-James and Fox (2016), Michael and Frederickson (2013) and Halligan Cryer (2022) also identified positive and nurturing relationships with AP staff to be a primary enabler contributing to YP's positive social-emotional and academic outcomes. However, despite corroborated findings, these other studies were conducted with YP in non-medical APs. My study offers an extension of these findings to the specific context of OHE for YP with medical mental health needs. This group of YP are often severely socially excluded by the point of OHE referral (NAoHHT, 2017), as their needs threaten their interpersonal connections and social inclusion (LeHo project, 2016). Therefore, providing them relationships which are safe and buffer the stress of their medical needs through a therapeutic effect is deemed essential to promoting their holistic outcomes (Mintz et al., 2018, Boles et al., 2017). My findings demonstrate that OHE provision can enable YP with mental health needs to achieve such interconnections, whilst counteracting the impacts of their previously ruptured relationships. Although, how common this outcome of OHE is across the country cannot be ascertained, as it is not information

routinely collected and represented in national statistics, rendering the positive relational practice of OHE provisions un-quantifiable and not formally acknowledged. As my findings identified that some YP experience positive relational OHE outcomes, it seems important that we understand the full scale of them. This possible outcome of OHE could be better recognised within governmental data, educational spheres and academic literature, to provide an understanding of how such services successfully support vulnerable YP. Centralised and consistent data on meaningful educational outcomes, perhaps including those of a relational nature, is required for OHE.

Informants storied that caring and individualised support from OHE staff had supported them to access the curriculum and re-gain positive connections to achievement. This can be viewed through a socio-cultural lens; as learning takes place through interactions with others and the environment (Vygotsky, 1978), informants' positive relational experiences at OHE influenced their capacity for learning. YP in this study valued that OHE staff individualised learning content and teaching approaches to meet their individual needs and capabilities. Michael and Frederickson (2015) similarly reported that PRU teachers personalising learning tasks and differentiating work constituted an enabling factor to pupils' achievement of positive outcomes through PRUs. In contrast to informants in this study though, some of Michael and Frederickson's (2015) participants reported PRU curriculums to either be too challenging, or not challenging enough. My findings suggest that OHE settings provided a balance between supporting informants' access to individualised education, and adequately challenging them enough to make academic progress, as well as allowing them responsibility over their learning.

Tellis-James and Fox (2016) also found that APs afforded the YP participating in their research agency and ownership over their learning, which they subsequently identified as a key resource to positive outcomes for pupils with SEMH needs. The accounts of YP in my study conveyed that OHE teachers affording them responsibility over their curriculum, and level of work, enabled their development of academic engagement and resilience. This finding might be usefully understood through the psychological concept of self-determination. The theory of self-determination (Deci & Ryan, 2004) suggests that relatedness with others, promoted by being respected, listened to, and treated with dignity and understanding, is a universal need which serves as a prerequisite to intrinsic motivation. Such intrinsic motivation then creates a forum for learning in which pupils learn for their own inherent satisfaction (Deci & Ryan, 2004). From this perspective, my findings suggests that the sense of security and relatedness informants felt in OHE facilitated the conditions necessary for them to achieve *for themselves* in ways that they had previously struggled to do, as summarised by Ezra's story of OHE: "*you can get better results on your own cos you want to, not cos you're being forced*".

5.2.1.2. Peer Relationships

Where informants received OHE in-person, social connections with peers, characterised by understanding and empathetic reciprocity, were found to facilitate their positive OHE experiences. Informants narrated their emotional bonds with OHE peers as providing a sense of camaraderie, which enabled them to develop a positive sense of identity and belonging. This is consistent with existing research which found that, for YP with SEMH needs attending APs, peer relationships can support them to feel safe and reduce their feelings of anxiety (Michael & Frederickson, 2013; Halligan & Cryer, 2022). For YP in my study, a sense of shared experience with their peers facilitated their feelings of emotional safety when attending

group lessons, and fostered friendships within which they could talk openly about their experiences. Therefore, adopting the conceptual lens of school belonging (Ostterman, 2000), my findings suggest that key friendships at OHE promoted informants' sense of relatedness, whilst counteracting the seeming insecurity they had experienced in previous peer relationships.

Based on school belonging being a predicator of academic and psychosocial success (Slaten et al., 2016), my findings propose that OHE settings promoting informants' social capital, by helping them form relationships with peers, was key to their successful OHE attendance, engagement and experiences. It would therefore seem that OHE and school professionals should be mindful of supporting the peer relationships of pupils with mental health needs, to promote their positive outcomes. However, a need for further research into the use and effectiveness of targeted and universal peer relationship interventions within secondary school settings has been identified (O'Farrell, 2019). This has relevance to EPs, as their systemic work often takes the form of consulting with schools on evidence-informed interventions and policies, which could include those to support the positive peer relationships of vulnerable pupils.

In contrast, receiving OHE online was found to hinder informants' interpersonal communication with other pupils, and therefore be disruptive to their social interaction and building of meaningful relationships. The LeHo project (2015a; 2016) emphasised that where pupils' group classes are inhibited in HE settings, it can negatively impact upon their learning and progress. Abbie was the only informant to receive OHE solely online. Her lack of access to cooperative learning formats seemed to inhibit her assumption of new roles in her learning

environment and her exploration of positive possible selves, as an individual with the capacity to belong, achieve and acquire new skills alongside others (LeHo, 2015a; 2016; Markus & Nurius, 1986). However, positive outcomes of receiving OHE online were also identified in the current study; it ensured informants' continuity of education during their mental health crises and reduced their feelings of stress, worry and anxiety related to learning. This finding echoes the results of Smith (2021), who explored the perspectives of 205 YP accessing online APs. Smith (2021) found that such APs had an overwhelmingly positive impact for YP with SEMH needs, as they increased their sense of comfort in lessons and reduced the feelings of fear that constituted barriers to education for them. However, my findings demonstrate a more dualistic position than Smith's (2021), perhaps because my study focused on YP with medical mental health needs, whereas Smith's (2021) participants accessed online provisions for a multitude of reasons.

Overall, my findings suggest that online learning can be a useful tool in OHE for promoting the stability of education for some YP with mental health needs, yet they also point to assertions that YP should regularly receive face-to-face OHE teaching, to enhance their relationships and learning (LeHo, 2015a; Mintz et al., 2018), as well as their psychological safety, sense of belonging and own self-concept. Future research into the use of online learning for YP with mental health needs in OHE and mainstream environments could be useful, to understand how digital technologies might be most advantageous in supporting this vulnerable group, whilst safeguarding them from further social marginalisation.

5.2.1.3. Stories of OHE Endings

Regardless of their current school year group (from Year 8-to-11) or length of time at OHE (from six-to-nineteen months), all informants associated the end of their OHE experience with finishing secondary education and transitioning to post-16 destinations. This finding suggests a potentially different reality to governmental AP policy which upholds OHE as a short-term, temporary, provision (DfE, 2013b). This definition is too far open to interpretation to be useful for facilitating understandings and evaluations of OHE. Additionally, my findings suggest that longer-term OHE placements are needed to promote YP's best outcomes, enabling their experiences of moving through. This supports the argument of previous research by Thomas and Pennacchia (2014) which suggested that, whilst short-term placements could meet some positive AP aims, only long-term placements could support YP to "re-write their lives" and to "transform by offering new ways of being and becoming" (2014, p28). Similarly, Levinson and Thompson (2016), interviewed pupils and staff at an AP and found that *longer-term* placements were often needed, which, for Key Stage 4 pupils in particular, generally meant YP leaving at the end of Year 11.

According to Levinson and Thompson (2016), a common implication of long-term AP placements is pupils' reluctance to return to mainstream environments, rendering potential *windows of opportunity* for their reintegration to be missed. This offers alignment to my findings, as informants storied that OHE suited them better than mainstream environments; by the time of our sessions, they were very critical of school structures and processes which they identified themselves as not belonging to. These positionings fed into their plotlines of remaining in OHE for the totality of their secondary education and acted as a facilitator to the achievement of their hoped-for selves. However, the environment of OHE contrasts to the

behavioural AP studied in Levinson and Thompson's study (2016). The very concepts of *provision*, *reintegration windows of opportunity* and *mainstream readiness* are likely to hold qualitatively different meanings to the YP accessing AP due to exclusion, to those in OHE. My informants storied that they had been medically referred *away from* mainstream environments which had contributed to the deterioration and maintenance of their mental health crises. Findings showed that for the five YP referred to OHE in this study, their complex needs required specialist OHE support, away from school settings, over an extended period of time, which was perceivably longer than the government definition suggests. There is a need for policy definitions to better reflect practice in this regard.

A characteristic of informants' OHE experiences was their expression of uncertain emotions regarding their transition away from OHE, particularly given the strength of relationships they had developed there. Other literature similarly suggests that leaving AP can be traumatic for YP when it has been a source of stability for them (Kendall et al., 2003). Adding to this challenge, Bartholomew specifically accounted that there was *"no choice"* about attending mainstream post-16 provisions following OHE, due to there being no *"hospital colleges"*. Therefore, despite informants sometimes conveying feelings of excitement and hopefulness about future educational destinations, my findings suggest that leaving OHE at the end of Year 11, and attending mainstream post-16 settings, was a part of their story they had little control over. The two informants who participated at the end of Year 11 (Abbie and Nova), both communicated fears of not being ready to reintegrate to college and their needs not being met there. Such concerns resound with those of AP pupils in Gibson's (2019) study who had not felt ready for mainstream reintegration, conceptualised by their perceptions of not being able to cope with factors associated with mainstream environments, including

behavioural expectations. In my study, Nova's narrative offers some support to this conceptualisation, as she talked about how her mental health difficulties might restrict her attendance at college which she *"can't really afford"* due to the rules and policies of the setting. However, Gibson's (2019) participants had already reintegrated to mainstream schools from APs, with some of them reporting that their reintegration's had happened once they had changed their disruptive behaviours, anger and rudeness. Conversely, my findings highlight that, for the five YP in this study, they perceived their future transitions from OHE, whether imminent or not, to be determined by their educational phase, rather than their behaviours or concepts of readiness, recovery, or pupil decision-making.

5.2.1.4. Evolving Sense of Self

Informant stories presented complex facets of their identity and how these shifted and changed throughout their OHE journeys. Their narratives conveyed experiences of personal change, through their use of broad psychological descriptions of their transforming perceptions, emotions, and attitudes, such as *"I'm learning to cope"*; *"I think it's glued me back together"*; *"I now love learning"*; and *"I'm like a whole new person"*. These findings suggest that, through OHE trajectories, YP with mental health needs are able to have, and identify, strengths and resources in their lives. This seemingly contrasts with a plethora of literature that suggests APs are associated with poor social and academic outcomes for YP. My findings are consistent with those of Tellis-James and Fox (2016), whose participants highlighted a number of factors that helped them overcome their SEMH difficulties and experience personal growth in APs, despite challenging circumstances. However, my findings offer a new understanding of OHE specifically, as a setting with the capacity to successfully support YP's own perceptions of change, which can move them towards their hoped-for

selves (Markus and Nurius, 1986). For example, informant narratives conveyed that feeling valued by others in OHE had enabled them to construct present possible selves who were valued and accepted, whilst being able to access learning and education in OHE supported them to work towards their hoped-for selves of gaining GCSEs.

Through the narration of their OHE journeys, YP sometimes described how their behaviours had gone through a process of change which, in-turn, impacted upon their self-concepts. Observable actions included beginning to go into the OHE building without adult support, attending lessons and asking teachers for help. Such accounts of evolving behaviours and attitudes used by informants to construct transformations to their sense of self, offered a slightly different perspective to their broader narratives of OHE systems and staff *transforming their lives*. This finding of informants internally attributing some positive changes contrasts with Jalali and Morgan's (2018) research, which found that YP with SEMH needs in PRUs reported an external locus of control in terms of their propensity to change, leading to their lack of motivation to take positive action. My findings imply that informants had developed a more internally located sense of control over the process of change, compared to when they were first referred to OHE. This might again highlight the differences between OHE settings and other APs. Jalali and Morgan (2018) concluded that PRUs which catered for YP at risk of exclusion, such as their participants, exacerbated mental health difficulties, as participants' long-term negative self-perceptions and adverse educational attitudes had not been supported. Conversely, my findings suggest that OHE environments were key to supporting informants', through their holistic pedagogies which buffered the stress of YP's mental health needs via a therapeutic effect. Through this approach, it appeared some of the negative-self schemas that informants reportedly held when they were referred

to OHE, had been counteracted, providing them the opportunity to expand their range of possible hoped for selves, whilst promoting their feelings of competency, agency and efficacy.

Informants discussed OHE as having meaning for their future life trajectories. Key aspects that held significance in relation to the informants' possibility of positive futures included being supported to access individualised curriculums at OHE, and flexible examination environments, as well as selecting post-16 options which aligned with their needs and interests. In contrast, factors that influenced informants' possibility of negative future selves included the repercussions of missing mainstream education, the lack of OHE-type post-16 options, and their on-going struggles with mental health and non-attendance. For example, there were accounts of informants conceiving it possible to achieve personal and educational goals through access to the OHE curriculum and support, alongside their perceptions of preferred futures being unlikely, due to them having "fallen behind" their mainstream peers, such that they questioned whether their hoped-for GCSE grades and post-16 offers would be obtainable. Therefore, informants discussed a balanced response of positive versus negative selves. This contrasts Mainwaring and Hallam's (2010) findings of PRU students generating far more feared-for selves than hoped-for selves.

My findings suggest informants had often internalised difficulties and rejections they had experienced in mainstream settings, leading to some fragile possible selves and negative perceptions of future aspirations. However, they had also been supported to expand their range of positive future selves related to educational achievement, mental health and reciprocal relationships. Holding divergent possible selves in this way is suggested to be a good thing by proponents of the concept, as the balance between positive and negative selves

is thought to enhance effort and persistence (Lee & Oyserman, 2012), encouraging individuals to strive for positive selves in an effort to avoid the alternative (Oyserman and Saltz, 1993). My findings propose that, despite remaining to have negative and positive self-schemas, through cumulative experiences of success at OHE, informants felt a greater distance between their present selves and *feared for* future selves, improving their aspiration and motivation (Lee & Oyserman, 2012).

Ultimately, for the five YP in the current study, OHE was found to be successful in counteracting some of their negative self-schemas and providing them the opportunity to expand their range of possible hoped for selves. In light of contemporaneous inquiries highlighting concerns of low expectations and outcomes for YP in AP (e.g., HoCEC, 2018), this successful outcome of OHE prompts consideration of how meaningful constructions of possible selves can be generated for YP with mental health needs, to enhance their strengths, rather than struggles, and support them toward achieving their hoped-for futures. Existing research suggests this can be achieved by YP developing vivid visions of their hoped-for and feared-for selves through interactive activities and written reflections (Carey & Martin, 2007; Mainwaring & Hallam, 2010); adults can advance these activities by helping YP to recognise connections between these imagined selves and their current behaviours and environments, and focus on the specific skills and strategies they need to move toward their positive possible selves (Mainwaring & Hallam, 2010).

5.2.1.5. Reflections and Concluding Comments

My findings demonstrate that informants made sense of their OHE experiences in various ways. Fundamentally, their relationships with staff and peers were the context within which

positive change, educational engagement, and hopeful futures were achieved. Positive relationships between OHE adults and informants, built on empathy and care, enabled them to develop effective working relationships together, as a foundation upon which these vulnerable YP could be meaningfully supported. This relational outcome of OHE could be better acknowledged within governmental data, educational spheres and academic literature, to provide a better understanding of how such services support vulnerable YP.

In answering this research question in the context of existing literature, my findings highlighted qualitative differences between OHE and other AP types, which cater for YP with SEMH needs, yet do not have the same medically grounded referral criteria and processes as OHE. Generally, such AP-OHE disparities related to the provisions provided and concepts of mainstream readiness and reintegration. Though, a key point of discussion was the contrast of my informants' OHE experiences with Jalali and Morgan's (2018) findings of non-medical APs exacerbating pupils' mental health difficulties and not supporting their long-term negative self-perceptions. My findings demonstrate that, based upon the narratives of five YP, OHE environments can support YP's mental health needs through their holistic pedagogies; can work to counteract their negative-self schemas; and provide their pupils with mental health needs meaningful opportunities to develop their perceptions of self-belief and the possibility of positive future change. In light of these distinctions, and contemporaneous inquiries highlighting concerns of low expectations and outcomes for YP in AP (e.g., HoCEC, 2018), this again highlights the perspective that the successful work of OHE services for vulnerable YP should be better acknowledged within the educational sphere and should not remain hidden within AP discourse and data.

Informant narratives highlighted two important areas related to OHE policy and resourcing which may have important considerations for educational professionals, ministers and parliaments. Firstly, whilst legislative guidance does not offer a definition of what constitutes *temporary* or *short-term* AP placements, what does seem clear from my findings is that YP accessing OHE have complex needs which require support over a period of time which is conceivably longer than the government definition insinuates (DfE, 2013b). This could pose questions about the appropriateness of current guidelines and policies related to temporary OHE placements, and how fit-for-purpose consequent resourcing decisions may be. Secondly, informants storied that, at the end of their OHE journeys, they would be transitioning to mainstream post-16 settings with "no choice", due their OHE services not providing post-16 provision. This reflects the 1996 Education Act which placed a legal duty on LAs to provide alternative education only to pupils of Statutory School age (Education Act, 1996). However, given that YP in England are now legally required to access education or training until the age of 18 (DfE, 2016), the question arises of what happens to YP accessing OHE who are not *recovered enough* to access mainstream post-16 or training settings? Future research is needed to explore the experiences of YP with mental health needs who leave OHE at the end of Year 11. Studies could identify post-16 outcomes for this group, perhaps exploring related barriers and facilitators, to potentially inform current guidance and policy related to OHE and the appropriateness of current AP legislation.

Taken together, the present findings suggest that receiving OHE is experienced as a turning point for YP with mental health needs, as it offers a qualitatively different social space to that experienced in mainstream school. OHE was found to provide informants with experiences of social connection, positive change and success, enabling them to not only develop their focus

for moving through their difficulties, but also to reassess previous experiences in light of a new context. For the YP in this study, OHE represented "the candle in the darkness" of their educational journeys, helping them to "reach the stars".

5.3. Discussion of Methodological Approach

This final section of my discussion chapter considers contributions of the methodological approach used within the current research.

The aim of using narrative approaches in this study was to tune into the multiple aspects and voices that constituted YP's stories of mental health, school and OHE. Findings demonstrated that, by adopting these methods and imposing less structure on informant accounts, rich information could be gained. For example, narrative as a method of interviewing proved successful in enabling informants to talk about their lives. Within a short space of time, they revealed rich, detailed and personal information about themselves. The flexible narrative focus to the research opened up an exploration of how YP had navigated their trajectories through school and OHE and how their own individual biographies and circumstance, as well as social structures, played a part in shaping the stories they told. By focusing on informant narratives, I was able to show that when YP with mental health needs speak about their educational journeys, they can tell many stories which can take many forms. Findings therefore contribute a unique understanding that enhances the literature, by demonstrating that school and OHE can be experienced, lived and storied in multiple different ways by these vulnerable YP.

The findings from this research show that educational experiences for YP with mental health needs can be traumatic and have on-going impacts upon how they make sense of their experiences and construct a sense of self. The two narrative typologies I developed from informant accounts (*chaos* and *moving through*) demonstrated that they occupied multiple positions of struggle, strength and survival which were each important, yet nuanced, aspects of their educational experiences to articulate. Ultimately, the unstructured way through which informants shared their educational journeys enabled me to dwell in their stable moving through narratives, as well as in their chaos narratives which were disjointed and less speakable.

I argued in Chapter 4 that there could be a risk of professionals meeting the chaos narrative with attempts to mobilise it toward a greater sense of order, hopefulness, or adult agenda. Yet, I suggested that hearing chaos stories in all their messy humanness is important for us to tune into their depth and meaning. Additionally, I suggested that the moving through narrative had the potential to constrict the opportunity for YP to share the realities of their problematic educational experiences. I argued that professionals should attentively listen to the moving through narrative whilst simultaneously remaining curious about the other stories and experiences YP might have to tell. As such, this dissertation proposes that, when YP tell their stories of mental health difficulty and OHE, relational and voice-centred listening practices are necessary to attend to the nuances of YP's stories and illuminate their experiences that are often marginalised. Only then might we open ourselves up to truly hearing, acknowledging and acting upon what vulnerable YP need throughout their journeys of mental health crises, mainstream school, and OHE.

Chapter 6: Conclusion

6.1. Chapter Overview

This concluding chapter is presented across four parts:

1. **Identifying my contribution.** The unique contribution of this dissertation to existing knowledge is discussed.

2. **Outlining considerations of the findings.** Practitioner considerations informed by the present research findings are elucidated and recommendations for further research provided.

3. **Critically evaluating my study.** Yardley's (2015) four quality principles for qualitative research are employed to evaluate the study, alongside an outline of its overall strengths and limitations.

4. **Reflecting on my relationship with this research.** A reflexive account is presented to self-evaluate my relationship with this research at different points throughout the thesis process. Concluding comments are offered.

6.2. Contribution to Knowledge

To my knowledge, this dissertation contributes the first UK study which explores OHE for secondary-aged YP with mental health needs which prevent them from attending mainstream school. HE provisions in the UK have been scarcely explored across academic and grey literature, and the studies that do exist mostly focus upon inpatient provisions for YP with physical illnesses. Additionally, and as synthesised in Chapters 1 and 2, relevant existing research commonly focuses upon YP with SEMH needs accessing various types of AP, due to being excluded or at risk of exclusion. However, as discussed in Chapter 5, my findings highlight various qualitative differences between OHE and non-medical APs. This research therefore contributes a new understanding of OHE services for YP with mental health needs, through placing their voices at the forefront of the conversation. It also contributes to the existing, yet limited, understanding of professionals and researchers regarding the relationships, thoughts and feelings associated with mainstream school for YP with mental health needs.

The present study took place in the on-going context of the Covid-19 pandemic. This backdrop offered a unique context for the educational journeys of YP with mental health needs to be explored and reported on. Existing research purports that the pandemic negatively impacted YP's mental health and difficulty coping in mainstream environments (Chian, 2022; Kooth, 2020), suggesting that support for the mental health needs and school challenges my informants experienced is ever-more required in school's post-pandemic. My findings contribute an understanding that these needs cannot be met by school cultures of performance and conformity, rather, they require an education system which values the diversity, inclusion and self-expression of all YP.

Unique insights were gained by inviting YP to share their OHE stories broadly, without the restriction of predefined questions or structures. This enabled me to find out that the educational journeys of YP with mental health needs can be traumatic and have on-going impacts upon how they make sense of their experiences and construct a sense of self. For example, informants occupied multiple positions of struggle, strength and survival which were each important, yet nuanced, aspects of their educational experiences to articulate. Ultimately, my findings conveyed an understanding that enhances the literature by demonstrating that school and OHE can be experienced, lived and storied in multiple different ways by these vulnerable YP, shaped by their own individual biographies and circumstances, as well as social structures.

The study's multi-layered analytical method offered a further unique contribution. Combining the use of the LG approach (Gilligan, 2015) with the commitments, questions and typologies of DNA (Frank, 2012), enabled me to work with informant poems that presented their multiple voices, shaped by their personal individual lives, the socio-structural and relational contexts within which they were told, and myself as the listener (Tamboukou, 2008). This enabled me to tease out interpretations, power relations and hidden meanings, to ultimately capture the complexity involved when YP talk about their mental health and OHE journeys. Organising my analysis into two typologies afforded a structure for understanding the common plotlines and narrative resources through which YP with mental health needs story their experiences. As discussed in Chapter 4, these typologies offer new contributions, as they provide professionals a structure of "what to listen for" when YP share their journeys of mental health crises, mainstream school, and OHE (Frank, 2012, p.48).

6.3. Considerations and Recommendations

Having discussed my research findings with reference to existing literature in Chapter 5, several considerations and recommendations can be identified for a range of professionals and policymakers, as outlined below. These practice considerations relate to work with YP with mental health needs and YP receiving OHE. Following discussion of these, recommendations for future research are elucidated.

6.3.1. Considerations for School and OHE Based Practitioners

The narratives of the five YP in this study indicate a number of focus areas that school and OHE practitioners can address, to support YP's mental health needs. These considerations follow on from the insights gained from, and the questions posed within, Chapter 5 of this dissertation. It is important to reinforce here that this dissertation does not intend to reproduce essentialist views regarding inclusive education, nor reinforce polarisations between schools and APs. As discussed in Chapter 1, HE professionals summarise that: "there are plenty of children with mental health issues…in school. They can only access…[OHE] when their situation is so serious that the medical professional essentially signs them off school" (GHES, 2017, para. 15). Therefore, whilst the findings of this study have implications for mainstream schools in supporting YP, the experiences of informants in this research are specific to medical mental health needs and the OHE context. Findings are not representative of all YP with SEMH needs in mainstream schools, nor do they evaluate the ability of mainstream schools to promote the inclusion of YP with mental health difficulties, or boarder SEMH, needs.

Findings highlighted the significance of teacher-pupil relationships to YP's mental health. Informants identified that OHE staff conveying empathy, care, trust and flexibility in their interactions was crucial to their development of positive connections and OHE experiences. It is acknowledged that some of the relational practices informant's storied as helpful in OHE contexts would be challenging to implement within mainstream settings, particularly due to the structure, size and adult-pupil ratios of secondary schools. Nonetheless, the attributions of empathy, care, trust and flexibility should form the interpersonal foundations of all staff interactions, with all pupils, across schools and OHE provisions. Settings should review their whole-school policies pertaining to relational practice with YP. Senior leaders should consider implementing whole-staff training regarding relational practices to up-skill their workforce; such training should be underpinned by key relational perspectives, including attachment (Ainsworth et al., 1978; Bowlby, 1973) and self-determination (Deci & Ryan, 2004) theories. These actions align with statutory guidance which stipulates that educators and school policies need to provide the necessary conditions for successful teacher-pupil relationships (Lavis & Robson, 2015; DfE, 2018b).

My analysis demonstrated that, for the informants in this research, school environments perpetuated feelings of inadequacy and their mental health difficulties, with damaging effects on their self-concepts and engagement with school. Practitioners should review their whole-school approach to mental health. Audits could be used to evaluate the systems and interventions in place to support YP with mental health needs and to identify areas for improvement. Trained SMHLs might oversee this. However, my findings of school cultures and relationships instigating YP's mental health difficulties, point to the necessity of systemic school practises within which pupil mental health is everybody's responsibility. Senior leaders

should reflect upon how whole-school mental health plans and interventions can be meaningfully co-produced between SMHLs and all other staff members. My informants were clear that adults not listening to them about their mental health resulted in missed opportunities for them to receive support prior to reaching a point of crisis. SMHLs should consider how to seek and centralise YP's views in the development of mental health approaches and interventions.

In line with principles proposed by PHE (2021), practitioners should consider how to create and maintain a setting ethos which promotes respect and values diversity; provides a curriculum to support YP's social and emotional learning; identifies pupil needs and monitors the impact of interventions; and delivers targeted support whilst facilitating appropriate referrals for external input. Additionally, informants in this study reported feeling pressure to *fit in* to performative school contexts within which they were struggling to cope, resulting in cumulative feelings of failure. As discussed in Chapter 2, schools are reportedly pressured by league tables and curriculum outcomes, resulting in the *inclusion agenda* competing with a *standards agenda* in mainstream settings (Ainscow et al., 2006; Lunt & Norwich, 2009). Individual school practitioners are likely to come up against significant constraints in challenging performative cultures. However, even within the confines and complexities of their educational context, all professionals should reflect upon potential tensions between academic achievement and wellbeing in their setting, with the aim of fostering school cultures that couple high academic expectations with support for learning and emotional regulation.

Findings showed that informants' OHE peer relationships, characterised by understanding and empathetic reciprocity, facilitated their positive educational experiences. This is

consistent with existing research reporting that peer relationships in APs can support YP to feel safe and reduce their anxiety (Michael & Frederickson, 2013; Halligan and Cryer, 2022). Whilst mainstream schools are qualitatively different to APs, they should reflect upon the importance of positive peer relationships for YP with mental health needs in their settings, to promote the holistic outcomes of these vulnerable pupils, as had been demonstrated in AP environments. There is a need for further research into the use and effectiveness of targeted and universal approaches to promoting peer relationships within secondary settings (O'Farrell, 2019). Nonetheless, the planned SMHL role could provide a tangible opportunity for settings to review their current practice related to how peer connections are valued and supported, and access continued professional development related to best-practice interventions.

Informants storied being afforded no opportunity to participate in decision-making surrounding their OHE referral's. School and OHE staff involved in referrals should ensure YP have access to meaningful opportunities to contribute their voices, aiming to increase their feelings of agency, self-esteem and responsibility. PCP approaches should be considered as a way of supporting YP's participation, whilst promoting their rights, motivation and relationships (Gray & Woods, 2022). Once receiving OHE, informants felt forgotten by their schools, exacerbating their requests to never return to mainstream secondary school settings. Statutory guidance recommends that schools communicate and cooperate with OHE to ensure pupils are not educationally disadvantaged or deprived (DfE, 2013b). School staff should consider increasing their involvement in their pupils' time at OHE. According to informant narratives, they could do this by maintaining communication with pupils and their

families; ensuring joined-up GCSE curriculums and shared understandings of exam arrangements; and inviting pupils to appropriate school celebrations and events.

Finally, my findings suggested that informants had been supported in OHE to expand their range of positive future selves related to educational achievement, mental health and reciprocal relationships, improving their future aspiration and motivation. To promote this outcome, OHE settings should consider explicitly exploring pupils' possible future selves with them, either within the curriculum or through individual structured sessions. This aligns with recommendations from Mainwaring & Hallam (2010), who suggested that PRUs in England should develop interventions based upon possible selves, to support vulnerable pupils to widen and think through their goals. OHE staff could support pupils to develop vivid visions of their hoped-for and feared-for selves, through interactive activities and written reflections (Carey & Martin, 2007; Mainwaring & Hallam, 2010), before discussing connections between these imagined selves and the pupils' current behaviours, with a focus on the specific skills and strategies they need to move toward their positive possible selves (Mainwaring & Hallam, 2010). Exploring pupils' possible selves, and perhaps helping them to share these with their supporting adults, could enable OHE staff to co-construct solution-focused goals with YP, based upon their hoped-for futures, which, in turn, could promote their motivation and agency for change.

6.3.2. Considerations for Educational Psychologists

My findings present considerations for educational psychology practice. As discussed within Chapter 1 of this dissertation, understanding and supporting mental health is deemed fundamental in the work of EPs (DfE, 2019a), yet research literature has called for EPs to

broaden their therapeutic offering (Squires & Dunsmuir, 2011). It is advised that EPs, as part of multi-disciplinary teams, should work with all APs to ensure pupil needs are met and their educational transitions are supported (DfE, 2018a).

It is my view that, owing to their skill set, professional objectives, and standards of proficiency (HCPC, 2016), EPs are well-placed to support YP with mental health needs in mainstream schools, and through their referrals and transitions into OHE, by identifying their individual needs, eliciting and advocating their views, and promoting systemic change and staff development. Educational psychology services should reflect upon how EPs can have commissioned involvement in supporting YP with medical mental health needs receiving OHE. Below, I outline specific considerations of this research for EPs, firstly at the individual level and then at a whole-school and systemic level.

6.3.2.1. Individual Level

EPs could bring particular value to OHE referral and transition processes. In the previous subsection, I recommended that educational professionals ensure YP being referred to OHE have access to meaningful opportunities to contribute their voices. The EP skillset (e.g., active listening and consultation) renders them ideal facilitators to this process and the successful use of PCP approaches within it. EPs should communicate with schools regarding future pupil OHE referrals, to discuss how they can support. Where appropriate, EPs should consider working with the pupil being referred, to facilitate meaningful opportunities for them to contribute their views, aiming to increase their feelings of agency, self-esteem and responsibility. Having their voices heard, and advocated for, could potentially decrease the feelings of rejection and resentment that YP in this study experienced through the referral

process. EPs are well-placed to offer flexible and timely support to OHE settings when a YP is referred. This might be particularly valuable when a pupil is referred following a phase of school non-attendance, like informants in this study, as their school may not be able to provide an up-to-date understanding of their strengths and needs. EPs could assist in the transition process and beyond, by identifying YP's strengths and needs, ensuring their voices are heard, and supporting OHE staff to plan appropriate provision, intervention and monitoring for them.

Contributions of the methodological approach used within this research suggest that, when working directly with YP with mental health needs, EPs should consider using narrative principles, storytelling approaches and creative resources, to attend to the nuances of their experiences. Reportedly, the predominant EP approach taken to elicit YP's views is direct questioning, which can be criticised as disempowering, as it enables the EP to "keep the upper hand" in dominating conversational direction, often reducing YP's views to a set of preferences (Lewis & Porter, 2004, p.113). Narrative approaches could enable EPs to adopt a respectful and curious stance to eliciting, empowering and advocating YP's authentic voices. Making sense of voice from a dialogical perspective offers EPs an important lens through which to consider how YP use their voices to communicate their needs and wishes. It could support EPs to consider how YP position themselves and others within their stories of school and in relation to one-another, potentially highlighting key areas for change and support, without adults compounding a potentially problem-saturated account of the YP's identity.

It is recognised that there could be barriers associated with EPs using narrative approaches. These might presumably include: the non-directive nature of narrative being potentially

overwhelming for some YP; EPs' lack of awareness or confidence in utilising narrative principles and approaches; and EPs having limited time and high workloads, impacting upon their ability to deliver narrative approaches effectively. Such barriers could pose professional and ethical risks to EPs utilising narrative approaches with YP and are therefore important factors for EPs to be aware of and problem solve in their practice.

6.3.2.2. Whole-School and Systemic Level

Findings highlighted three areas of whole-school practice that EPs could support with, by contributing to settings' policies and interventions, delivering staff training, and disseminating evidence-based practice. Firstly, EPs should consider supporting settings to implement effective relational practices. Existing research highlights that EPs can effectively assist schools to enhance teacher-pupil relationships, through delivering training and supporting policy development (Hayes et al., 2011). EPs should deliver staff training on universal relational practices and targeted interventions for YP with mental health needs. Such training ought to include various psychological perspectives on relationships, such as from belonging, attachment and self-determination theories. EPs should consider supporting settings to review their whole-school policies to ensure relational practice is central to their ethos and culture.

Secondly, supporting pupil mental health within school settings is a fundamental aspect of the EP role (DfE, 2019a). EPs should endeavour to understand the role of, and work alongside, SMHLs. EPs should consider how they might best support SMHLs to develop and implement whole-school approaches to mental health through, for example, training, policy development and professional supervision. Educational psychology services should reflect

upon their capacity to provide training for SMHLs and other key members of staff regarding the mental health needs of YP, and how to support them, promoting a child-centred and ecological approach. EPs are well-placed to deliver such training, owing to their wealth of mental health and school systems knowledge. Indeed, five English Educational psychology services are currently running government approved courses SMHLs can access through grant-funding (DfE, 2023a); in my opinion, more services should consider their involvement with such courses.

Finally, EPs should reflect upon how they can work systemically with settings to support the promotion of positive peer relationships for vulnerable YP. EPs should consider working with settings' senior management teams and SMHLs to reflect upon and develop their policies and practices which relate to peer relationships. Follow-up involvement could include EP delivery of evidence-informed staff training, for example, on the importance of positive peer interactions and psychological theories of friendship.

6.3.3. Considerations for Government Policy Makers

Through their experiences, informants narrated that provision in mainstream schools is not flexible nor holistic enough to meet the individual needs of YP struggling with their mental health. Policy makers should review the content of relevant legislation, as it is crucial that schools are supported to thread effective mental health practices and provisions throughout their policies and cultures. Educational policy needs to provide schools with scope to attend to the emotional and social development of their students. Whilst this dissertation supports the ambitions, set out in the aforementioned Green paper, to strengthen mental health provision in schools, and have an SMHL in every setting by 2025 (DfE & DoH, 2017), as it found

a need for greater school focus on mental health prevention support, it is clear that more needs to be in place to promote the effectiveness of the SMHL role (EHSCC, 2018). The SMHL role is presumably an enormous undertaking for one member of staff, and is not currently mandated, such that schools can choose if and how to embed it. Policy makers need to consider how staff fulfilling the role receive adequate long-term funding for continued professional development, formal access to professional support, and any necessary workload relief. However, the findings of this research that school cultures and relationships instigated and perpetuated YP's mental health difficulties, point to the necessity of systemic school approaches, within which pupil mental health is seen as everybody's responsibility. Governments should recognise and legislatively support the necessitation of mental health training for *all* school staff, not only those with designated responsibilities.

The work of OHE services for vulnerable YP should be better recognised within educational and academic discourses. In their evidence submitted to the HoCEC (2018) inquiry, GHES (2017) stated "…we really want ministers and parliament to understand and celebrate the excellent work that is going on in medical PRUs and hospital schools across the country" (para.13); I entirely concur. A first step to this should be for official national statistics on HE/OHE to be obtained and made publicly available. Specifically, AP data should identify which providers are supporting pupils with medical needs, thus establishing a map of national OHE provision. The reasons for pupils accessing APs, including that of medical mental health needs, should also be captured and linked to various outcome and destination data for each type of referral need. A level of centralised, consistent, data on meaningful educational outcomes is required for OHE; government agencies have a role in directing and carrying out this process.

The current research findings posed questions regarding the appropriateness of governmental legislation related to *temporary* OHE placements, and how fit-for-purpose consequent resourcing decisions can be if YP are requiring longer-term placements, as accounted by informants. Policy-makers should review related OHE legislation and definitions. Finally, there is a need for post-16 outcomes for YP following OHE placement, and potentially HE-supported options, to be considered, to inform relevant practices and policies beyond statutory school age for YP with medical mental health needs.

6.3.4. Considerations for Dissemination

I aim to pursue various dissemination channels to share the findings of this dissertation to relevant practitioners and policymakers. I will disseminate my research to the participating OHE services and their respective Educational psychology services; to do this, I aim to send a short report summarising my study's findings and practice considerations for educational practitioners. I will also disseminate this briefing report to the National Association of Hospital Education.

As the research could have impact and importance for government policymakers, I will consider submitting key findings as evidence within relevant future debates and consultations. It is my intention to create a policy briefing paper which captures the issues I have identified surrounding OHE, my research findings, and policy implications. I will send this policy briefing to the Education Select Committee and Education and Mental Health All Party Parliamentary Group's. Finally, I intend to publish my research in a journal article, to enhance the availability of my findings. I would expect the article to summarise my research, its

findings, and considerations for practice. I will seek to publish the article in a relevant open access journal, making it as accessible as possible for educational practitioners.

6.3.5. Recommendations for Future Research

This study was exploratory, therefore there is scope for further research investigating the experiences of YP with mental health needs receiving OHE. Future research should look to include YP across localities and ages. Seeking the experiences of YP across LAs could illuminate commonalities and divergences in experiences and highlight important implications for developing nation-wide OHE practice. An insightful extension of this study could be to explore the experiences and perspectives of caregivers of YP receiving OHE. Additionally, HE and OHE statistics could be investigated through future research to identify what data currently exists, and should be nationally collected, to inform a better quantification of such services and measure of their outcomes.

Findings highlighted that further research into the use of online learning for YP with mental health needs across educational settings could develop understanding of how digital technologies can support continuity of education for this vulnerable group, whilst safeguarding them from further social marginalisation. Finally, future research exploring the experiences of YP with mental health needs who leave OHE at the end of Year 11 might be necessitated to identify post-16 outcomes for this group.

6.4. Evaluation of Research

As outlined in Chapter 3, this research was guided by the four quality criterions proposed by Yardley (2015): *sensitivity to context; commitment and rigour; transparency and coherence;*

and *impact and importance*. For the reader to assess the rigour of this research, an evaluation of its quality utilising Yardley's (2015) framework is provided below. Following this, overall strengths and limitations of the study's design, sample, data collection and analysis are considered.

6.4.1. Sensitivity to Context

The first principle outlined by Yardley (2015) as important for developing high quality qualitative research is sensitivity to context. At the outset of this research, I conducted a narrative literature review, using systematic search principles, enabling me to sensitively contextualise the research within theoretical and empirical literature. During data collection, I remained sensitive to informant perspectives and ethical issues. Interviews were unstructured and therefore flexible enough to facilitate informants' agency to tell the stories that they most wished to convey. Enabling informants to choose where we met, how many times, whether they wanted a key adult present, and how they wanted to communicate with me, went some way to facilitating the informants' agency and comfort within the research process.

6.4.2. Commitment and Rigour

This research was informed by my own personal and professional experiences, which motivated and strengthened my genuine commitment to the topic. Professionally, I am committed to promoting inclusion through research and practice which facilitates the meaningful participation of all YP in their educational journeys. This research was committed to contributing towards this agenda. As discussed in Chapter 3, I used a rigorous multi-layered approach to analysing informant stories. The process constituted a prolonged period of time

engaged with the data, allowing for a significant level of depth and breadth of narrative analysis.

6.4.3. Transparency and Coherence

Yardley (2015) argues that qualitative studies should be transparent and coherent in how interpretations of the data are reached. Throughout this research, I used a reflexive journal to account for my own positioning within the research and how it may have influenced data collection and analysis. In Chapter 3, I made transparent the philosophical positions which underpinned the research methodology; demonstrated coherence between the research questions, chosen methods of data collection and analysis; and outlined the research procedure. This aimed to inform the reader of how the study's findings and conclusions were achieved.

6.4.4. Impact and Importance

Yardley's (2015) third principle is related to the usefulness of research and its contributions to theory and practice. To my knowledge, this dissertation contributes the first UK study which explored OHE services for secondary-aged YP with mental health needs. It has practical implications, as multiple recommendations have been made for schools, OHE services and EPs. To actualise its usefulness, I plan to disseminate my research as outlined in Section 6.3.4.

6.4.5. Overall Strengths and Limitations

The epistemological position of the current research conceptualises its small sample size a strength. Having five informants enabled me to fully appreciate all narratives, facilitating a significant depth of perspective into individual contexts. However, it is important to recognise

the voices that were not heard within this research and limitations this may constitute. YP who did not wish to participate may have held different perspectives to those elicited and reported. Nevertheless, it is hoped I have provided enough detail to enable readers to identify whether findings are transferable or relevant to their own situations.

Another strength of the study was the inclusive nature adopted. I remained flexible and adaptive to informant needs, for example, using creative visuals and alternative communication methods. As a result, the research was able to provide space for marginalised and vulnerable YP to exercise their voices. Nevertheless, some of the adaptations offered incurred limitations; four informants were accompanied by a parent during one or two of their interviews, which may have influenced what they shared.

To extend the relationality of the research, informants were invited to participate in second interviews and, months later, to provide reflections on the overall research process and results with their caregiver, via email. I hoped providing opportunities for informants to add to their narratives during a second interview, and to send reflections via email, would enable them to have a greater sense of input into how I made sense of their stories. However, only three informants took part in a second interview and no caregivers/informants sent reflection emails, constituting limitations of the study. I wondered if my attempts to be *more collaborative* may not have been desired by informants. Potential learning from this is that, despite positive researcher intentions in offering second interviews and reflection opportunities, perhaps it feels better for informants to leave what is explored in the interview space instead of unpacking it again? I may have gathered more informant reflections if I offered feedback sessions in-person, as originally planned; due to time constraints, this was

not possible. Whilst research not going to plan is not ideal, I am thankful that informants were given the agency to opt out of second interviews and sending reflections via caregiver email, if this did not feel right for them.

A further strength of this research was its use of poems as a way of listening to, reading, and making sense of YP's stories. The poems helped shine a light on ambiguities and dialogues that may have remained obscured otherwise. However, it is possible that during analysis, where particular poems had a significant impact on me, I might have *seen* stories within them that related more to myself than the story of the informant, posing a limitation to my analysis. The use of poems and graphics to analyse and present informants' narratives in this research may constitute further limitations. In particular, whilst informants' stories were often disjointed and chaotic, the poems and graphical representations within this dissertation may appear dichotomously neat. Through taking informants' stories and organising them into stanzas and graphs, I imposed meaning onto their experiences. Such fragmentation could be criticised as not honouring the nuanced complexity of YP's dialogue and narratives. Despite these challenges, the creative representations of stories in this dissertation invite readers to appreciate the difficultly and complexity of the informants' experiences. The use of poems and visuals enabled me to present YP's stories in a nonconventional way, likely evoking more of an emotive, affective and perhaps action-oriented response from the reader than conventional academic outputs (Wilson, 2018).

My novice experience of narrative analysis may also represent a limitation, as research quality is dependent on the skills of the researcher (Anderson, 2010). However, the analysis process

selected was able to give a richness and depth of understanding that I believe would not have been achieved through utilising other analytical methods I was more familiar with.

6.5. Reflexive Account

This final section presents a reflexive account self-evaluating my relationship with the research at different points throughout the process. This includes extracts taken from my broader reflective diary (Appendix J), which aimed to inform readers of how my values-based thinking informed this study and its findings.

6.5.1. How Did My Own Positioning Influence the Process?

My background shaped my approach to this study. I brought with me lived experience of HE, as well as professional experience of sitting with YP and coming close to their stories, perhaps making me more *comfortable* with hearing their expression of emotion and difficult experiences. This may have meant I *stayed in* the stories YP shared during the narrative interview process longer than researchers without my experiences may have, potentially prompting informants' deeper revelations. Regardless of my background, the sensitive, sometimes depressing, narratives informants shared moved me emotionally and stayed with me long-after their interviews. I was careful not to let the affective resonance of the research overly influence my conclusions by bringing awareness to my position via my reflexive diary and supervision.

6.5.2. What Have I Learnt as a Researcher?

As a novice narrative researcher, I discovered the importance of building rapport with informants and ensuring they felt comfortable and heard within the research process.

Throughout the study, I considered how YP's mental health crises are often positioned as taboo. Yet, I learnt YP can tell their untold stories of struggle and survival if given a meaningful opportunity to do so with someone willing to genuinely listen. The process highlighted to me that vulnerable YP perceived as difficult to engage had the most interesting and useful information to share and their own resources to tell it. I discovered that telling stories, and listening to them, can be more powerful than I ever expected before venturing on my thesis journey.

Selecting an analytic approach was difficult due to the numerous approaches detailed in the literature, yet little guidelines for how to *do* them. I spent considerable time learning about narrative analyses, resources, and typologies, which were challenging concepts to me at the outset of the project. In the end, I discovered that completing a narrative analysis can be enjoyable and rewarding; I am proud of how much time and commitment I gave to my analysis and of the findings I produced.

6.5.3. How Will the Experience Change My Practice?

My perceptions of how OHE services support vulnerable YP have been positively informed. I have grown even more conscious of valuing the self-knowledge of YP with mental health needs, and the importance they place on education and learning. As practitioners, it is crucial we are mindful of preconceptions we might hold that run counter to these perspectives. I have gained valuable insights that will inform the questions I ask when consulting with YP and their supporting adults about OHE referrals, transitions, placements and reintegration's, and when working with YP with mental health needs in schools generally.

6.6. Concluding Comments

Despite OHE provisions being an established feature of education in England, it is an area of AP missing from educational discourses and published literature. Within existing HE research, most studies focus upon inpatient provisions for YP with physical illnesses and report adult perspectives. There is a dearth of research which has sought the perspectives of YP with mental health needs who experience OHE, possibly confirming assertions that YP with mental health needs are amongst the least empowered groups in research and practice (Tellis-James & Fox, 2016). In my view, the importance of establishing a voice for OHE pupils who have been medically withdrawn from mainstream education, cannot be underestimated. This study held the overarching aim of exploring the experiences of secondary-aged YP receiving OHE due to mental health needs which prevented them from attending mainstream school. In-turn, it aimed to contribute to the understanding of researchers and professionals regarding mainstream school and OHE for these YP, through placing their voices at the forefront of the conversation.

Through a narrative methodology, I was able to explore how YP navigated their trajectories through school and OHE, and how their individual biographies and circumstances, as well as social structures, played a part in shaping the stories they told. The two narrative typologies I developed from informant stories (*chaos* and *moving through*) demonstrated that they occupied multiple positions of struggle, strength and survival which were each important, yet nuanced, aspects of their educational experiences. Key points of discussion highlighted areas of consideration for school and OHE professionals, EPs and government policy makers. These pertained to the importance of relational practice and whole-school approaches to mental health; supporting vulnerable pupils to think through their goals and widen their ideas of their

futures selves; promoting YP's decision making in OHE referrals; school collaboration with OHE; and better acknowledgment of OHE services within national legislation, data, educational discourses and academic literature.

This dissertation concludes that, when YP tell their stories of mental health needs and OHE, relational and voice-centred listening practices are necessary, to attend to the nuances of YP's stories and illuminate their often-marginalised experiences. Only then might we open ourselves up to truly hearing, acknowledging and acting upon what vulnerable YP need throughout their journeys of mental health crises, mainstream school, and OHE. However, in drawing conclusions, it is important to acknowledge that research can never tell us the whole story. It is the re-telling of YP's narratives that is the story told in this dissertation. As my research aimed to place YP's voices as the centre of the conversation regarding OHE for mental health needs, it is them who deserve the last word. Therefore, informants' visual representations of OHE, and combined accounts of what they wanted others to understand about OHE, provide the closing thoughts of this dissertation:

I think this place is to help you loads

I think their aim is to like make people like not so anxious

They help you with your life and make sure

You can reach the stars

I think it's important to say to others

You've been given information from someone else

You think hospital school is a really bad place

I promise you it's not that

They really help with all different disabilities

They help with the disabilities you can't see

You're like getting coached into having better mental health

you can get better results on your own cos

you want to not cos

you're not being forced

They're like the candle in the darkness

I just think that people should know more about this sort of thing

They realise after a mental breakdown it's a hell of a thing to get back into

education

You go from a battery hen at school to a free-range hen

I think that's the easiest way to put it

You go to Hospital Education and everything changes

References

Adams, J., Hillier-Brown, F. C., Moore, H. J., Lake, A. A., Araujo-Soares, V., White, M., & Summerbell, C. (2016). Searching and synthesising 'grey literature' and 'grey information' in public health: critical reflections on three case studies. *Systematic Reviews, 5*(1), 164-175.

Ainscow, M., Booth, T., Dyson, A., Farrell, P., Frankham, J., Gallannaugh, F., Howes, A., & Smith. R. (2006). *Improving schools, developing inclusion.* Routledge.

Ainsworth M. S. (1979). Infant–mother attachment. *American Psychologist, 34*(10), 932-937.

Alase, A. (2017). The interpretative phenomenological analysis (IPA): A guide to a good qualitative research approach. *International Journal of Education and Literacy Studies*, *5*(2), 9-19.

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

Ambert, A. M., Adler, P. A., Adler, P., & Detzner, D. F. (1995). Understanding and evaluating qualitative research. *Journal of Marriage and the Family, 57*(4), 879-893.

Anderson, C. (2010). Presenting and evaluating qualitative research. *American journal of pharmaceutical education*, *74*(8), 141-149.

Andrews, A., McCabe, M., & Wideman-Johnston, T. (2014). Mental health issues in the schools: Are educators prepared? *The Journal of Mental Health Training, Education and Practice*, *9*(4), 261–272.

Armstrong, H. (2017). *From Pupil Referral Units (PRUs) to mainstream education: a Q methodological study exploring the perceptions of PRU and mainstream secondary*

school professionals on reintegration (Publication No. 10806470) [Doctoral dissertation, University of Nottingham]. ProQuest Dissertations and Theses Global.

Atkinson, C., Corban, I., & Templeton, J. (2011). Educational Psychologists' Use of Therapeutic Interventions: Issues Arising from Two Exploratory Case Studies. *Support for Learning*, *26*(4), 160–167.

Atkinson, C., & Kenneally, O. (2021). A model for therapeutic educational psychology practice. *Educational Psychology in Practice*, *37*(3), 284-302.

Atkinson, C., Squires, G., Bragg, J., Muscutt, J., & Wasilewski, D. (2014). Facilitators and Barriers to the Provision of Therapeutic Interventions by School Psychologists. *School Psychology International*, *35*(4), 384–397.

Atkinson, C., Squires, G., Bragg, J., Wasilewski, D., & Muscutt, J. (2013). Effective Delivery of Therapeutic Interventions: Findings from Four Site Visits. *Educational Psychology in Practice*, *29*(1), 54–68.

Avedissian, T., & Alayan, N. (2021). Adolescent well-being: A concept analysis. *International journal of mental health nursing, 30*(2), 357-367.

Balan, N. B. (2005). Multiple voices and methods: Listening to women who are in workplace transition. *International Journal of Qualitative Methods*, *4*(4), 1–21.

Bahm, A. J. (1993). *The Science of Values.* Brill.

Barker, C., Pistrang, N., & Elliott, R. (2002). *Research methods in clinical psychology: An introduction for students and practitioners.* John Wiley & Sons Ltd.

Barragry, A. B. (2017). *How do adolescent girls experience having a mental health issue whilst at secondary school? A narrative study using creative arts* (Publication No. 10764391) [Doctoral dissertation, University of Sheffield]. ProQuest Dissertations and Theses Global.

Bassett, R., Beagan, B. L., Ristovski-Slijepcevic, S., & Chapman, G. E. (2008). Tough teens the methodological challenges of interviewing teenagers as research informants. *Journal of Adolescent Research*, *23*(2), 119–131.

Baumeister, R. F., DeWall, C. N., Ciarocco, N. J., & Twenge, J. M. (2005). Social exclusion impairs self-regulation. *Journal of Personality and Social Psychology, 88*(4), 589-604.

Baumeister, R. F. & Leary, M. R. (1995). The need to belong. *Psychological Bulletin*, *117*(3), 497-529.

Bhaskar, R. (2013). *A realist theory of science*. Routledge.

Biggerstaff, D., & Thompson, A.R. (2008). Interpretative phenomenological analysis (IPA): A qualitative methodology of choice in healthcare research. *Qualitative research in psychology, 5*(3), 214-224.

Billington, K. F. (2018). Using an active listening approach to consider the views of three young people on the topic of missing education. *Educational psychology in practice, 34*(4), 337-351.

Blaikie, N. (1993). *Approaches to social enquiry.* Polity Press.

Boles, J. C., Winsor, D. L., Mandrell, B., Gattuso, J., West, L. L., & Grissom, S. M. (2017). Student/patient: The school perceptions of children with cancer. *Educational Studies, 43*(5), 549-566.

Booth, A., Sutton, A., Clowes, M., & Martyn-St James, M. (2022). *Systematic approaches to a successful literature review.* Sage.

Bowlby, J. (1973). *Attachment and loss: Vol. 2. Separation: Anxiety and anger.* Basic Books.

Boyle, C., & Anderson, J. (2021). *Inclusive education and the progressive inclusionists.* Oxford University Press.

Brady, J., & Wilson, E. (2021). Teacher wellbeing in England: Teacher responses to school-level initiatives. *Cambridge Journal of Education*, *51*(1), 45-63.

Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners.* Sage.

Braun, V., & Clarke, V. (2021). One size fits all? What counts as quality practice in (reflexive) thematic analysis?. *Qualitative research in psychology*, *18*(3), 328-352.

Bristol City Council. (2022). *Alternative Provision & Unregistered Schools: Advice to Alternative Providers and Commissioners of Alternative Provision*. https://www.bristol.gov.uk/files/documents/3232-bcc-advice-alternative-provision-unregistered-schools/file.

British Psychological Society. (2017). *School attendance, exclusion and persistent absence.* http://www.bps.org.uk/what-we-do/our-influence/behaviour-change-briefings/behaviour-change-briefings-0

British Psychological Society. (2021). *Code of human research ethics.* https://www.bps.org.uk/guideline/bps-code-human-research-ethics

Brown, E., Khan, L. & Parsonage, M. (2012). *A Chance to Change: Delivering effective parenting programmes to transform lives.* Centre for Mental Health.

Brown, L. (2011). *An Audit of the Needs of 268 Children Attending Pupil Referral Units in 4 Local Authority Areas*. National Children's Bureau.

Brown, L. M., & Gilligan, C. (1992). *Meeting at the crossroads.* Harvard University Press.

Bruner, J. (1990). *Acts of meaning.* Harvard University.

Bryman, A. (2016). *Social research methods*. Oxford university press.

Caddick, N. (2016). Doing narrative analysis. In E. Lyons & Coyle (Eds.), *Analysing Qualitative Data in Psychology*, (pp. 222-239). Sage.

Care Quality Commission. (2017). *Review of children and young people's mental health services: Phase one report.*

https://www.cqc.org.uk/sites/default/files/20171103_cypmhphase1_report.pdf

Carey, J., & Martin, I. (2007). What are the implications of possible selves research for school counselling practice? *School Counselling Research, 20*(3), 1-5.

Carter, S. M., & Little, M. (2007). Justifying knowledge, justifying method, taking action epistemologies, methodologies, and methods in qualitative research. *Qualitative health research, 17*(10), 1316-1328.

Casey, K. (1995). The New Narrative Research in Education. *Review of Research in Education, 21*(1), 211-253.

Caslin, M. (2019). 'I have got too much stuff wrong with me': An exploration of how young people experience the Social, Emotional and Behavioural Difficulties (SEBD) label within the confines of the UK education system. *Emotional and behavioural difficulties*, *24*(2), 167-180.

Caslin, M. (2021). 'They have just given up on me': How pupils labelled with social, emotional and behavioural difficulties (SEBD) experience the process of exclusion from school. *Support for learning*, *36*(1), 116-132.

Cefai, C., & Cooper, P. (2010). Pupils without voices: the unheard accounts of secondary school pupils with social, emotional and behaviour difficulties. *European Journal of Special Needs Education, 25*(2), 183–198.

Chamberlain, K. (2011). Troubling methodology. *Health psychology review, 5*(1), 48-54.

Chian, L. S. J. (2022). *Emotional Based School Avoidance: Exploring Staff and Pupil Voices on Provision in Mainstream Schools* (Publication No. 2761035131) [Doctoral dissertation, University College London]. ProQuest Dissertations and Theses Global.

Children and Families Act 2014, c.6,

https://www.legislation.gov.uk/ukpga/2014/6/part/3/enacted

Clandinin, D. J. (2013). *Engaging in narrative inquiry.* Left Coast Press.

Clandinin, D. J., & Connelly, F. M. (2000). *Narrative inquiry.* Jossey-Bass.

Clarkson, L. (2019). *Young People's Mental Health Is Deteriorating. Here's Why It Matters To Us All.* Huffington Post UK. https://www.huffingtonpost.co.uk/entry/young-people-mental-health_uk_5d1b7903e4b03d611642cda1

Cockerill, T. (2019). Pupils Attending a Shared Placement between a School and Alternative Provision: Is a Sense of School Belonging the Key to Success?. *Educational & Child Psychology*, *36*(2), 23-33.

Cohen, D. J., & Crabtree, B. F. (2008). Evaluative criteria for qualitative research in health care: controversies and recommendations. *The Annals of Family Medicine*, *6*(4), 331-339.

Cohen, L., Manion, L., & Morrison, K. (2018). *Research Methods in Education.* Routledge.

Cole, T. (2015). *Mental health difficulties and children at risk of exclusion from schools in England: A Review from an Educational Perspective of Policy, Practice and Research, 1997 to 2015.* University of Oxford.

Coleman, J. S. (1988). Social capital in the creation of human capital. *American Journal of Sociology, 94*(1), 95–120.

Collins, C. S., & Stockton, C. M. (2018). The central role of theory in qualitative research. *International Journal of Qualitative Methods, 17*(1), 1-10.

Collins, J. A., & Fauser, B. C. (2005). Balancing the strengths of systematic and narrative reviews. *Human reproduction update*, *11*(2), 103-104.

Cooper, J. (2019). Cognitive dissonance: Where we've been and where we're going. *International Review of Social Psychology*, *32*(1), 7.

Coward, R. (2021). *Covid has brought schoolchildren terrible stress – But they've also seen society at its best.* The Guardian. https://www.theguardian.com/commentisfree/2021/jan/07/covid-schoolchildren-society

Cowburn A., & Blow, M. (2017). *Wise up: Prioritising wellbeing in schools Report.* Young Minds and National Children's Bureau. *https://youngminds.org.uk/get-involved/campaign-with-us/wise-up/*

Crawley, E., Loades, M., Feder, G., Logan, S., Redwood, S., & Macleod, J. (2020). Wider collateral damage to children in the UK because of the social distancing measures designed to reduce the impact of COVID-19 in adults. *British Medical Journal*, *4*(1), 1-4.

Critical Appraisal Skills Programme. (2018). *CASP Qualitative Checklist*. https://casp-uk.net/casp-tools-checklists/

Cronin, P., Ryan, F., & Coughlan, M. (2008). Undertaking a literature review: a step-by-step approach. *British journal of nursing, 17*(1), 38-43.

Cruz, C. (2003, April 21). Mixing theories: Interpreting and using a relational, voice-centred methodology. In *Qualitative data analysis methods as discursive practices* [paper presented] Annual Meeting of the American Educational Research Association, Chicago.

Daiute, C. (2014). *Narrative Inquiry: A Dynamic Approach.* Sage.

Davies, C. (2018). *Mental health services for the young is NHS's 'silent catastrophe'.* The Guardian.https://www.theguardian.com/society/2018/jun/25/mental-health-services- young-nhs-silent-catastrophe-survey-chronic-underfunding

De Monchy, M. D., Pijl, S. J., & Zandberg, T. (2004). Discrepancies in judging social inclusion and bullying of pupils with behaviour problems. *European journal of special needs education*, *19*(3), 317-330.

Deci, E. L., & Ryan, R. M. (2004). *Handbook of self-determination research.* University of Rochester Press.

Denzin, N. K., & Lincoln, Y. S. (2000). Introduction: The discipline and practice of qualitative research. In Denzin, N. K., Lincoln, Y. S (Eds.), *Handbook of qualitative research* (pp. 1-28). Sage.

Department for Education. (2013a). *Alternative Provision: Statutory guidance for local authorities.*

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942014/alternative_provision_statutory_guidance_accessible.pdf

Department for Education. (2013b*). Ensuring a good education for children who cannot attend school because of health needs.*

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/941900/health_needs_guidance_accessible.pdf

Department for Education (2015a). *Special educational needs and disability code of practice: 0 to 25 years.* https://www.gov.uk/government/publications/send-code-of-practice-0-to-25.

Department for Education. (2015b). *Supporting pupils at school with medical conditions.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department for Education. (2016). *Participation of young people in education, employment or training: Statutory guidance for local authorities.*

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/561546/Participation-of-young-people-in-education-employment-or-training.pdf

Department for Education. (2018a). *Investigative research into alternative provision.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/748910/Investigative_research_into_alternative_provision.pdf

Department for Education. (2018b). *Mental Health and Behaviour in Schools.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1069687/Mental_health_and_behaviour_in_schools.pdf

Department for Education. (2019a). *Research on the educational psychologist workforce.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/912884/Research_on_the_Educational_Psychologist_Workforce_March_2019.pdf

Department for Education. (2019b). *Timpson Review of school exclusion.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/807862/Timpson_review.pdf

Department for Education. (2023a). *DfE assured senior mental health lead training courses.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1173024/DfE_assured_senior_mental_health_lead_training_courses_July_2023.pdf

Department for Education. (2023b). *Permanent exclusions and suspensions in England.* *https://explore-education-statistics.service.gov.uk/find-statistics/permanent-and-fixed-period-exclusions-in-england/2021-22-summer-term*

Department for Education. (2023c). *Schools, pupils and their characteristics.* https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics#:~:text=At%20January%202023%3A,80.2%25%20of%20secondary%20school%20pupils

Department for Education and Department of Health. (2017). *Transforming Children and Young People's Mental Health Provision: a Green Paper.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf

Department for Education and Department of Health. (2018). *Government Response to the Consultation on Transforming Children and Young People's Mental Health Provision: a Green Paper and Next Steps.* *https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/728892/government-response-to-consultation-on-transforming-children-and-young-peoples-mental-health.pdf*

Department of Health & Social Care (2015). *Hospital education: a guide for health services.* *https://www.gov.uk/government/publications/hospital-education-a-guide-for-health-services/hospital-education-a-guide-for-health-services.*

Dimitrellou, E., & Male, D. (2020). Understanding what makes a positive school experience for pupils with SEND: can their voices inform inclusive practice?. *Journal of research in special educational needs*, *20*(2), 87-96.

Dixon, D. (2014). Learning between schools and hospitals – young people and a curriculum of (dis)connection. *International Journal of Inclusive Education, 18*(3), 270-282.

Duhaney, L. M. G. (2012). Understanding and addressing barriers to the implementation of inclusive education. In C. Boyle & K. Topping (Eds.), *What works in inclusion?* (pp. 164–175). McGraw-Hill Education.

Durant-Law, G. (2013). *Knowledge Management Models or Models of Knowledge? A critical review of the literature*. The University of Canberra.

Education Act 1996, c.3, https://www.legislation.gov.uk/ukpga/1996/56/section/19#commentary-key-6f7ad3e2cc8ee9e0ff2977c70c6c2e41

Education and Health and Social Care Committees (EHSCC). (2018). *The Government's Green Paper on mental health: Failing a generation*. House of Commons. https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/642/642.p df

Edwards, R., & Weller, S. (2012). Shifting analytic ontology: Using I-poems in qualitative longitudinal research. *Qualitative research, 12*(2), 202-217.

Facca, D., Gladstone, B., & Teachman, G. (2020). Working the limits of "giving voice" to children: A critical conceptual review. *International Journal of Qualitative Methods*, *19*(4), 1-10.

Facey, D., Holliman, A., Waldeck, D., & Wilson-Smith, K. (2020). Exploring the experience of mainstream education: Perspectives from pupils in alternative provision schooling with social, emotional or mental health difficulties. *Psychology of Education Review*, *44*(2), 99-101.

Fielstead, W. J. (1979). Qualitative methods: a needed perspective in evaluation research. In Cook, T. D. & Reichardt, C. S., (Eds.), *Qualitative and Quantitative Methods in Evaluation Research* (pp. 33–48). Sage.

Fink, E., Patalay, P., Sharpe, H., Holley, S., Deighton, J., & Wolpert, M. (2015). Mental Health Difficulties in Early Adolescence: A Comparison of Two Cross- Sectional Studies in England From 2009 to 2014. *Journal of Adolescent Health*, *56*(5), 502–507.

Finkelstein, V. (1980). *Attitudes and disabled people: Issues for discussion*. World Rehabilitation Fund.

Fitzsimmons, W., Trigg, R., & Premkumar, P. (2021). Developing and maintaining the teacher-student relationship in one to one alternative provision: the tutor's experience. *Educational Review*, *73*(4), 399-416.

Fleming, J. (2013). Young people's participation—where next?. *Children & Society, 27*(6), 484-495.

Flyvbjerg, B. (2006). Five misunderstandings about case-study research. *Qualitative Inquiry*, *12*(2), 219–245.

Ford, T., Degli Esposti, M., Crane, C., Taylor, L., Montero-Marín, J., Blakemore, S. J., & Kuyken, W. (2021). The role of schools in early adolescents' mental health: findings from the MYRIAD study. *Journal of the American Academy of Child & Adolescent Psychiatry*, *60*(12), 1467-1478.

Ford, T., John, A., & Gunnell, D. (2021). Mental Health of Children and Young People During Pandemic. *British Medical Journal*, *10*(372), 614-616.

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

Foreman, P., & Arthur-Kelly, M. (2017). *Inclusion in action*. Thomson Learning.

Fox, M. (2015). "What sort of person ought I to be?": Repositioning EPs in light of the Children and Families Bill (2013). *Educational Psychology in Practice, 31*(4), 382-396.

Frank, A. W. (2012). Practicing dialogical narrative analysis. In J. A. Holstein & J. F. Gubrium (Eds.), *Varieties of narrative analysis* (pp. 33–52). Sage.

Frederickson, N., & Cline, T. (2015). *Special Educational Needs, Inclusion and Diversity*. McGraw-Hill Education.

Galderisi, S., Heinz, A., Kastrup, M., Beezhold, J., & Sartorius, N. (2017). A proposed new definition of mental health. *Psychiatria Hungarica*, *51*(3), 407-411.

Garcia-Quiroga, M., & Agoglia, I. S. (2020). Too vulnerable to participate? Challenges for meaningful participation in research with children in alternative care and adoption. *International Journal of Qualitative Methods*, *5*(19), 1-11.

Garside, M., Wright, B., Nekooi, R., & Allgar, V. (2021). Mental Health Provision in UK Secondary Schools. *International Journal of Environmental Research and Public Health*, *18*(22), 1-10.

Gazeley, L., Marrable, T., Brown, C., & Boddy, J. (2013). *Reducing inequalities in school exclusion: Learning from good practice.* University of Sussex.

Gee, J. M. (2003). What Video Games Have to Teach Us About Learning and Literacy. *Computers in Entertainment, 1*(1), 20-20.

Gergen, K. J., & Gergen, M. M. (1988). *Narrative and the self as relationship*. Academic Press.

Gibson. (2019). *"I don't know what ready was, but I just knew I wasn't": An interpretative phenomenological inquiry into the reintegration experiences of young people with social, emotional and mental health needs* (Publication No. 28310164) [Doctoral dissertation, The University of Bristol]. ProQuest Dissertations and Theses Global.

Gill, K. (2017). *Making The Difference: Breaking the link between school exclusion and social exclusion*. Institute for Public Policy Research.

Gilligan, C. (2015). The Listening Guide method of psychological inquiry. *Qualitative Psychology*, *2*(1), 69–77.

Gilligan, C., & Eddy, J. (2017). Listening as a path to psychological discovery: an introduction to the Listening Guide. *Perspectives on Medical Education*, *6*(2), 76– 81.

Gilmour, L., Best, C., Duncan, E., & Maxwell, M. (2022). Characteristics and outcomes of referrals to CAMHS for children who are thinking about or attempted suicide: A retrospective cohort study in two Scottish CAMHS. *Frontiers in Psychiatry 13*(3), 1-16.

Gloucestershire Hospital Education Service. (2017). *Written Evidence submitted by Gloucestershire Hospital Education Service. (*ALT0086) http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/education-committee/alternative-provision/written/72478.html

Goldkuhl, G. (2012). Pragmatism vs interpretivism in qualitative information systems research. *European Journal of Information Systems, 21*(2), 135-146.

Goodenow, C., & K. E. Grady. (1993). The Relationship of School Belonging and Friends' Values to Academic Motivation among Urban Adolescent Students. *The Journal of Experimental Education, 62*(1), 60–71.

Graham, L., & Slee, R. (2008). An illusory interiority: Interrogating the discourse/s of inclusion. *Educational Philosophy and Theory, 40*(2), 277-293.

Gray, A., & Woods, K. (2022). Person-centred practices in education: a systematic review of research. *Support for Learning, 37*(2), 309-335.

Gray, E. A. (2020). *Protecting oneself from emotional discomfort or harm: a Classic Grounded Theory study of how anxious pupils cope in mainstream education* (Publication No.

284483101) [Doctoral dissertation, University of Sheffield]. ProQuest Dissertations and Theses Global.

Green, H., McGinnity, A., Meltzer, H., Ford, T., & Goodman, R. (2005). *Mental Health of Children and Young People in Great Britain.* American Psychological Association.

Griffin A., May V. (2012). Narrative analysis and interpretative phenomenological analysis. In Seale C. (Eds.), *Researching society and culture* (pp. 442–458). Sage.

Guba, E. G., & Lincoln, Y. S. (1982). Epistemological and methodological bases of naturalistic inquiry. *Educational Communication & Technology Journal*, *30*(4), 75–92.

Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In Denzin N. K., Lincoln Y. S. (Eds.), *Handbook of qualitative research* (pp. 105–117). Sage.

Gunnell, D., Kidger, J., & Elvidge, H. (2018). Adolescent mental health in crisis. *British Medical Journal, 3*(6), 1-10.

Gus, L. (2000). Autism: Promoting Peer Understanding. *Educational Psychology in Practice, 16*(4), 461–468.

Guyon, H., Kop, J.-L., Juhel, J., & Falissard, B. (2018). Measurement, ontology, and epistemology: Psychology needs pragmatism-realism. *Theory & Psychology*, *28*(2), 149–171.

Halligan, C., & Cryer, S. (2022). Emotionally based school avoidance (EBSA): Students' views of what works in a specialist setting. *Continuity in Education*, *3*(1), 13-24.

Harden, J., Scott, S., Backett-Milburn, K., & Jackson, S. (2000). Can't talk, won't talk?: Methodological issues in researching children. *Sociological Research Online, 5*(2), 104-115.

Harding, E., & Atkinson, C. (2009). How EPs record the voice of the child. *Educational Psychology in Practice, 25*(2), 125–138.

Hernández-Torrano, D., Somerton, M., & Helmer, J. (2022). Mapping research on inclusive education since Salamanca Statement: a bibliometric review of the literature over 25 years. *International Journal of Inclusive Education, 26*(9), 893-912.

Hay, G. H., Nabors, M. L., Sullivan,A., and A. Zygmund. A. (2015). Students with Paediatric Cancer: A Prescription for School Success. *Physical Disabilities: Education and Related Services, 34*(2), 1–13.

Hayes, D., Moore, A., Stapley, E., Humphrey, N., Mansfield, R., Santos, J., & Deighton, J. (2019). School-based intervention study examining approaches for well-being and mental health literacy of pupils in Year 9 in England: study protocol for a multischool parallel group cluster randomised controlled trial. *British Medical Journal, 9*(8), 1-9.

Health and Care Professions Council. (2016). *Standards of proficiency: Practitioner psychologists*. https://www.hcpc-uk.org/globalassets/resources/standards/standards-of-proficiency---practitioner-psychologists.pdf?v=637106257690000000.

Hellawell, B. (2018). *Understanding and challenging the SEND Code of Practice.* Sage.

Hepburn, A. (2003). *An introduction to critical social psychology*. Sage.

Hermans, H. J. M. (2001). The Dialogical Self: Toward a Theory of Personal and Cultural Positioning. *Culture & Psychology*, *7*(3), 243–281.

Hewitt, J. (2007). Ethical Components of Researcher—Researched Relationships in Qualitative Interviewing. *Qualitative Health Research*, *17*(8), 1149–1159.

Hickinbotham, L., & Soni, A. (2021). A systematic literature review exploring the views and experiences of children and young people of the label Social, Emotional and Mental Health (SEMH). *Emotional and Behavioural Difficulties*, *26*(2), 135-150.

Hill, M. (2005). Ethical considerations in researching children's experiences. In Greene, S., Hogan, D. (Eds.), *Researching children's experience: Approaches and methods* (pp. 61–86). Sage.

Hodkinson, A. (2019). *Key issues in special educational needs, disability & inclusion* (3rd ed.). Sage.

House of Commons Education Committee. (2018). *Forgotten children: Alternative provision and the scandal of ever increasing exclusions*. (HC432)

https://publications.parliament.uk/pa/cm201719/cmselect/cmeduc/342/342.pdf

Hsiung, P. C. (2008). Teaching reflexivity in qualitative interviewing. *Teaching sociology*, *36*(3), 211-226.

Hull, L., Petrides, K. V., Allison, C., Smith, P., Baron-Cohen, S., Lai, M. C., & Mandy, W. (2017). "Putting on my best normal": Social camouflaging in adults with autism spectrum conditions. *Journal of autism and developmental disorders*, *47*(1), 2519-2534.

Hutchings, M. (2015). *Exam factories? The impact of accountability measures on children and young people.* National Union of Teachers.

Hutchings, M. (2017). Accountability measures: The factory farm version of education. *The Psychology of Education Review, 41*(1), 3–15.

Ingram, R. (2013). Interpretation of children's views by educational psychologists: Dilemmas and solutions. *Educational Psychology in Practice, 29*(4), 335-346.

Institute of Health Equity. (2010). *Fair Society, Healthy Lives: The Marmot Review.* https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf

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

Johnson, J. L., Adkins, D., & Chauvin, S. (2020). A review of the quality indicators of rigor in qualitative research. *American journal of pharmaceutical education*, *84*(1), 7120.

Josselson, R. (1994). Identity and relatedness in the life cycle. In H. A. Bosma, T. L. G. Graafsma, H. D. Grotevant, & D. J. de Levita (Eds.), *Identity and development: An interdisciplinary approach* (pp. 81–102). Sage.

Jovchelovitch, S., & Bauer, M. (2000). Narrative Interviewing. In M. W. Bauer & G. Gaskell (Eds.), *Qualitative researching with text, image and sound* (pp. 57–74). Sage.

Kendall, S., Kinder, K., Halsey, K., Fletcher-Morgan, C., White, R., & Brown, C. (2003). *An evaluation of alternative education initiatives*. National Foundation for Educational Research.

Kennedy, J. H., & Kennedy, C. E. (2004). Attachment theory: Implications for school psychology. *Psychology in the Schools*, *41*(2), 247-259.

Kidger, J., Araya, R., Donovan, J., & Gunnell, D. (2012). The Effect of the School Environment on the Emotional Health of Adolescents: A Systematic Review. *Paediatrics, 129*(5), 925-949.

Kljakovic, M., Kelly, A., & Richardson, A. (2021). School refusal and isolation: The perspectives of five adolescent school refusers in London, UK. *Clinical child psychology and psychiatry*, *26*(4), 1089-1101.

Knapp, M., Ardino, V., Brimblecombe, N., Evans-Lacko, S., Iemmi, V., King, D., & Wilson, J. (2016). *Youth mental health: new economic evidence.* London School of Economics and Political Science.

Knightsmith, P., Treasure, J., & Schmidt, U. (2014). We don't know how to help: An online survey of school staff. *Child and Adolescent Mental Health*, *19*(3), 208– 214.

Knox, M. (2006). Gender and possible selves. In C. Dunkel & J. Kerpelman (Eds.), *Possible Selves: Research and Application* (pp. 61-77). Nova Publishers.

Kooth. (2020). Week 16: How Covid-19 is Affecting the Mental Health of Children and Young People. https://explore.kooth.com/wp-content/uploads/2020/10/Panorama_Inights_261020.pdf

Kukla, A. (2000). *Social constructivism and the philosophy of science*. Routledge.

Kunzman, R., & Gaither, M. (2020). Homeschooling: An updated comprehensive survey. *Other Education: The Journal of Educational Alternatives, 9*(1), 253– 336.

Kvale, S. (1996). InterViews: An introduction to qualitative research interviewing. Sage.

Lai, M. C., Lombardo, M. V., Chakrabarti, B., Ruigrok, A. N., Bullmore, E. T., Suckling, J., & Baron-Cohen, S. (2019). Neural self-representation in autistic women and association with 'compensatory camouflaging'. *Autism*, *23*(5), 1210-1223.

Lambert, N., & Frederickson, N. (2015). Inclusion for children with special educational needs. In T. Cline, A. Gulliford & S. Birch (Eds.), *Educational Psychology* (pp. 108 – 133). Routledge.

Lange, C. M., & Sletten, S. J. (2002). *Alternative education: A brief history and research synthesis.* National Association of State Directors of Special Education.

Lavis, P., & Robson, C. (2015). *Promoting children and young people's emotional health and wellbeing: A whole school and college approach.* Public Health England.

Lawrence, N. (2011). "What Makes for a Successful Re-Integration from a Pupil Referral Unit to Mainstream Education?: An Applied Research Project." *Educational Psychology in Practice, 27*(3), 213–226.

Learning at Home and in the Hospital Project [LeHo]. (2015a). *The Key Educational Factors for the education of children with medical needs.* http://www.lehoproject.eu/jdownloads/Public/International%20community/LeHo_-_Key_educational_factors_for_the_education_of_children_with_medical_needs.pdf.

Learning at Home and in the Hospital Project [LeHo]. (2015b). *Focus Groups. ICTs and Education of Children with medical needs*. http://www.lehoproject.eu/jdownloads/Public/International%20community/LeHo_-_Focus_Groups_Final_Public_Report_June_2015.pdf.

Learning at Home and in the Hospital Project [LeHo]. (2016). *Home and Hospital Education: a Guide To International Innovative Practices.* https://www.lehoproject.eu/en/toolkit/practical-guide.

Leavy, P. (2015). *Method meets art: Arts-based research practice*. Guildford Press.

Lee & Oyserman. (2012, November, 13). *Possible Selves Theory.* Education.com. *https://dornsife.usc.edu/assets/sites/782/docs/lee_and_oyserman_possible_selves_theory_education.pdf*

Leung, L. (2015). Validity, reliability, and generalizability in qualitative research. *Journal of Family Medicine and Primary Care*, *4*(3), 324-327.

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

Lewis, A., & Porter, J. (2004). Interviewing children and young people with learning disabilities: Guidelines for researchers and multi-professional practice. *British Journal of Learning Disabilities*, *32*(4), 191–197.

Liddiard, K., Runswick-Cole, K., Goodley, D., Whitney, S., Vogelmann, E., & Watts MBE, L. (2019). "I was excited by the idea of a project that focuses on those unasked questions" co-producing disability research with disabled young people. *Children & Society*, *33*(2), 154-167.

Lieblich, A., Tuval-Mashiach, R., & Zilber, T. (1998). *Narrative research: Reading, analysis, and interpretation*. Sage.

Lincoln, Y. S., & Guba, E. G. (2011). Paradigmatic controversies, contradictions, and emerging confluences, revisited. *The Sage handbook of qualitative research*, *4*(2), 97-128.

Lincoln, Y.S. & Guba, E.G. (1985). *Naturalistic inquiry.* Sage.

Livholts, M., & Tamboukou, M. (2015). *Discourse and Narrative Methods: Theoretical Departures, Analytical Strategies and Situated Writings*. Sage.

Lunt, I., & Norwich, B. (2009). Inclusive and effective schools. In P. Hick, R. Kershner, & P. Farrell (Eds.), *Psychology for inclusive education* (pp. 96–107). Routledge.

Lyons, E., & Coyle, A. (2021). *Analysing Qualitative Data in Psychology*. Sage.

Mack, R., Giarelli, E., & Bernhardt, B. A. (2009). The adolescent research informant: Strategies for productive and ethical interviewing. *Journal of Pediatric Nursing, 24*(6), 448–457.

Mahapatra, A., & Sharma, P. (2021). Education in times of COVID-19 pandemic: Academic stress and its psychosocial impact on children and adolescents in India. *International Journal of Social Psychiatry, 67*(4), 397–399

Mainwaring, D., & Hallam, S. (2010). 'Possible selves' of young people in a mainstream secondary school and a pupil referral unit: a comparison*. Emotional and Behavioural Difficulties, 15*(2), 153-169.

Mandy, W. (2019). Social camouflaging in autism: Is it time to lose the mask?. *Autism, 23*(8), 1879-1881.

Markus, H., & Nurius, P. (1986). Possible selves. *American Psychologist, 41*(9), 954–69.

Marshall, C., & Rossman, G. (2016). *Designing qualitative research*. Sage.

Martin, A.J., Cumming, T.M., O'Neill, S.C., & Strnadova, I. (2017). Social and emotional competence and at-risk children's wellbeing: The roles of personal and interpersonal agency for children with ADHD, emotional and behavioural disorder, learning disability and developmental disability. In E. Frydenberg., A.J. Martin & R.J. Collie (Eds). *Social and emotional learning in Australia and the Asia Pacific (pp. 123-145)*. Springer.

Martineau, S. (2018). *An Appreciative Inquiry of young People's transition into Alternative Provision* (Publication No. 2204738371) [Doctoral dissertation, The University of Bristol]. ProQuest Dissertations and Theses Global.

Maslow, A. H. (1954). *Motivation and personality*. Harper & Row.

Matthews, R., & Ross, E. (2010). *Research methods: A practical guide for the social sciences*. Pearson Education Ltd.

Mauthner, M., & Doucet, A. (1998). Reflections on a Voice-Centred Relational Method: Analysing Maternal and Domestic Voices. In Ribbens, J. & Edwards, R. (Eds.), *Feminist Dilemmas in Qualitative Research* (pp. 119-146)*.* Sage.

Maxwell, J. A. (2011). Paradigms or toolkits? Philosophical and methodological positions as heuristics for mixed methods research. *Mid-Western Educational Researcher*, *24*(2), 27-30.

McCluskey, G., S. Riddell, & E. Weedon. (2015). "Children's Rights, School Exclusion and Alternative Educational Provision." *International Journal of Inclusive Education, 19(*6), 595–607.

McDonald, B., Lester, K. J., & Michelson, D. (2023). 'She didn't know how to go back': School attendance problems in the context of the COVID-19 pandemic: A multiple

stakeholder qualitative study with parents and professionals. *British Journal of Educational Psychology, 93*(1), 386-401.

McSherry, J. (2012). *Challenging Behaviour in Mainstream Schools: Practical Strategies for Effective Intervention and Reintegration.* Routledge.

Mertova, P., & Webster, L. (2019). *Using narrative inquiry as a research method: An introduction to critical event narrative analysis in research, teaching and professional practice*. Routledge.

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

Milner, V., McIntosh, H., Colvert, E., & Happé, F. (2019). A qualitative exploration of the female experience of autism spectrum disorder (ASD). *Journal of autism and developmental disorders*, *49*(1), 2389-2402.

Mintz, J., Palaiologou, I., & Carroll, C. (2018). *A review of educational provision for children unable to attend school for medical reasons.* University College London.

Mortimer, E. (2018). *Going back to school following a period of extended school non-attendance: What do secondary-aged young people and their parents find supportive? An Appreciative Inquiry* (Publication No. 27807949) [Doctoral dissertation, University of Bristol]. ProQuest Dissertations and Theses Global.

Murray, G. (2015). Narrative psychology. In J. A. Smith (Eds.), *Qualitative Psychology: A Practical Guide to Research Methods* (pp. 85-107). Sage.

Murray, J., Irving, B., Farrington, D. P., Colman, I., & Bloxsom, C. A. (2010). Very early predictors of conduct problems and crime: results from a national cohort study. *Journal of child psychology and psychiatry*, *51*(11), 1198-1207.

Murray, M. (2003). Narrative psychology and narrative analysis. In P. M. Camic, J. E. Rhodes, & L. Yardley (Eds.), *Qualitative research in psychology: Expanding perspectives in methodology and design* (pp. 95–112). American Psychological Association.

Murray, M. (2004). Narrative Psychology and Narrative Analysis. In P. Camic, J. Rhodes, & L. Yardley (Eds.), *Qualitative Research in Psychology: Expanding Perspectives in Methodology and Design* (pp. 95–112). American Psychological Association.

Mutch, C. (2013). *Doing educational research*. New Zealand Council for Education Research Press.

Muylaert, C. J., Sarubbi Jr, V., Gallo, P. R., Neto, M. L. R., & Reis, A. O. A. (2014). Narrative interviews: An important resource in qualitative research. *Revista Da Escola de Enfermagem Da USP*, *48*(2), 184–189.

Naghieh, A., Montgomery, P., Bonell, C. P., Thompson, M., & Aber, J. L. (2015). *Organisational interventions for improving wellbeing and reducing work- related stress in teachers.* Cochrane Database of Systematic Reviews.

National Association of Hospital and Home Teaching. (2017). *Written Evidence submitted by the National Association of Hospital and Home Teaching (ALT0031) http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/education-committee/alternative-provision/written/72275.html*

Neil, L., & Smith, M. (2017). Teachers' recognition of anxiety and somatic symptoms in their pupils. *Psychology in the Schools, 54*(9), 1176–1188.

NHS Digital. (2018). *Mental Health of Children and Young People in England, 2017*. https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017

NHS Digital. (2021). *Mental Health of Children and Young People in England, 2021*. https://digital.nhs.uk/data-andinformation/publications/statistical/mental-health-of-children-and-young-people-in-england/2021-follow-up-to-the-2017-survey

Nind, M., Boorman, G., & Clarke, G. (2012). Creating spaces to belong: Listening to the voice of girls with behavioural, emotional and social difficulties through digital visual and narrative methods. *International journal of inclusive education*, *16*(7), 643-656.

Norwalk, K. E., Hamm, J. V., Farmer, T. W., & Barnes, K. L. (2016). Improving the school context of early adolescence through teacher attunement to victimization: Effects on school belonging. *The Journal of Early Adolescence*, *36*(7), 989-1009.

Norwich, B. (1997). Exploring the Perspectives of Adolescents with Moderate Learning Difficulties on Their Special Schooling and Themselves: Stigma and Self-perceptions. *European Journal of Special Needs Education, 12*(1), 38–53.

Norwich, B. (2017). The future of inclusive education in England: Some lessons from current experiences of special educational needs. *Reach Journal of Special Education in Ireland, 30*(1), 4–21.

Norwich, B. & Kelly, N.A. (2006). Evaluating children's participation in SEN procedures: lessons for educational psychologists. *Educational Psychology in Practice, 22*(3), 255–72.

O'Connell, J., Pote, H., & Shafran, R. (2021). Child mental health literacy training programmes for professionals in contact with children: A systematic review. *Early Intervention in Psychiatry*, *15*(2), 234-247.

O'Gorman, K., & MacIntosh, R. (2016). *Research Philosophy.* Research Methods for Accounting and Finance.

O'Hara, M. (2018, July 31). Young people's mental health is a 'worsening crisis'. Action is needed | Mary O'Hara. *The Guardian*.

https://www.theguardian.com/society/2018/jul/31/young-people-mental-health-crisis-uk-us-suicide

O'Farrell, K. (2019). *School approaches to improving the social and emotional wellbeing of adolescents: A review of school-based interventions which promote positive peer relations and an exploration of one secondary nurture group* (Publication No. 2430781542) [Doctoral dissertation, University of Southampton]. ProQuest Dissertations and Theses Global.

Office for Standards in Education. (2016). *Alternative Provision: The Findings from Ofsted's Three-Year Survey of School's Use of Alternative Provision*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/500918/Alternative_provision_findings_from_Ofsteds_threeyear_survey_of_schools_use_of_off-site_alternative_provision.pdf

Oliver, D. G., Serovich, J. M., & Mason, T. L. (2005). Constraints and Opportunities with Interview Transcription: Towards Reflection in Qualitative Research. *Social Forces*, *84*(2), 1273–1289.

Oliver, M. (1992). Changing the social relations of research production?. *Disability, Handicap & Society*, *7*(2), 101-114.

Oliver, M., & Barnes, C. (2012). *The new politics of disablement*. Macmillan.

Olmos-Vega, F. M., Stalmeijer, R. E., Varpio, L., & Kahlke, R. (2022). A practical guide to reflexivity in qualitative research: AMEE Guide No. 149. *Medical teacher*, *45*(3), 241-251.

Ortiz, S. M. (2001). How interviewing became therapy for wives of professional athletes: Learning from a serendipitous experience. *Qualitative Inquiry, 7*(2), 192-220.

Osterman, K. F. (2000). Students' need for belonging in the school community. *Review of Educational Research, 70*(3), 323–367.

Oyserman, D., & Fryberg, S. (2006). The possible selves of diverse adolescents: Content and function across gender, race and national origin. In Dunkel, C. and Kerpelman, J. (Eds), *Possible selves: Theory, research, and application* (pp. 17–39). Nova Publishers.

Oyserman, D., & Saltz, E. (2006). Competence, delinquency, and attempts to attain possible selves. *Journal of Personality and Social Psychology, 65*(2), 360-374.

Pappas, C., & Williams, I. (2011). Grey literature: its emerging importance. *Journal of Hospital Librarianship, 11*(3), 228-234.

Parsons, C., and K. Howlett. (2000). *Investigating the Reintegration of Permanently Excluded Young People in England*. Cambridge Press.

Patalay, P., Gondek, D., Moltrecht, B., Giese, L., Curtin, C., Stanković, M., & Savka, N. (2017). *Mental health provision in schools: approaches and interventions in 10 European countries.* Global Mental Health.

Pennacchia, J., & Thomson, P. (2016). Complementing the mainstream: an exploration of partnership work between complementary alternative provisions and mainstream schools. *Pastoral Care in Education*, *34*(2), 67-78.

Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using interpretative phenomenological analysis in qualitative research psychology. *Psychological journal*, *20*(1), 7-14.

Pillay, J., H. Dunbar-Krige, & J. Mostert. (2013). "Learners with Behavioural, Emotional and Social Difficulties' Experiences of Reintegration into Mainstream Education." *Emotional and Behavioural Difficulties, 18*(3), 310–326.

Pirrie, A, Macleod, G, Cullen, M. & McCluskey, G. (2011). 'What happens to pupils permanently excluded from special schools and pupil referral units in England?' *British Educational Research Journal*, *37*(3), 519-538.

Politis, D., & Politis, J. D. (2016). The Relationship Between an Online Synchronous Learning Environment and Knowledge Acquisition Skills and Traits: The Blackboard Collaborate Experience. *Electronic Journal of e-Learning, 14*(3), 196–222.

Polkinghorne, D.E. (1988). *Narrative knowing and the human sciences.* State University of New York Press.

Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology, 52*(2), 126.

Prince, E., & Hadwin, J. (2013). The role of a sense of school belonging in understanding the effectiveness of inclusion of children with special educational needs. *International Journal Of Inclusive Education, 17*(3), 238-262.

Proctor, S. (1998). Linking philosophy and method in the research process: the case for realism. *Nurse researcher*, *5*(4), 73-90.

Psychologists for Social Change. (2018). *UK Government Green paper Transforming Children and Young People's Mental Health Provision ignores the impact of childhood adversity and social deprivation*. http://www.psychchange.org/uk- government-green-paper-transforming-children-and-young-peoplersquos- mental-health-provision.html

Public Health England. (2017). Mental health: Environmental factors: Mental health and wellbeing: JSNA toolkit. https://www.gov.uk/government/publications/better-mental-health-jsna- toolkit/2-understanding-place.

Public Health England. (2021). *Promoting children and young people's emotional health and wellbeing: A whole school and college approach.*

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attac hment_data/file/958151/Promoting_children_and_young_people_s_emotional_hea lth_and_wellbei ng_a_whole_school_and_college_approach.pdf

Putwain, D. W. (2020). *Examination pressures on children and young people: Are they taken seriously enough?.* The British Academy.

Quinn, S., & Owen, S. (2016). Digging deeper: Understanding the power of 'pupil voice'. *Australian Journal of Education, 60*(1), 60–72.

Radez, J., Reardon, T., Creswell, C., Orchard, F., & Waite, P. (2021). Adolescents' perceived barriers and facilitators to seeking and accessing professional help for anxiety and depressive disorders: a qualitative interview study. *European child & adolescent psychiatry, 31*(2), 891-907.

Reichardt, J. (2016). Exploring school experiences of young people who have self-harmed: How can schools help. *Educational and Child Psychology*, *33*(4), 28-39.

Reid, K., Flowers, P., & Larkin, M. (2005). Exploring lived experience. *The Psychologist, 18*(1), 20–23.

Reindal, S. M. (2008). A Social Relational Model of Disability: A Theoretical Framework for Special Needs Education. *European Journal of Special Needs Education, 23*(2), 135– 146.

Reissman, C. K., & Speedy, J. (2007). Narrative inquiry in the psychotherapy professions: A critical review. In Clandinin, D. J. (Eds.), *Handbook of narrative inquiry: Mapping a methodology,* (pp. 426 456). Sage.

Riddick, B. (2012). "Labelling Learners with SEND: The Good, the Bad and the Ugly." In D. Armstrong and G. Squires (Eds.), *Contemporary Issues in Special Educational Needs: Considering the Whole Child* (pp. 25–34). Open University Press.

Riesman, C. K. (2008). *Narrative methods for the human sciences.* Sage.

Robinson, N., Bunn, H. & Gersch, I. (2017). A Preliminary Study on Using the "Little Box of Big Questions (2012)" for Children with Social, Emotional, Behavioural and Moderate Learning Needs'. *Educational Psychology Research and Practice, 3*(2), pp. 2-18.

Rodway, C., Tham, S. G., Ibrahim, S., Turnbull, P., Windfuhr, K., Shaw, J., & Appleby, L. (2016). Suicide in children and young people in England: a consecutive case series. *The Lancet Psychiatry, 3*(8), 699-700.

Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*(2), 95–103.

Rogers, C. R. (1965). The therapeutic relationship: Recent theory and research. *Australian Journal of Psychology*, *17*(2), 95-108.

Rosenblatt, P. C. (1995). Ethics of qualitative interviewing with grieving families. *Death Studies, 19*(2), 139-155.

Schlegel, R. J., Hicks, J. A., Arndt, J., & King, L. A. (2009). Thine own self: True self-concept accessibility and meaning in life. *Journal of personality and social psychology, 96*(2), 473-490.

Scottish Government. (2017). *Mental Health Strategy 2017-2027.* https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2017/03/mental-health-strategy-2017-2027/documents/00516047-pdf/00516047- pdf/govscot%3Adocument/00516047.pdf

Sheffield, E. L., & Morgan, G. (2017). The perceptions and experiences of young people with a BESD/SEMH classification. *Educational psychology in practice*, *33*(1), 50-64.

Shelemy, L., Harvey, K., & Waite, P. (2019). Supporting students' mental health in schools: what do teachers want and need?. *Emotional and Behavioural Difficulties*, *24*(1), 100–116.

Slaten, C. D., Ferguson, J. K., Allen, K. A., Brodrick, D. V., & Waters, L. (2016). School belonging: A review of the history, current trends, and future directions. *The Educational and Developmental Psychologist*, *33*(1), 1-15.

Smith, J, & Osborn, M. (2003). Interpretative phenomenological analysis. In J. Smith (Eds.), *Qualitative psychology: A practical guide to research methods* (pp. 144-163). Sage.

Smith, J. A., & Osborn, M. (2008). *Interpretative phenomenological analysis.* Sage.

Smith, S. (2021). Finding the voice of students engaging in online alternative provision via digital data collection methods. *British Journal of Educational Technology*, *52*(2), 899-914.

Sobecki, C. (2022). *School belonging in non-traditional alternative education: Do I belong here?* [Unpublished doctoral dissertation]. Ohio State University.

Sorsoli, L., & Tolman, D. L. (2008). Hearing voices: Listening for multiplicity and movement in interview data. In S. N. Hesse-Biber & P. Leavy (Eds.), *Handbook of emergent methods* (pp. 495–515). The Guilford Press.

Squire, C., Andrews, M., & Tamboukou, M. (2014). What is narrative research? In M. Andrews, C. Squire, & M. Tamboukou (Eds.), *Doing narrative research* (pp. 1– 26). Bloomsbury Publishing.

Squires, G. (2010). Countering the argument that educational psychologists need specific training to use cognitive behavioural therapy. *Emotional and Behavioural Difficulties*, *15*(4), 279-294.

Squires, G., & Dunsmuir, S. (2011). Embedding Cognitive Behavioural Therapy Training in Practice: Facilitators and Barriers for Trainee Educational Psychologists (TEPs). *Educational Psychology in Practice*, *27*(2), 117–132.

Sutherland, A., & Eisner, M. (2014). *The Treatment effect of school exclusion on unemployment* [Unpublished manuscript]. University of Cambridge.

Tamboukou, M. (2008). A Foucauldian Approach to Narratives. In M. Andrews, C. Squire, & M. Tamboukou (Eds.), *Doing Narrative Research* (pp. 103–121). Sage.

Tate, S., & Greatbatch, D. (2017). *Alternative provision: Effective practice and post 16 transition*. Department for Education.

Taylor, J., Gilligan, C., & Sullivan, A. M. (1995). *Between voice and silence.* Harvard University Press.

Taylor, S. (2010). *Narratives of identity and place*. Routledge.

Tellis-James, C., & Fox, M. (2016). Positive narratives: the stories young people with Social, Emotional and Behavioural Difficulties (SEBD) tell about their futures. *Educational Psychology in Practice*, *32*(4), 327-342.

Thomas, G. (2013). *How to do your research project: A guide for students in education and appliedsocial sciences.* Sage.

Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC medical research methodology, 8*(1), 1-10.

Thomson, P. & Pennacchia, J. (2015). Hugs and behaviour points: Alternative education and the regulation of 'excluded' youth. *International Journal of Inclusive Education, 20*(6), 622-640.

Thornton, S. (2016). Fear of failure: Supporting students with exam stress. *British Journal of School Nursing, 11*(5), 252–254.

Thurairajah, K. (2019). Uncloaking the researcher: Boundaries in qualitative research. *Qualitative Sociology Review, 2*(1), 132-147.

Timimi, S. (2009). *A Straight Talking Introduction to Children's Mental Health Problems*. PCCS Books.

Trotman, D., Enow, L. & Tucker, S. (2019). Young people and alternative provision: Perspectives from participatory–collaborative evaluations in three UK local authorities. *British Educational Research Journal*, *45*(2), 219-237.

UNICEF. (1989). *The United Nations convention on the rights of the child.* https://downloads.unicef.org.uk/wp-content/uploads/2010/05/UNCRC_PRESS200910web.pdf?_ga=2.78590034.79541954 2.1582474737-1972578648.1582474737

UNICEF. (1989). *United Nations convention on the rights of the child.* https://www.unicef.org.uk/wpcontent/uploads/2010/05/UNCRC_united_nations_convention_on_the_rights_of_the_child.pdf

Vygotsky, L.S. (1978). *Mind in society: The development of higher psychological processes.* Harvard University Press.

Welsh Government. (2021). *Framework on embedding a whole-school approach to emotional and mental well-being.* https://gov.wales/sites/default/files/publications/2021-03/framework-on-embedding-a-whole-school-approach-to-emotional-and-mental-well- being.pdf

West Sussex Educational Psychology Service. (2018). *Emotionally based school avoidance.* https://schools.westsussex.gov.uk/Page/10483

Williamson, I., & Cullingford, C. (2003). 'Everybody's a Nobody in School': Excluded students'

perceptions of the threats to autonomy in the English secondary school. *Young (Nordic*

Journal of Youth Research), 11(4), 309-321.

Willig, C. (2013). *Introducing qualitative research in psychology*. McGraw-Hill Education.

Willis, J. W., Jost, M., & Nilakanta, R. (2007). *Foundations of qualitative research: Interpretive*

and critical approaches. Sage.

Wilson, S. (2018). Haunting and the knowing and showing of qualitative research. *The*

Sociological Review, 66(6), 1209-1225.

Winstone, N., Huntington, C., Goldsack, L., Kyrou, E., & Millward, L. (2014). Eliciting rich

dialogue through the use of activity-oriented interviews: Exploring self-identity in

autistic young people. *Childhood, 21*(2), 190-206.

Woodcock, C. (2005). The silenced voice in literacy: Listening beyond words to a ''struggling''

adolescent girl. *Journal of Authentic Learning*, *2*(3), 47–60.

Woodcock, C. (2016). The listening guide: A how-to approach on ways to promote educational

democracy. *International Journal of Qualitative Methods*, *15*(1), 1-10.

Woodiwiss, J. 2017. *Challenges for Feminist Research: Contested Stories, Dominant Narratives*

and Narrative Frameworks. Palgrave Macmillan.

World Health Organisation. (2020). *WHO Director-General's opening remarks at the media*

briefing on COVID-19–11 March 2020. https://www.who.int/director-

general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-

briefing-on-covid-19---11-march-2020

Yardley, L. (2015). Demonstrating validity in qualitative psychology. In J. Smith (Eds.),

Qualitative psychology: A practical guide to research methods (pp. 257–272). Sage.

Yates, L. (2014). Young people with health conditions and the inclusive education problematic. *International Journal of Inclusive Education*, *18*(3), 283-294.

Appendices

Appendix A: Literature Review Procedure

To review the relevant literature relating to the current research topic, systematic principles were used to search databases. The following three databases were searched using a pre-defined search strategy and terminology (Table 1): Education Resource Information Centre (ERIC), Web of Science and British Education Index. These databases were selected because they were considered relevant for research related to education and applied psychology.

Table 1

Search Terminology

Young Person Terminology	SEMH Terminology	Education Terminology	Experiences Terminology
"young people*"	"mental health"	school*	views
"young person*"	"mental ill*"	classroom	experience
teen*	SEMH	"hospital school"	perspective*
adoles*	"psychological need*"	"hospital education"	perception*
pupil*	"emotional need*"	"outreach education*"	stories
student	"emotional disorder"	"education* provision*"	narratives
child*	"wellbeing"	"education* service*"	voice*
	anxiety	"unable to attend"	attitudes
	"behaviour* need*"	"pupil referral unit"	
	"behaviour* difficult*"	PRU*	
	"school refusal"	"alternative provision"	
	"school avoidance"	"alternative placement*"	
		"non-attendance"	
		"home education"	
		"school refusal"	
		"school avoidance"	

A supplementary search of relevant journals (Educational and Child Psychology; British Journal of Educational Psychology) and unpublished thesis (The E-theses online service [EThOS]) were conducted. Google was also used to identify further relevant literature, including grey literature such as government reports and policies. Finally, additional relevant literature was identified using a 'snowballing' technique reviewing the reference lists from the already identified literature. The search was conducted twice, in January and June of 2023. All results were filtered by language (English), and hand searched to narrow geographical location (UK only) and relevance.

Inclusion and exclusion criteria were applied to review each paper, as outlined in Table 2. Only studies published in the UK and last decade were included. These parameters aimed to maximise the cultural and historical relevance of the search. Data from older or international studies were assumed to be less relevant to UK schools and YP's mental health in the current landscape; socioeconomic and legislative events in the UK are likely to have impacted YP's experiences over the past decade, such as the Future in Mind (2015) government report, SEND Code of Practice (DfE, 2015) and Covid-19 pandemic. Moreover, in line with the narrative approach of the current study, it was important to elicit YP's experiences through centring their own voices, thus articles were only included if qualitative, open-ended methods had been used.

Table 2

Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
English language	Not written in English
UK based studies	Not a UK based study
Conducted after 2013	Conducted prior to 2013
Primary research conducted	Secondary research only (e.g., systematic literature reviews)
Sought the educational experiences of secondary-aged young people - *Studies with primary and secondary aged participants were included if their views were reported separately* - *Studies with participants aged up to 18 were included where the focus was secondary school (not post-16) experiences*	Did not seek the educational experiences of secondary-aged young people
Qualitative, open-ended methods used to elicit views	Only quantitative research methods used OR only elicited views on pre-determined interventions or school approaches
Sample includes young people described as having an SEMH/SEBD need or as being unable to attend mainstream school	Sample does not include young people described as having an SEMH/SEBD need or as being unable to attend mainstream school
Studies that sought the views of parents or professionals were included only if young people's views were reported separately	Studies were excluded if they did not differentiate between the views of young people and other participants in their reporting

Following the application of the inclusion and exclusion criteria, full text articles were assessed for their relevance and eligibility to the current literature review. The overall screening results are displayed in Figure 1. Once key research papers were identified, I reviewed each article in turn. I created a Table of Literature to outline central features of each study (Appendix B) and used the Critical Analysis Skills Programme's (2018) 'qualitative checklist' to appraise them (Appendix C).

Figure 1

Completed PRISMA Diagram
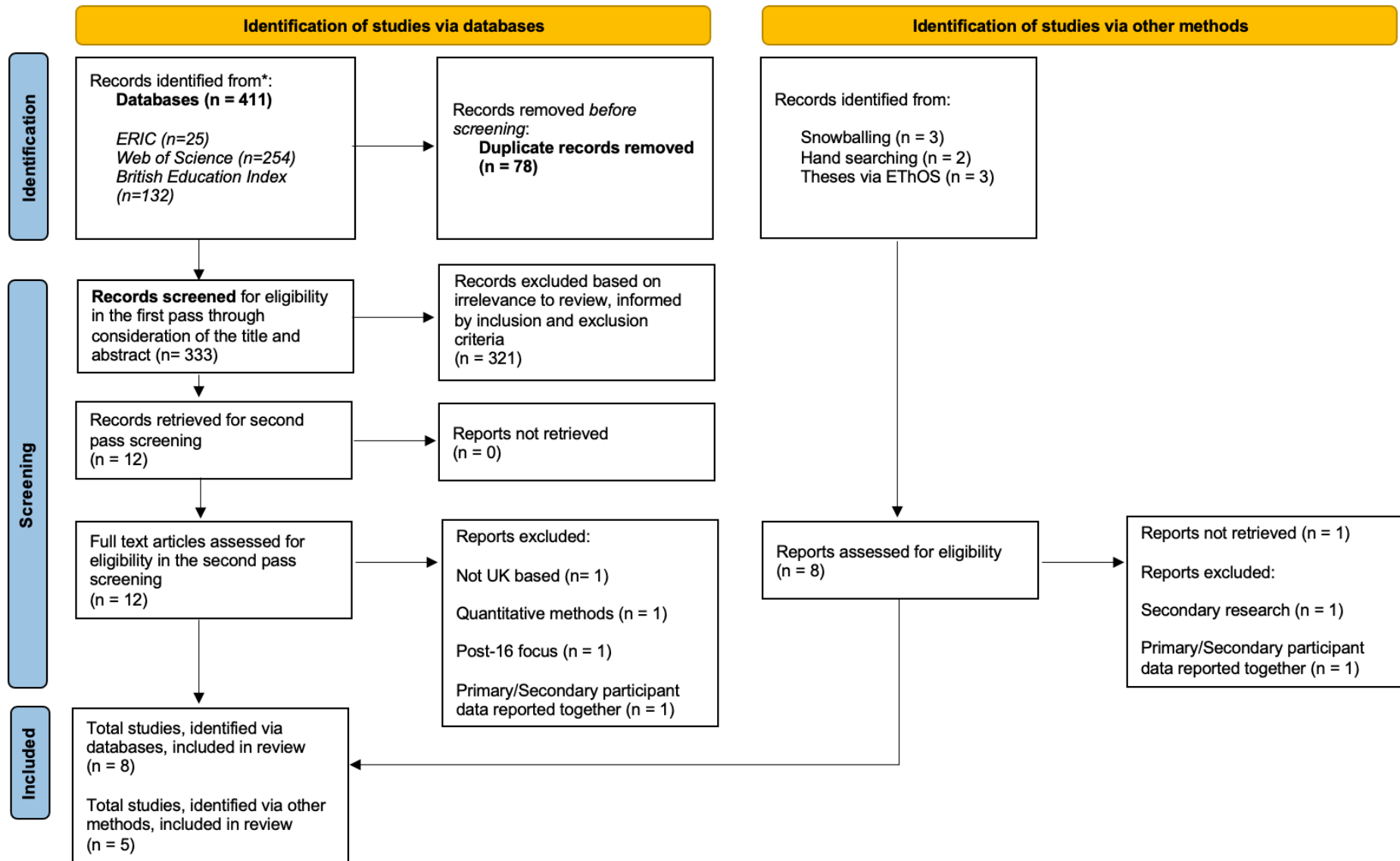
Appendix B: Table of Literature

What views do young people identified with BESD/SEMH difficulties have in relation to their experiences of education? **(13)**

Author (Date) [Type]	Study	Research Aims/ Questions	Participant Characteristics	Provision(s)	Method of Data Collection	Relevant Findings/Outcomes	Coded Themes
Dimitrellou and Male (2020) [Peer Reviewed Article]	Understanding what makes a positive school experience for pupils with SEND: can their voices inform inclusive practice?	"To investigate the mainstream experiences of pupils with MLD and SEMH" "To explore the reasons given for positively or negatively affecting their sense of school belonging" "To investigate their social relations with their teachers, teaching assistants and peers"	- N = 42 - Aged 11-16 - 16 with "MLD" needs - 12 with SEMH needs - 7 "abnormal" pupils - 7 'typical' pupils (comparison group)	3 Mainstream Secondary Schools	Semi-structured interviews	Key themes for participants with SEMH needs: - Dissatisfaction with behaviour management strategies employed by school - Labelling and discrimination from teachers - Lack of support from teachers - Obstacles to participating in group work - Limited pupil involvement in decision making - Reasons for not liking school (ineffective structures applied in relation to start and end of the day; the duration of lessons, lack of commitment to do their work) - Negative pupil-teacher relationships - Peer relations	- Behaviour - Learning/ education - Relationships - Labelling
Reichardt (2016)	Exploring school experiences of young people who have self-harmed: How can schools help?	"To explore the school experiences of adolescents who have self-	- N = 5 - 4 Female - 1 Male - Aged 15–17	CAMHS All YP "attended school"	Semi-structured interviews	Pursuing the narrative of identity: - Adolescent task of self-discovery as complex and challenging	- Belonging - Relationships

[Peer Reviewed Article]		harmed and consider how schools could support them"				- Security of belonging and pain of not belonging - Transitions provoking difficult feelings - Developing independence from adults - Dependence on peers for support Pain: - Emotional pain and using self-harm to externalise and cope Relationship to help: - Fear of being misunderstood - Complexities of information sharing between professionals/ school staff - Accessing help and how schools can help (reducing pressure, adapting learning environments, staff that are understanding and attuned; clear procedures for dealing with disclosures)	
Kljakovic, Kelly and Richardson (2021) [Peer Reviewed Article]	School refusal and isolation: The perspectives of five adolescent school refusers in London, UK	"To explore the experiences and views of young people seen within an inner London Pupil Referral Unit" "What do these young people believe	- N = 5 - 1 Female - 4 Male - Aged 13–16	1 Pupil Referral Unit	Semi-structured interviews	- Dislike of school as leading reason for school refusal - Role of anxiety in withdrawal from education - Protective capacity of social contact in preventing negative outcomes of withdrawal Risk and protective factors of isolation and negative outcomes: - Sleep	- Learning/ education - Relationships

		has led them to withdraw from mainstream education?" "What impact has isolation had on them?" "How do they evaluate their current situation and what are their values?"				- Health - Education (Individual Tuition) - Family - Social contact	
Cockerill (2019) [Peer Reviewed Article]	Pupils Attending a Shared Placement between a School and Alternative Provision: Is a Sense of School Belonging the Key to Success?	"To examine the role that a sense of belonging has for students receiving education through a shared placement"	- N = 30 - 19 staff members - 11 pupils: - 9 Male - 2 Female - Aged 10-16	"A range of" mainstream schools and alternative provisions within 3 Local Authorities (Primary and Secondary settings)	Semi-structured interviews	Outcomes of shared placements: - 3 broad outcomes identified for pupils on shared placements, as related to their behaviour; engagement with mainstream school; and engagement with alternative provider - Belonging as a strong predictor of positive outcomes for pupils - Belonging of pupils closely linked to setting attitudes and practices Contextual factors influencing belonging: - AP's willingness to include pupils with complex and demanding needs - Partnership working as perceived by pupils	- Belonging - Relationships - Behaviour

						- Pupil-staff relationships	
Facey, Holliman, Waldeck and Wilson-Smith (2020) [Peer Reviewed Article]	Exploring the Experience of Mainstream Education: Perspectives from Pupils in Alternative Provision Schooling with Social, Emotional or Mental Health Difficulties	"To gain an in-depth insight into pupils' first-hand experiences of mainstream education, to help understand what can be done to support those with SEMHD"	- N = 3 - 2 Female - 1 Male - Aged 13–14	1 Alternative Provision	Semi-structured interviews	- School as a social process; challenges in relationships - Experiences of bullying and violence - Retaliation to bullying resulting in exclusion - Isolation and depression in mainstream - Truanting	- Relationships - Behaviour
Jalali and Morgan (2018) [Peer Reviewed Article]	'They Won't Let Me Back.' Comparing Student Perceptions across Primary and Secondary Pupil Referral Units (PRUs)	"To explore the experiences of students in Primary alternative provision in order to ascertain whether their views differ to those in Secondary education" "How do these student attribute their difficulties?"	- N = 13 - 15% Female - 85% Male - Aged 7–16 - 5 Secondary aged - 8 Primary aged	1 Secondary PRU 1 Primary PRU	Semi-structured interviews	Attributions of BESD: - Behavioural difficulties attributed largely to external factors (targeted by peers, feeling unsupported by teachers and feeling unfairly blamed) - Overall feeling of being 'wronged' and injustice - Lack of perceived responsibility for their own behaviour - Lack of understanding of consequences, both impacting upon motivation to change Supportive factors of PRU: - Increased space and calming nature. - Feeling of increased control and improved behaviour in PRU. - Belonging key concept: lack of connectedness and belonging in	- Learning/ education - Behaviour - Belonging - Relationships

		"What are the supportive factors that help these students make progress?" "What are their views towards mainstream education and reintegration?"				mainstream provision, leading to increased feelings of inadequacy and feelings of failure at not fitting in. - Increased adult support and personalised learning.	
Michael and Frederickson (2013) [Peer Reviewed Article]	Improving pupil referral Unit outcomes: pupil perspectives.	"To investigate what young people who are attending PRUs due to exclusion from mainstream school perceive as enablers of and barriers to positive outcomes"	- N = 16 - 62.5% Female - 37.5% Male - Aged 12–16	1 KS3 PRU 1 KS4 PRU	Semi-structured interviews	Enabling factors to positive outcomes in alternative provision: - Positive relationships with staff and peers - Personalised, engaging, relevant curriculum including extra-curricular activities - Discipline and effective sanctions, self-related factors such as self-discipline and motivation - Disruptive behaviour, by individuals themselves and their peers. - Failure to individualise learning curriculum. - Unfair treatment by staff. - Ideas for change: - Flexibility particularly in curriculum and opportunities - Feeling understood and listened to	- Learning/ education - Behaviour - Relationships

Tellis-James and Fox (2016) [Peer Reviewed Article]	Positive narratives: the stories young people with Social, Emotional and Behavioural Difficulties (SEBD) tell about their futures.	"To explore the stories that young people with SEBD tell about their future. It sought to identify the strengths and resources that have helped them build these stories"	- N = 8 - 5 Female - 3 Male - Aged 14–16	1 Specialist Provision (Not specified as SEMH/BESD)	Positive Psychology underpinning Unstructured interviews	- Importance of positive relationships with staff and peers - Belongingness - Feeling of control and agency - Learning opportunities of relevance to future - Resources in family/broader social context (positive role models, family support, strengths in the self)	- Relationships - Belonging - Learning/ Education
Sheffield and Morgan (2017) [Peer Reviewed Article]	The perceptions and experiences of young people with a BESD/SEMH classification	"Are young people with a label of BESD/SEMH aware of this and other labels and how do they evaluate these labels?" "How do young people with a label of BESD/SEMH describe themselves and their experiences at school?"	- N = 9 - 1 Female - 8 Male - Aged 13–16	Mainstream secondary schools within 1 Local Authority	Semi-structured interviews	Difficulties within school experiences: - Academic difficulties - Distancing delf from misbehaviour - Experiencing sanctions - Sense of injustice Strengths of school experiences: - Interpersonal relationships - Motivators for success - Becoming a different person Other themes: - Receiving support - Teacher/pupil relationships	- Labelling - Learning/ education - Behaviour - Relationships

Caslin (2019) [Peer Reviewed Article]	'I have got too much stuff wrong with me' – an exploration of how young people experience the Social, Emotional and Behavioural Difficulties (SEBD) label within the confines of the UK education system	"To explore how young people perceive their position and the impact this may have on their identity" "To place the pupil at the heart of the research process to gain an insight into why they may display what is considered 'difficult' behaviour in the classroom"	- N = 13 - 6 Female - 7 Male - Aged 14-16	1 Special School for SEBD 1 Alternative Provision 1 Support centre for excluded pupils	Group activity sessions and individual life-grid interviews	- Labelling and feeling defined by their SEBD label - Difference between 'normal school' and special school - Disempowering nature of teacher perceptions, leading to mistrust - YP feel blamed for their needs at school and rejected by the education system	- Labelling - Relationships
Halligan and Cryer (2022) [Peer Reviewed Article]	Emotionally Based School Avoidance (EBSA): Students' Views of What Works in a Specialist Setting	The study aimed to explore students' views of protective factors in a setting where they have previously made progress in	- N = 12 - Aged 15-16 - 53% Male - 47% Female	1 Specialist GCSE Setting for YP with medically identified mental health needs.	Semi-structured questions, answered individually through an anonymised software system. Individual Q-sort	Interconnectivity: - Value placed on the relational aspects of the setting - YP valued adults who displayed nurturing characteristics, facilitated peer relationships and supported them to be become autonomous and independent - Clear value was placed on being understood and valued personally, emotionally and academically	- Relationships - Learning/Education

		terms of attendance and achievement.			questioning task.	- YP recognised when adults understood their learning style and could make lessons interesting for them Psychological Safety: - Importance placed on an anti-bullying ethos - P's placed value on having access to safe spaces for timeout - Smaller class sizes, calm environment and engaging lessons- sense of safety enabling them to learn. - Approach to exams that took individual needs into consideration.	
Abigail Barragry (2017) [Doctoral Thesis]	How do adolescent girls experience having a mental health issue whilst at secondary school? A narrative study using creative arts	"To explore the experiences of teenagers who had been through a mental health issue whilst at school". "To help add insight for schools into how it feels to be a young person with a mental health problem".	- N = 3 - Aged 15 - 3 Female	1 mainstream school 2 Alternative Provisions	Visual and creative methods (collage making, timelines and storyboards) and semi-structured interviews.	- Feeling rejected/ignored by school staff. Feeling misjudged and misunderstood by them. - Being bullied as a catalyst for a decline in mental health - External displays of inner difficulties leading to being judged as bad. - No key adult with whom a supportive relationship was established. - Power imbalances including adults acting as experts preventing them from feeling heard. - Feeling that mental health is not dealt with at school and so trying to conceal their issues until crisis point was reached.	- Relationships - Mental health crisis
Eleanor Gray	Protecting oneself from emotional discomfort or	"What is the main concern	- N = 7 - 1 teacher	Medical Education	Individual interviews	- Lack of support within the mainstream education system to enable YP to cope.	- Belonging - Relationships

(2020) [Doctoral Thesis]	harm: a Classic Grounded Theory study of how anxious pupils cope in mainstream education	in respect of mainstream education, for pupils who self-identify as experiencing anxiety, and how is this concern processed, managed or resolved?".	- 2 EPs - 4 pupils (Key Stage 3 and 4)	Provisions in one LA	and field notes.	- Pupils tried to fit in with peer group to cope at school- hiding authentic self. Has negative impact on emotional wellbeing. - YP reject mainstream system wither through non-attendance or questioning relevancy and purpose of school. - YP avoided or escaped stressors at school by removing themselves from environment/ finding safe spaces. - Positive relationships positively impact in ability to cope in school.	- Affective Factors

Common Coded Themes Across Studies:	**Behaviour (6)** **Learning/Ed (7)** **Relationships (13)** **Labelling (3)** **Belonging (5)** *These 5 coded themes were used to synthesise and represent the views of YP with SEMH needs across studies in my literature review chapter.*

Paper for appraisal and reference: Jalali and Morgan (2018) 'They won't let me back.' Comparing student perceptions across primary and secondary PRUs.

1. Was there a clear statement of the aims of the research? YES

Jalali and Morgan (2018) elucidate the need for the views of primary-aged PRU pupils to be sought, owing to a dearth of research in this area. Whilst the rationale for exploring primary-aged PRU perceptions is clear, the study's overall research question appears contrastingly vague, indistinctly asking 'Do student perceptions change over the course of primary to secondary education?'. The researchers constructed three sub-questions to focus data collection, which helped understanding of the research aims.

2. Is a qualitative methodology appropriate? YES

A qualitative methodology was appropriate for the aim of collecting and comparing pupils' perceptions and experiences. The researchers identified that excluded pupils attending PRUs are disproportionately underrepresented and disempowered - qualitative approach could have fulfilled an empowerment function.

3. Was the research design appropriate to address the aims of the research? YES

'Phenomenological investigation' aligns appropriately with the aims of the study and could have been emancipating for PRU pupils. Good use of pilot study to inform changes to the style and delivery of their interview schedule. Researchers spent time immersed in each of their three participating PRUs, 'building rapport' prior to participant recruitment, potentially enhancing credibility of findings. Used member-checking to further enhance credibility by taking analyses back to each participant.

4. Was the recruitment strategy appropriate to the aims of the research? YES

Purposive sampling was appropriate to recruit participants who had relevance to the research questions. They obtained a participant sample that they cite as largely representative of national PRU statistics at the time of the study in relation to age, gender and ethnicity.

5. Was the data collected in a way that addressed the research issue? YES

Semi-structured interviews which prompted participant-led responses on the research interview. Supplemented interviews with creative methods (i.e., life grids), which helped to scaffold their idiographic narratives whilst also providing some consistency in terms of researcher inquiry and data collected.

6. Has the relationship between researcher and participants been adequately considered? Unsure

Jalali and Morgan (2018) spent time immersed in each of their three participating PRUs, 'building rapport' prior to participant recruitment. This might have helped participants to feel comfortable during interviews and provide honest responses. However, pupils could have felt obligated to participate due to a desire to please the familiar researchers. The development of researcher-pupil relationships could have hindered researcher objectivity in dealing with participant emotions and interpreting interview data. However, IPA does have space for this double hermeneutic. The researchers completed a reflective journal, with the goal of minimising interpretation bias. Member-checking further enhanced the credibility.

7. Have ethical issues been taken into consideration? YES

Informed consent/ rapport building/ sensitive nature of topic under investigation/ interview locations each considered by the researchers.

8. Was the data analysis sufficiently rigorous? YES

Rigorous analysis, using a framework for phenomenological data analysis, whilst providing an in-depth description of the process. The researchers had intensive engagement with the data. Final descriptions and thematic differences between primary and secondary educational groups were effectively presented via thematic maps and narrative accounts. Enhancing the dependability and credibility, the researchers utilised inter-coder reliability checking and respondent validation to verify interpretations.

9. Is there a clear statement of findings? YES

Adequate discussion of their findings, addressing initial research questions. Could be more detailed, but this is likely due to word limit of article. Themes clearly summarised using descriptive quotes. Discussion draws together the findings in relation to psychological theory, in a way that answers the research questions.

10. How valuable is the research? YES

Implications for policymakers, educators and learners, and future researchers in the field. Original contribution to an understanding of the views of primary-aged PRU pupils, directly addressing the dearth of research in this area. Findings have potential to positively influence practice across PRU contexts and policies. Article has a large number of research citations, indicating its valued position within the field.

Appendix D: Interview Topic Guide

<u>Narrative Interview Topic Guide</u>

<u>Opening:</u>

"I'd like you to talk to me about your experiences of school and hospital education. I have no set questions to ask you, you can talk about anything that you like. Where would you like to start?"

<u>Potential Discussion Topics and Prompts</u>

Mainstream Education:
- Can you tell me about how things were for you when you were at mainstream school?
- How would you describe yourself at school?
- How are you different now?
- What were the challenges?
- What helped you at school?
- How would you describe the difference between mainstream school and Hospital Education?
- What do you miss about school?
- *Learning*
- *Behaviour*
- *Relationships (staff and students)*
- *Achievements at school*
- *Mental health*

Outreach Hospital Education:
- Can you to tell me about how things have been going for you since you've been at [OHE Service]?
- When did you first become aware of Hospital Education?
- Can you tell me about when you were referred to hospital education?
- What did you think about it then?
- Have there been any specific experiences that have changed how you feel about it?
- How would you describe it now?
- What are the challenges?
- What has improved for you?
- What has helped/ not helped?
- How would you describe yourself since you've been at [OHE Service]?
- How would you describe your mental health since you've been at [OHE Service]?
- What is important for me/other people to understand about Outreach Hospital Education?
- *Practicalities (How they access the service (online/in person) and how often)*
- *Relationships with teachers*
- *Friendships*

Future:
- *Hopes and aspirations*
- Can you describe to me the type of person that you would like to be in the future?
- *Thoughts about potentially returning to mainstream school/post-16 setting*

Appendix E: Digital Recruitment Poster

University of BRISTOL

Hello, my name is Lucy.

I am a Trainee Educational Psychologist and a student at the University of Bristol.

I am doing a research project about Hospital Education Services for young people.
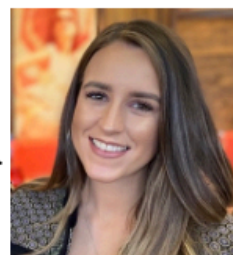
I would like to meet young people, to hear about their stories and what they think and feel about school and Hospital Education.

- I would like to speak to you if you are receiving some support from the Hospital Education Service because of your mental health.

- I am hoping that this research will help us to understand what it is like for you. This might help pupils who need Hospital Education in the future.

- If you are happy to talk to me about your experiences, you can choose to meet me on your own or with an adult. You can decide where we meet.

- I will do everything that I can to make our sessions comfortable for you.

What would we do together?
- Get to know each other. You can ask me questions about my research.
- We will talk about school and what you think and feel about Hospital Education.
- If you choose to, we could do some activities, drawing or writing together.
- If you want to tell me more about your story, you can choose to have a 2nd session on a different day.

Taking part is voluntary. It is completely your choice.

I will use fake names in my research, so people do not know who you are.

You can choose to stop taking part at any point.

If you are interested in taking part, please speak to your parents/carers and ask them to click on the link or scan the QR code for more information:
https://forms.office.com/r/0PLqdctXPm

Appendix F: Research Information Sheet

Research Information sheet

School for Policy Studies
8 Priory Road
Bristol BS8 1TZ
Tel: +44 (0)117 954 6755
bristol.ac.uk/sps

20/05/2022

Dear Parent/Carer,

Re. Research Thesis Project: The Outreach Hospital Education Experiences of Young People with Mental Health Needs

My name is Lucy Wood, and I am a Trainee Educational Psychologist, currently in my second year of training at the University of Bristol. As part of my doctoral training, I am conducting a research thesis which explores the Outreach Hospital Education experiences of young people, aged 11-16, who have mental health needs. I am currently on placement within X's Educational Psychology Service.

This research has been approved by The School for Policy Studies research ethics committee at the University of Bristol. I have an enhanced DBS check which allows me to work with children and young people.

You are receiving this letter because yourself and your child have shown an interest in participating in my research. Please take the time to read the information below regarding the research and your child's potential involvement.

<u>Purpose of the research</u>

I am interested in hearing the views and experiences of your child and other young people who are receiving Outreach Hospital Education. I would like to gain an insight into the thoughts, feelings and relationships that are associated with Hospital Education for them. I hope to interview between four and six pupils in total.

My aim is to contribute to the understanding of researchers and professionals regarding Outreach Hospital Education, by placing young people's voices at the forefront of the conversation.

<u>What will happen if my child takes part?</u>

If your child takes part, I will meet them for one session, and up to three sessions if they would like. Your child can choose for the sessions to take place at home (when an adult is at home), or at the BHES school site. They will be given the option of meeting one-to-one or having a parent/carer, or member of BHES staff (if at the BHES school site), in the sessions with them if they wish.

<u>Session 1:</u>
A chance for your child to meet me, discuss the research and choose how they would like to share their experiences (e.g., through talking, writing, or drawing).

I will have a discussion session with your child focusing on their educational experiences and understanding their stories of school and Hospital Education. We will complete some visual and creative activities if they would like to, and we will not talk for more than an hour.

<u>*Session 2 (optional):*</u>
Your child can choose to have a second discussion session with me on another day, to continue talking about their story and experiences if they wish.

<u>*Session 3 (optional):*</u> If you child is happy to, I would like to meet them one more time to make sure that I have captured and understood their experiences correctly.

What do I do now?

Thank you for taking the time to read through this information. If your child would like to take part in the study, please **respond to this email and provide your telephone number; you are welcome to specify suitable times for me to call you.** I will call you to answer any questions that you might have and then, if you are happy to, we can arrange my initial meeting with your child.

If you have already provided your telephone number and do not respond to this email, I will provide you with a follow-up phone call to discuss the research in the near future.

Before I can meet with your child, you will need to sign the consent form that has been sent alongside this letter. You can return this to me over email or you can sign a paper copy for me during session 1 with your child.

More information

- All the data collected will be made anonymous, remain confidential and will be kept in a secure location in line with General Data Protection Regulations.
- Your child can withdraw from taking part in the research without giving a reason. Your child's data can be withdrawn from the study at any time following their discussion sessions, however this might not be possible once the information is fully anonymised.
- If your child talks to me about something which I think means they are at risk of harm, I will have to tell someone, to keep them safe, but I will let both you and your child know if this happens.
- If your child decides not to participate, this will not have any impact on any other involvement from the Educational Psychology Service.
- You have the right to request access to your child's personal data and the correction or removal of any personally identifiable data.

If you are interested in your child taking part, or have any questions about the research, please do not hesitate to contact me.

I look forward to hearing from you soon.

Kind Regards,

Lucy Wood
Trainee Educational Psychologist
University of Bristol

Email: lucy.wood@bristol.ac.uk

If you have any concerns or complaints which cannot immediately be resolved, please contact my research supervisor, Jon Symonds: jon.symonds@bristol.ac.uk

Appendix G: Consent Forms

G1. Caregiver Informed Consent Form

Informed Consent for The Outreach Hospital Education Experiences of Young People with Mental Health Needs

Research being carried out by Lucy Wood, University of Bristol.

Please tick the appropriate boxes	Yes	No
Taking part in the study		
I have read and understood the study information dated 20/05/2022, or it has been read to me. I have been able to ask questions about the study and my questions have been answered to my satisfaction.	☐	☐
I consent voluntarily for my child to be a participant in this study and understand that my child can refuse to answer questions and can withdraw from the study at any time, without having to give a reason.	☐	☐
I understand that taking part in the study involves my child participating in individual interviews with Lucy Wood.	☐	☐
I understand that the information I/my child shares is confidential and will be kept anonymous. I understand that if my child shares information that puts them at risk of harm, Lucy Wood will have to inform another professional.	☐	☐
I consent to my child's interviews being audio-recorded. I understand that the recordings will be encrypted and kept in a password protected file. They will be transcribed as text and then deleted.	☐	☐
I understand that I can withdraw my child's data after the interview, however this might not be possible once all data has been anonymised.	☐	☐
Use of the information in the study		
I understand that personal information collected about my child that can identify them, such as their name or where they live, will not be shared beyond the study team.	☐	☐
I agree that my child's information can be quoted anonymously in research outputs.	☐	☐
Future use and reuse of the information by others		
I give permission for my child's anonymised transcripts to be deposited in the University of Bristol Research Data Repository (data.bris) so they can be used openly for future research and learning.	☐	☐

Signatures

Your Child's Name: _____

Their Date of Birth: _____

Year group: _____

_____   _____   _____
Name of Parent/Carer [IN CAPITALS]   Signature   Date

I have accurately read out the information sheet to the potential participant and, to the best of my ability, ensured that the participant understands to what they are freely consenting.

LUCY WOOD _____ _____
Name of researcher   Signature   Date

Contact details for further information
Lucy Wood
Trainee Educational Psychologist
University of Bristol

Email: lucy.wood@bristol.ac.uk

G2. Young Person Informed Consent Form

Pupil Participant Consent Form

Informed consent for taking part in research project: The Outreach Hospital Education Experiences of Young People with Mental Health Needs

Research being carried out by Lucy Wood, University of Bristol.

Your Name: _____

Date of Birth: _____

Year Group: _____

Date: _____

	Please tick if you agree:
I have read and understood the project poster and had a chance to ask Lucy questions.	
I understand that it is completely my choice to take part and that I can change my mind at any time without giving a reason.	
If I change my mind after talking to Lucy, I can ask her to destroy my information. I understand that once all my information is anonymous, it may not be possible for Lucy to get rid of it.	
I understand that everything I say to Lucy is anonymous (unless I talk about something that could cause harm to myself or others).	
I am happy to talk with Lucy and be recorded.	
I understand that Lucy will keep my information safe and will not use any names of people or places in her report.	

Please tick where you would like to meet with Lucy:	Hospital Education School	Home	Community Space
Pleases tick how you would like to speak with Lucy:	On my own	With my parent/carer	With a teacher

Appendix H: Visual and Creative Interview Resources

H1. Pause, Stop and Skip Cards
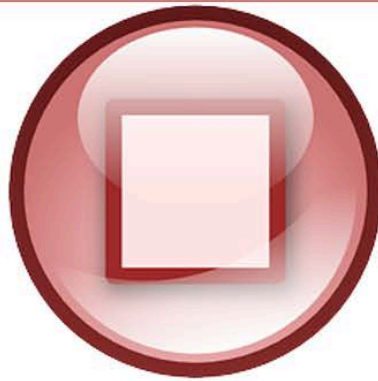
I would like to **stop** our discussion
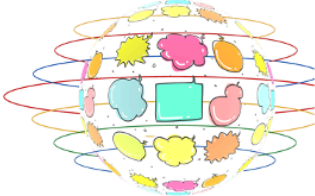
I would like to **skip** this question
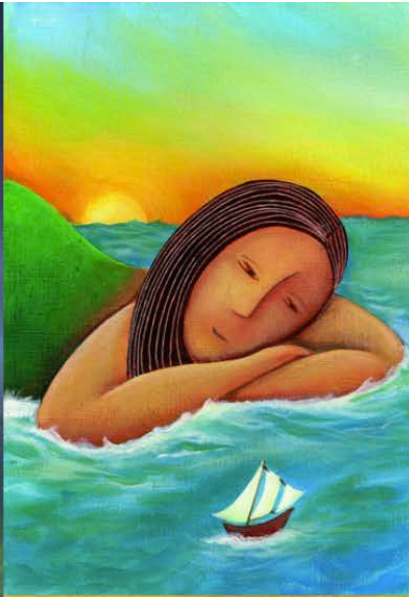

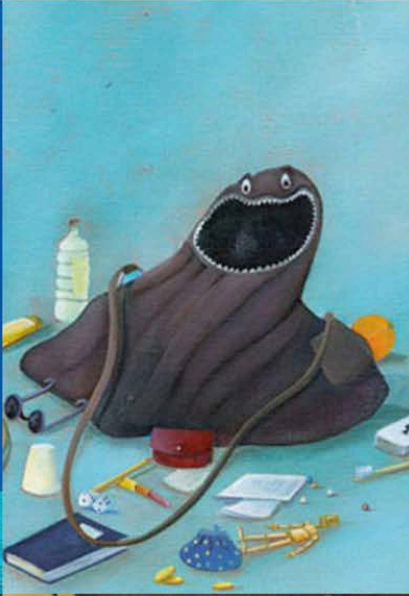I would like to **pause** for a break

H2. Life Grid

My Story

	Early Years (0-4)	KS1 (Reception, Year 1&2)	KS2 (Year 3, 4, 5 & 6)	KS3 (Year 7, 8 & 9)	KS4 (Year 10 & 11)
My School					
Important Events for Me					
My Relationships					
My Mental Health					

H3. Dixit Cards
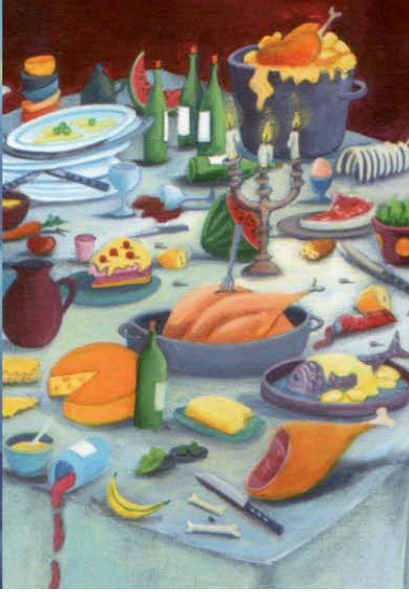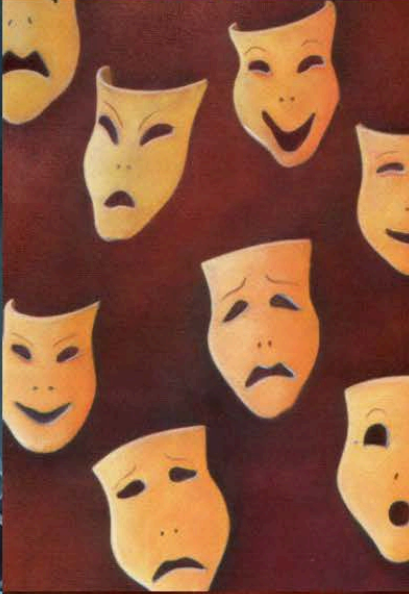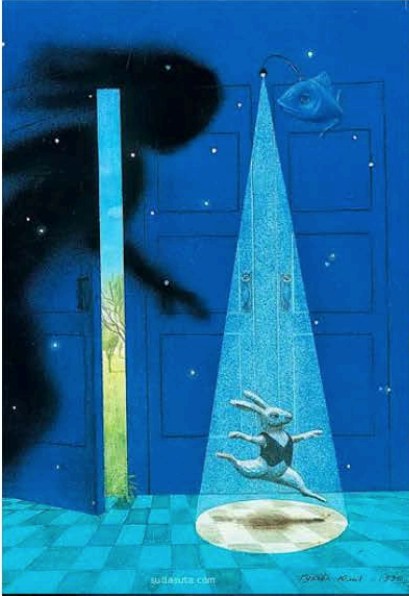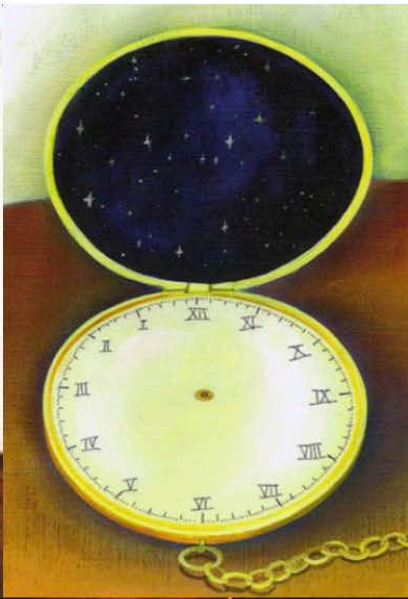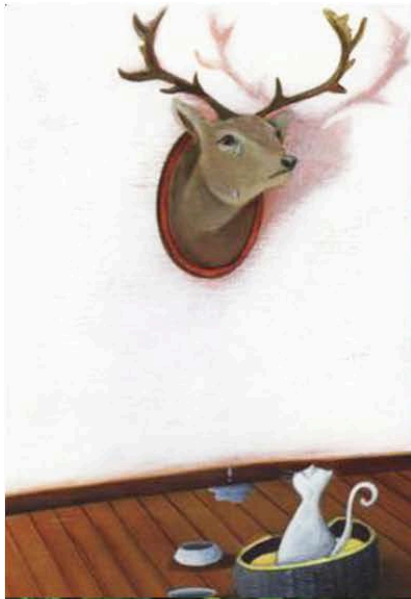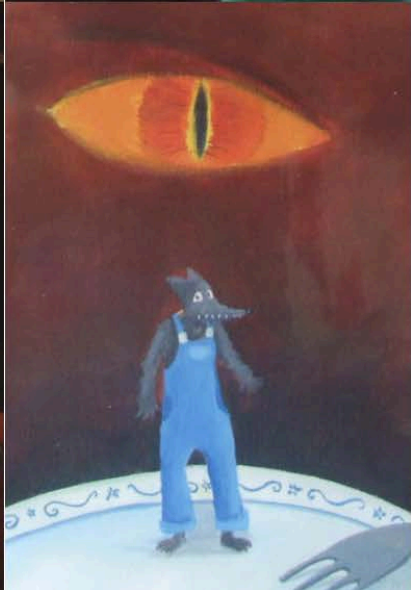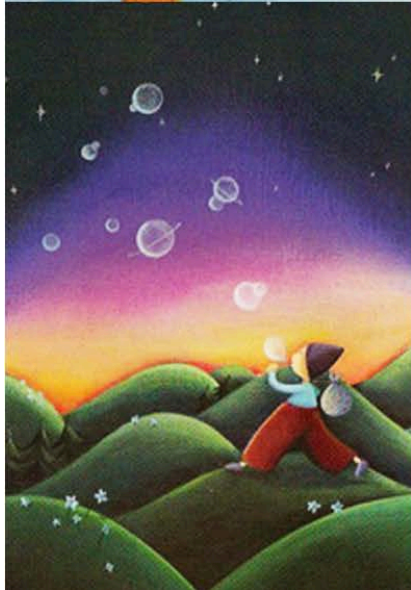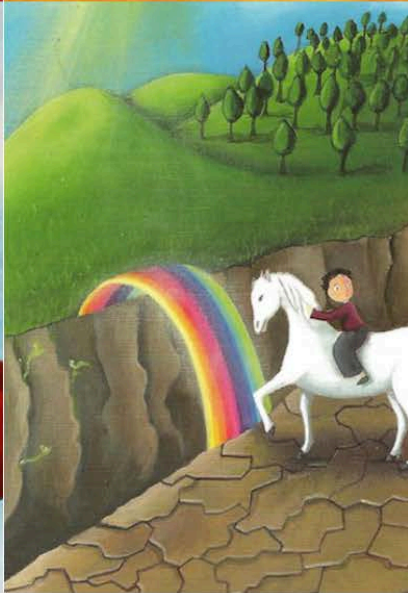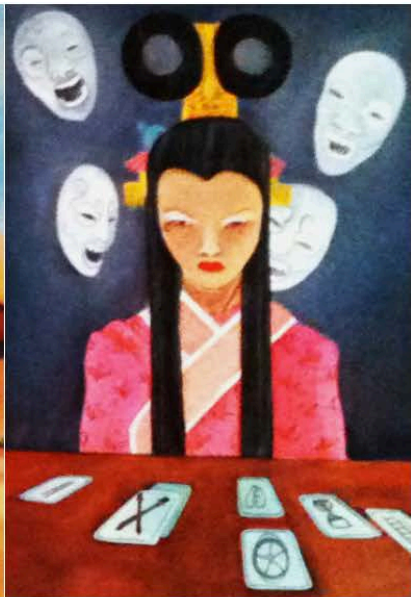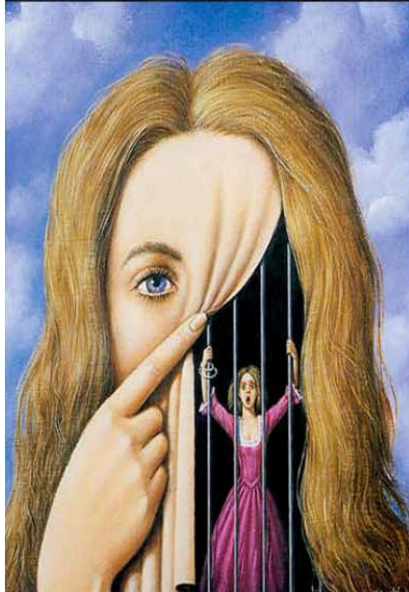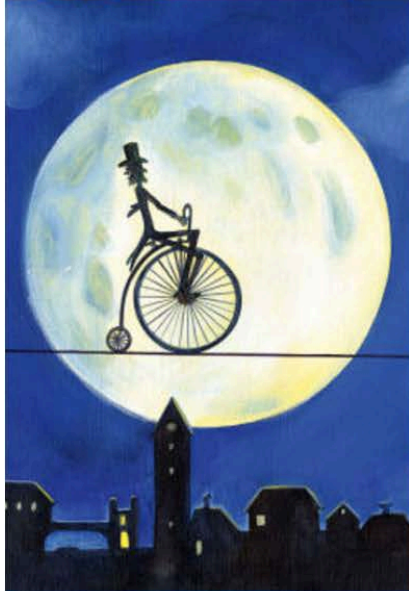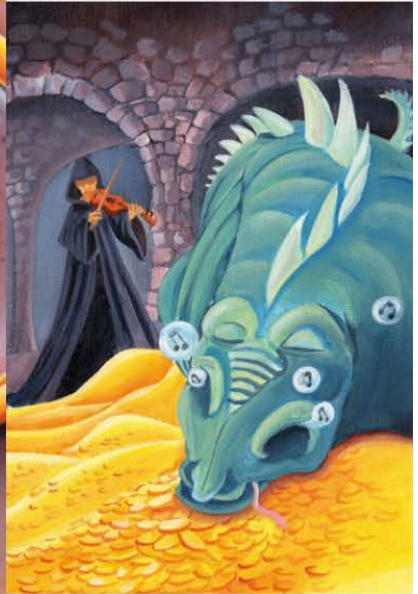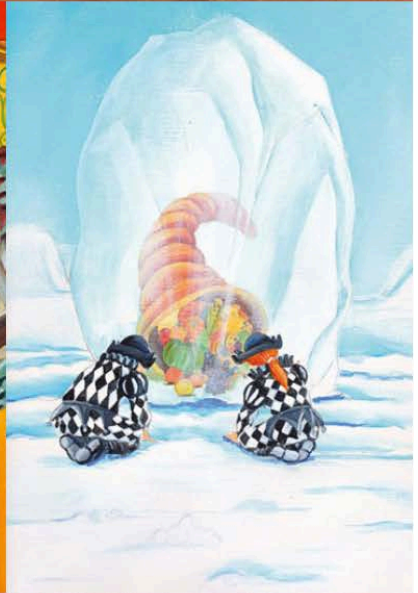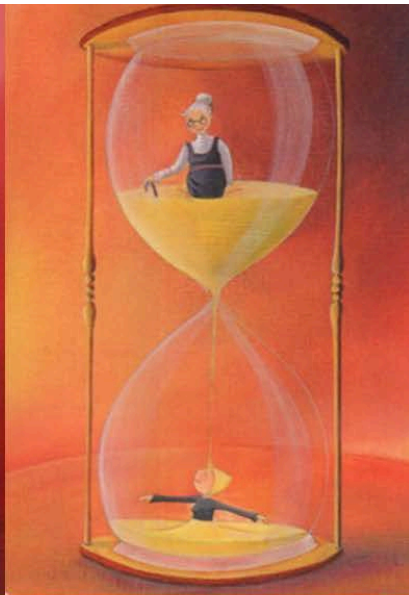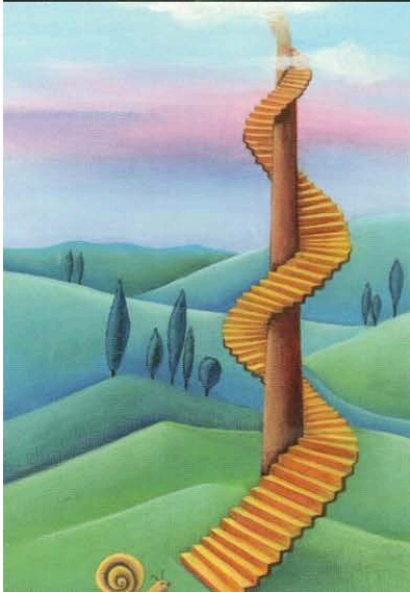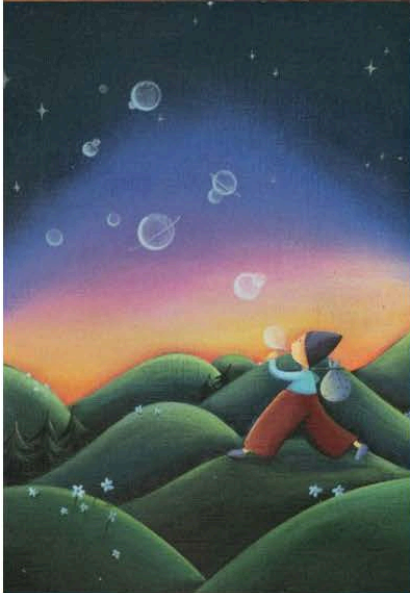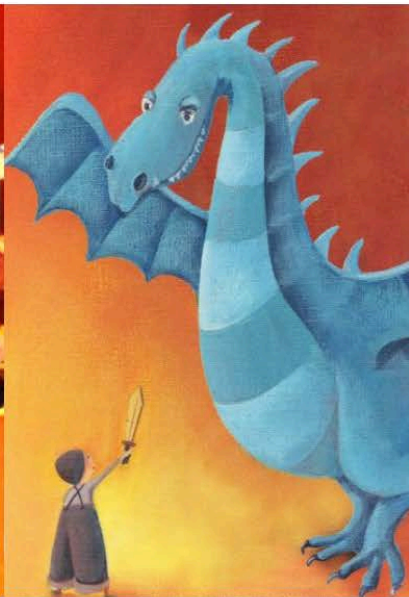
Appendix I: Example Extract of Coded and Annotated Voice Poem

Plot and Landscape
Emotional hotspots; Turning points; **Personal reactions.**
They, You, She/He, Our /We voices.
Idioms/Metaphors/tropes. Recurrent phrases

Finding voices
Un/conscious words that indicate psychological process

Abbie's Voice Poem Analysis

Dialogical Questions:

(Resources/ Affiliations/ Identities/ Functions)

Identifies self as "quiet" and "shy"- serves to position A as different from others.

Using "I" to tell story of invisibility- powerful for listener as absence of others is heard.

Distant relationships with teachers. A is part of the out-group.

Narratives of needing to ask for help in mainstream systems, but not being able to.
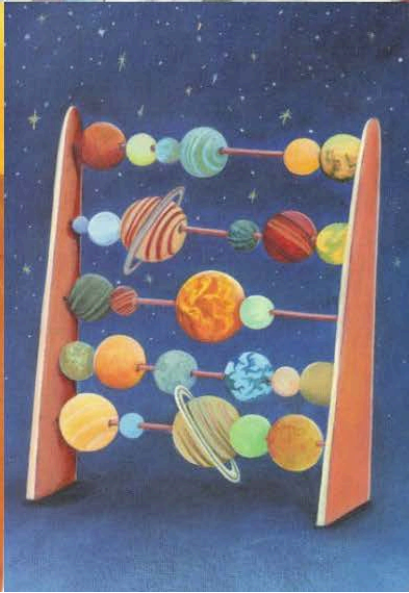
Drawing comparisons between school and OHE staff- helps A to narrate experience of connection.

A as part of in-group – "our", "us".

Therapist as key character- making decisions about A. A's use of "I think", "she said", "I got taken" etc shape narratives of her having little agency, being 'done to' and being disconnected from her own sense of knowing.

Social contexts of not being in an ed. setting and of online (virtual) learning at OHE. Limit A's affiliations- she is in out-group of mainstream and in-person teaching.

I was in just a normal school before
I ever knew
I don't know
I guess teachers don't really sort of learn to know everyone
they almost pick and choose
they don't get to know the people more like me, like anxious
you know, quiet, shy
I was just like a number
I couldn't ask for help
I didn't know them
I was quiet
I really struggled
I wanted to ask for help
I wanted to say
I felt like I couldn't do it
I felt dumb
I didn't know
I couldn't ask
I wouldn't speak

I came to hospital school
They do care
Our teachers do care
They do want to know about us
they care a lot, whereas in mainstream it's kind of like they don't
I think it does sort of show that they do want us to learn compared to mainstream

I have it all online
I got six hours of lessons a week
I think it was seven actually
I think my Therapist decided it
She said I could only manage that much
I wasn't in because I got taken out of school
I wasn't in any sort of education for a while
I'd say it probably did feel like a lot when I was first told
I was first told that I was going to have that much education again
I felt like "how am I gonna fit it in?" because of everything that was going on
I started and it did help to sort of put some structure back into my day

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Commented [LW1]: Voice of not knowing. I don't know used recurrently throughout transcript- dissociated knowledge expressed in the first-person voice.

Commented [LW2]: Idea of "people like me". Voice of helplessness.

Commented [LW3]: Voice of invisibility/shyness and disregard- louder (less behaved?) YP given more staff attention. Difference and isolation.

Commented [LW4]: Voice of disconnection. Lack of individuality- 'just a number'. A feels this links with her shyness?

Commented [LW5]: Internalising societal assumptions about what struggling looks like?

Commented [LW6]: Voice of disconnection.

Commented [LW7]: Negatively perceiving self in relation to others? Low self-esteem associated to asking for help/ not knowing.

Commented [LW8]: Voice of helplessness. I felt sorry for A. Realised that I've never thought about the impact of shyness of school experiences- A conveyed isolation and disempowerment to me.

Commented [LW9]: Turning Point. Voice of connection.

Commented [LW10]: Support. Connection. Belonging. Relationships.

Commented [LW11]: OHE vs mainstream- different sense of care and belongingness for A. Voice of advocacy- for OHE.

Commented [LW12]: Professional perception of A's capacity determined decsions.

Commented [LW13]: Overwhelm of returning to education in context of MH crisis

Commented [LW14]: Transition. Turning point.

273

Plot and Landscape
Emotional hotspots; Turning points; **Personal reactions.**
They, You, She/He, Our /We voices.
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Finding voices
Un/conscious words that indicate psychological process

Dominance of I voice- shapes way story is told of A having to take responsibility for own learning as OHE could not provide all subjects.

Positions A as "too ill" to learn independently. Could function to protect her as not responsible for her GCSE grades?

Dominance of they voice- demonstrates social power of teachers. A helpless in these relationships.

Through comparison to "everyone else", A positioned as 'not knowing' as she is an outsider to the mainstream system. Maintains her isolation and lack of knowing in narrative.

Pattern of "I don't know" phrase expressed A's detachment from own sense of knowing within her story of withdrawal from school.

A struggling to make sense of removal from mainstream- unable to use normative schooling narratives = reliance on "I don't know".

They didn't offer Geography
They didn't do the books that my school had been studying for English literature
They didn't really have everything they could have done
I had to revise a lot on my own
I was too ill to be able to
I don't know
I probably haven't done too well in those subjects
I don't know

I didn't really know any of like the teachers at school
I remember this one teacher used to call me Chloe instead of *Abbie*
They had no reason to talk to me
They didn't really know me at all
They didn't particularly try to know me
They didn't even know my name
I don't think teachers paid attention to someone like me

I feel like I don't know as much as everyone else probably does about next year
I don't have that here
They don't really offer it
You don't get told the same sort of things
I don't know
I feel like at school you get like assemblies
You get told these things
You know what's gonna happen
They do put you at ease for things at school
I just have Google I guess
I don't really know
I've felt quite separate from that
I feel quite separate from Post-16 information

I felt like it was all last-minute planning
I missed chunks of it
I was really really rushed
I felt so behind
I felt so rushed
I felt so stressed and worried

I was taken out of school just like that
I felt forgotten about
I don't know
I didn't know what was going on
They made decisions for us
I don't know

Commented [LW15]: Lack of support/ resources.

Commented [LW16]: Dependence on self- limited support. Isolation.

Commented [LW17]: Low confidence about achievement. Self-doubt. Frustration?

Commented [LW18]: Voice disconnection (to own knowing).

Commented [LW19]: Lack of relationships and motivations of teacher to build them.

Commented [LW20]: **This felt poignant to me within A's story- it saddened me to think of her feeling nameless. Teacher's not knowing A's name confirmed and reinforced her own feelings of helplessness. It contrasted uncomfortably with my own practice and experiences as a secondary school staff member.**

Commented [LW21]: Idea of 'someone like me'

Commented [LW22]: Comparison. I vs "everyone else"

Commented [LW23]: Voice of helplessness.

Commented [LW24]: Seeking information. Reliance on own resources.

Commented [LW25]: Feeling excluded from knowing. Kept in the dark. Voice of not knowing.

Commented [LW26]: Frustration. Stress.

Commented [LW27]: Academic struggle. Vocie of comparison.

Commented [LW28]: Emotional hotspot. Struggle, worry, panic.

Commented [LW29]: **This part of A's story made me feel close to her. I 'felt' her sense of panic, uncertainty, confusion and shock- like her world had been suddenly changed. I felt anger that nobody had supported her before this point and then 'plucked' her out of her school life without her involvement in the decision-making process.**

Commented [LW30]: Voice of disconnection/ Invisibility

Commented [LW31]: Not knowing. Lack of agency. Professionals making decisions.

Emotional hotspots; Turning points; **Personal reactions**.
They, You, She/He, Our /We voices.
Idioms/Metaphors/tropes. Recurrent phrases

Finding voices
Un/conscious words that indicate psychological process
They just didn't really involve us
I don't know

Lack of supportive relationships with adults = A storied suffering in silence, with detrimental outcome.

Key plot of narrative = mainstream adults not being able to understand A's struggles or effectively support her. Tells of isolation of MH difficulties.

I did my exams back at school
I was quite nervous for it
I think my friends were happy to see me

I feel weird knowing that this big thing has happened to me
I was struggling and they had no idea whatsoever
If they'd have known about it
They could have maybe spotted it if they'd started to talk to me
I wouldn't have got as ill
I didn't have one person to talk to

My therapist suggested Hospital Education and referred me
I felt weird that she hadn't mentioned it sooner
I was out of school for months
I honestly never heard of anything like it before
I didn't even know it existed
You just wouldn't know about it

A being in her GCSE year was central to her narrative. Socio-political context of exams as linked to utility/ self-identity and self-worth?

Related stress due to GCSEs being seen as a fateful moment in A's life and her being out of school/ not accessing education which has negative impact- not a 'known' narrative for YP?

I wanted to do it because I felt really behind
I was in my GCSE year and I was out of school
I was still quite ill
I thought *how am I gonna manage it?*
I was still quite ill
I did sort of struggle with not being able to concentrate too well
I remember the Headteacher came to our house
She talked to my parents about how it was gonna work
I wasn't like in the meeting
I was outside sort of listening
I don't know whether I was invited or not
I wasn't there
I was just outside the room
I quite liked the sound of it at the time
I thought it sounded quite helpful

HE Link Tutor – key character shown by dominant rhythm of "she" statements.

they call it a link tutor
she comes out to our house every few weeks
She's quite helpful
She sort of just tries to make us feel like we are connected to the hospital school network
my mum's usually in the at the time but I think it's for me really
She asks us how we're coping and stuff
She just makes us feel a little more sort of connected to what's going on

Commented [LW32]: Anxiety about returning to school for exams.

Commented [LW33]: Resilience voice- A was "nervous"- but she overcame and did her exams. Uncertainty about others' reactions?

Commented [LW34]: Struggle. Invisible needs/ Invisible battle.

Commented [LW35]: Professionals not noticing, lacking understanding/action. Voice of resentment that they didn't intervene.

Commented [LW36]: Isolation and loneliness- suffering alone. Voice of helplessness.

Commented [LW37]: Turning point. Referral.

Commented [LW38]: Voice of frustration [of time lost]? Reliance on adult information and advice.

Commented [LW39]: Confusion/uncertainty. New concept.

Commented [LW40]: Contrast in you and I voices- "you" as not knowing (external to OHE) and I as knowing. Shift in moving from you to I for A.

Commented [LW41]: Motivation

Commented [LW42]: Doubt and nervousness. Uncertainty.

Commented [LW43]: Academic struggle.

Commented [LW44]: Not knowing. Absent / not involved / on the periphery.

Commented [LW45]: This part of A's story held strong imagery for me- A stood outside of the for listening to adults talk about her/HE. Made me think of how YP are disempowered and not given information or agency. Made me think of my own story- I had felt resentment for adults making decisions in my life about school withdrawal/ hospital and all of sudden disregarding my abilities to understand/reason/make decisions.

Commented [LW46]: Voice of hope/ resilience: for support, for the future. Positive perceptions.

Commented [LW47]: Voice of connection. Connection as supportive.

Plot and Landscape
Emotional hotspots; Turning points; **Personal reactions**.
They, **You,** **She/He,** **Our /We** voices.
Idioms/Metaphors/tropes. Recurrent phrases

Finding voices
Un/conscious words that indicate psychological process

Left margin notes	Transcript	Comments
Dominant use of "they" and - OHE teachers. Conveys story of OHE staff being flexible, helpful, supportive, knowledgeable, effective. Use of "you" functions to convey positive picture of OHE – advocate to listener/s.	I just log on to be honest **They** did sort of adapt the lessons well **They** would make the lesson sort of more personalised I feel like they know me more **They** check your work **They** don't really do that much at normal school You get much more help and support I thought it was just for people in hospital **They** know what they're doing **They** know how to do the online lessons **They** do support you in the right way **You** don't get very many lessons but they are effective	Commented [LW48]: Comparisons between OHE and mainstream – positive about OHE. Commented [LW49]: OHE: Accessing support. Building relationships. Individualisation. Positivity. Academic support. Connection voice- to others and re-connecting with learning. Commented [LW50]: Previous perceptions/ assumptions. Commented [LW51]: Voice of advocacy. Commented [LW52]: Idea of the "right way"- suggests mainstream school support in wrong way?
Negative words e.g., "never" and "can't". & Minimising language e.g., "just". = stories her physical and emotional disconnection from teachers + peers at OHE.	I've never seen people face-to-face I don't know what my teachers looked like and it does feel distant in that way I don't have friends here **They** can't be your friends **You're** just in online lessons with them I don't know their face I do really wish I could have been in lessons face-to-face with others I think that's the downside of hospital school I don't know I wouldn't say its changed me I prefer typing maybe than actually talking I'm too anxious…yeah I don't know I do still wish though kind of I need a friend	Commented [LW53]: Regret? Dissatisfaction? Voice of wishing things had been different. Commented [LW54]: Differentiation between personality and education in moving forward? A's voices seem to be in conflict here- recovery vs uncertainty (' 'wouldn't say'). It seemed to me that the voice of disconnection trumped moving forward/resilience narrative- could this be because the voice of resilience is a (partly) socially constructed one?
Narratives of connection- A wishing she had a friend. But also, hesitancy ("I don't know"), uncertainty ("I prefer like typing maybe") and broken sentences ("I'm too anxious…yeah"). = functions to highlight A's sensitivity to feeling connected/ disconnected to others.		
Connection- metaphor of everyone is on the same page" = being the same as/ connected to others. Situates A within the in-group of the story.	**You** can't like really like have the personality of being quiet when **you're** just typing on a screen I wouldn't really say that they could really tell that I would be quite I am quiet **they** probably wouldn't know that I feel like everyone is on the same page	Commented [LW55]: Metaphor for being unified with others- same as everyone else, not different/ less than.
A positions herself into hopeful future- I-statements confidently convey changing abilities and feelings. "I can" amplifies story of self-awareness and resilience.	I can concentrate and understand things a lot better I can access education even while being ill I think it's glued me back together	Commented [LW56]: Voice of resilience. Education in spite of illness/ adversity. Overcoming. Positive change. Commented [LW57]: I wondered if there was a sense of uncertainty from A when she spoke here e.g. "I think". Did I impact upon this? A knew that I was an educational psychologist and the aim of this research. Might she have assumed that I would be seeking this construction of her recovery of being glued back together"? Commented [LW58]: Metaphor for recovery. Voice of resilience. Moving forward. Improvement. Coping.

"Glued me back together" - familiar narrative of recovery and mental health troupes. Symbolises A's journey from the *brokenness* of being "ill" to a place of restoration. with the support of OHE, she had adapted to challenging life experiences and regained a level of mental health.

Appendix J: Extended Reflective Diary Extract

This extended diary extract intends to make transparent my reflexive thinking throughout the design and data collection phases of the present research. It includes notes from my hand-written reflexive diary as well my structured reflections on particular events, including informant interviews and supervision sessions. Completing such reflections was an important way to maintain awareness of how I felt about my research as I made decisions about what data to collect and how to gather and interpret it.

Date	Activity	Summary	Reflexivity In Relation to My Research	Psychological/ Theoretical Concepts
August 2021	Initial wonderings about thesis topics. Spending time recording my professional interests and potential research motivations.	It is important to me that I conduct research with children and young people, exploring their perspectives on the matters that most affect them. I have had a longstanding personal and professional interest in working with young people with SEMH needs. Prior to my EP training, I worked as a pastoral manager and in the safeguarding team in an inner-city secondary school, where I supported many young people and their families who were experiencing mental health difficulties, school avoidance, 'managed moves' and transitions into Alternative Provisions etc. I am motivated to empower the voices of young people with SEMH needs regarding their experiences of school. I am interested in Hospital Education provisions for young people with mental health needs. As a Pastoral Manager, I supported three student referrals into HE and found it very difficult to gain updates from HE regarding the progress and outcomes of these students despite them being dual-registered; to my knowledge, none of these students reintegrated back to school. As a teenager, I accessed a HE service due to my own mental health needs; this was a significant part of my journey through education and I am passionate about promoting the outcomes of young people who have similar experiences.	I am motivated to pursue a thesis topic that: - I am passionate about - Aligns with my professional interests - Represents a current gap in literature - Will be 'useful' and therefore has a unique contribution to knowledge and practice I am anxious about choosing a topic that is close to my heart and have a sense of needing to 'do it justice'. I am aware that choosing HE as a topic would require particular transparency and careful reflexivity from me owing to my lived experience. However, it is also motivating for me to embrace this opportunity to make a contribution in an area that I feel is important and known to be under-researched.	Mental health; SEMH Participation and eliciting 'voices' Lived experience and reflexivity

| Sept 2021 | Reading published literature and unpublished theses about:

- CAMHS Tiers
- Hospital Education
- PRUs
- APs
- Transition and reintegration. | Interesting to learn:

- There is limited existing research surrounding HE for young people with SEMH needs.
- There is little existing research that explores young people's voices regarding their experiences of HE, or their re-integration into mainstream schools/ Alternative Provisions.
- Relevant research suggests that the process of re-integration to school for young people with SEMH needs is challenging and often un-successful for a multitude of reasons, such as poor transition support and limited collaboration between settings, resulting in significantly increased risks and poorer outcomes for young people.
- CAMH researchers have advocated for a "strong need" for protocols to re-integrate students from HE into school settings. Specifically, there is a need to know 'what works', as there is currently huge disparity in re-integration processes and outcomes across HE provisions.

Interesting to read about definitions of HE being short-term with the goal of reintegration back to mainstream. Prompts reflections on my experiences of working in the education system and finding that this is often not the case. Interested in the term 'Revolving Door Effect' (Pillay). | Inquisitorial and able to relate to professional and personal experiences.

Interested in finding out more about reintegration form APs (HE specifically) as a systemic issue.

Curious, interested in working with and researching the area of SEMH and HE due to my previous experiences with supporting YP. Concerned about the prevalence of long- term HE placements and educational exclusion for YP with MH needs.

Developing more questions about what I want to know about HE- how do CYP feel about it? How do they feel about mainstream? Has anyone asked them? Does it affect how they feel about themselves?
What are the challenges? What can adults do to help? How can they be supported in the future?

Motivated to research this area | Mental health; SEMH

Adverse Childhood Experiences

Inclusion

Educational transitions

Revolving Door Effect' (Pillay). |

| Sept 2021 | University return week: I attended various thesis workshops to develop my initial thesis idea. I presented my initial thesis idea at the end of the week. | - Motivated to research around HE: gap in the literature and personal interest.
- Perused idea of re-integration from HE to mainstream school as key problem.
- Thought about how to do this: use one setting, as hard to compare different services? Appreciative approach? Needs to be strengths based for HE to want to participate- a focus on what works?
- Considered my ontological and epistemological position and my views on the nature and purpose of knowledge.
- I value child voice and am certain that I want to conduct research with CYP in a way that could empower them. | Developing ideas about what I am trying to find out- what do I want to know? What are my research questions?

- When would I interview YP- at HE before re-integration? At mainstream after re-integration? How would I manage this in the timeframe and scall that my thesis allows?

- What levels to work at- CYP/Staff/Parents? To create framework and know barriers and facilitators to re-integration process.

Is it the barriers and facilitators to reintegration or is it broader than this, about experiences themselves that I am curious to know? Should I focus more upon a phenomenological study of experiences?

Wanting my research to be unique and aware that although existing studies have not looked at HE specifically, they have looked at reintegration from PRUs in general. Wondering how qualitatively different/similar my findings might be surrounding reintegration facilitators and barriers.

Aware of the significance of my values as a researcher and how they will inform my choices of how to collect and interpret knowledge. | Ontology

Epistemology

Child voice

Phenomenology |

			Worried about a focus on 'experiences' not contributing 'enough'-what is my unique contribution?!	
October 2021	Further Reading around reintegration to mainstream schools from PRUs and Alternative Provisions.	By searching the literature further, I re-affirmed that there is a significant gap in the literature generally about hospital education for young people with MH needs. More related research that focuses on APs in general or PRUs than I had previously found. Even within this, there is a particular gap surrounding the perspectives of young people, as existing research tends to focus upon the views of professionals or parents. Interested in research that suggests CYP with SEMH needs are amongst some of the most vulnerable and least empowered/represented groups. Interesting to find out about different theories of transition and the idea of reintegration anxiety. Began to explore the relationships between transitions, school belonging and sense of self. Reflected that having ambitions, a sense of connectedness and positive sense of self are key for wellbeing, motivation and positive outcomes. Crucial that we as professionals support the development of positive self-concepts for YP. There does appear to have been a recent trend of thesis/ government commissioned research looking at re-integration to mainstream schools from AP settings.	Confirmed my aims to contribute to understanding by looking at HE experiences specifically and by putting young people's voices at the centre. I feel there is a need to seek and report the views of young people with SEMH needs on their experiences of education. Considered research focus upon identity- how does identity change and develop for YP in the context of their HE journey? 'Who was I in mainstream? Who am I now in HE? Who will I be in the future?'. Decided to move away from the focus of re-integration from HE- broadening out to 'explore the experiences of young people attending an SEMH Hospital Education provision', as: - Other studies focus on re-integration from APs/PRUs – uncertain if researching reintegration from HE would be unique or qualitatively different from existing research? - With a focus on re-integration, I felt that my study was potentially becoming 'too big' with me speaking to various groups both within HE and receiving schools. I felt that this was going to be hard to manage into one well-developed thesis. Most importantly to me, I decided that focusing on re-integration did	Identity and self-concepts School connectedness and belonging Phenomenology Narrative Inquiry approaches?

			not stay true to my motivations to capture the voice and experiences of YP. - From reading existing research literature, it seems most-important to me that as researchers and professionals we need to learn about young people's experiences of attending HE as opposed to solely focusing on their re-integration which is often un-successful and does not represent YP's full experiences or what is felt to be most important to them.	
October 2021	First meeting with thesis supervisors.	Identity: What does this mean to me? Why focus on this? Will YP know what I mean by identity or sense of self? Am I making a presumption about changes of identity through HE journey? Like the idea of using some visual and creative methods to map out events and educational journey's (i.e., timeline and life-grid approaches). Could be to discuss sensitive issues/when Participants may have difficulty expressing feelings. Support the exploration of 'critical moments' such as when the pupils transitioned into HE. Considered 'usefulness' and 'contribution' of thesis- this does not need to be a model or framework! Is gathering voices and experiences alone useful? How? Dissemination of findings! Discussed practicalities and ethics of communicating with HE headteacher (current contact) as an initial discussion in principle about my future research- is it going to be viable?!	Certain that I want to seek CYP views on HE and their educational experiences. Have read a range of Bristol TEP theses to gain an understanding of the products and contributions of these. Will continue to explore and discuss the unique contribution', 'products and dissemination of my research throughout the thesis process. Decided that I do not need an end product or framework from my study- important to me that something useful comes out of gathering CYP's voices and narratives, but this will happen through my dissemination as opposed to a model or framework within my write-up. Decided that I will approach HE headteacher for informal conversation about service and potential of future research.	Identity and sense of self Timelining in life story research. Dissemination of research. Research Ethics and Gatekeepers.

| Nov 2021 | Exploring methodologic al options for research (reading and supervision meeting). | Considering whether I want to do IPA or narrative analysis? Exploring which might suit my research project and aims best? Both have strengths and limitations in terms of research methodologies, and both have utility and purpose in the context of my study. Is it about my views on the nature and purpose of knowledge? I believe in seeking knowledge for the purposes of affecting positive change. Feel that narrative is a useful way to hear voice and to empower YP with MH needs at HE to tell their stories, valuing them in and of themselves. I am very drawn to using narrative approaches as a researcher and have felt enthused by the relevant narrative literature I have read so far.

Discussed my values as a researcher with my supervisor- explored my philosophical, ontological and epistemological position. Discussed differences between Narrative Inquiry and IPA and how these methodologies/methods fit with my research position. Idea of 'stories' that can be told and re-told and are not a 'truth' but a social construct- fits with my position. Resonates that I have told, re-told and re-versioned my story of accessing HE many times throughout my life- fits with philosophy of narrative?

Action going-forwards- to complete further reading on the use of narrative approaches beyond core principles- particularly exploring different data collection methods and analysis 'tools'. | What are my values regarding the purpose of knowledge and research?

What are my research questions? These will inform my methodological choices

Developing initial, early research questions based on my initial reading and personal and professional interests

Motivated by the formation of initial research questions

Reflective about the ethical considerations of working with child participants who have had disrupted school experiences.

I think I am championing the voice of the child and hopefully promoting agency by communicating that I believe YPs views can and should make a meaningful difference to their lived experiences of their world. Decided that use of a Narrative approach could be a powerful tool to facilitate and inspire action through promoting understanding and empathy for those YP in HE who are underrepresented and marginalised.

Worried about whether I will be able to access participant group; will they want to talk to me? What might their views of external professionals | Ontology Epistemology Phenomenolog y

Ethics of psychological research.

Power relations between myself and participants. |

		Discussed ethical considerations around working with CYP participants. Aware that they are a 'hard to reach' group- will I be able to access the services and YP?!	be and how will I reassure them and make clear what my role is in this context?	
Nov 2021	Hospital Education visit to discuss research with headteacher.			Needs and Vulnerabilities- resiliency theories. Research ethics and barriers to conducting 'sensitive' research with hard-to-reach populations. The role of the Educational Psychologist.

| March 2022 | Research Proposal Review meeting (with supervisor and independent reviewer). | Should I use one, two or three different research (HE) settings? Discussed some of the pros and cons of each with supervisor and reviewer. One of my concerns is regarding the likely challenges of recruitment- needing to recruit from more than one setting in order to gain enough participants? Is this my own perception of how challenging it might be? Could I be pleasantly surprised? One possibility/decision point we discussed was whether to seek participants from more than one setting at the outset or whether to consider a 2nd and 3rd setting as part of my contingency plans. We also discussed the potential advantages of more than one setting such as the possible richness/breadth of the data.

Discussed possible inclusion and exclusion criteria, such as social and communication needs. My inclusion criteria is YP with mental health needs, but how do I categorise and qualify this? There is a notable percentage of YP with ASC in HE according to services- how will I work with this in terms of my research approach, questions and aims?!

Wanting to add in a second research question – regarding mainstream school experiences. Discussed how specific to frame the question and to what extent to seek to capture the past, present and future via this question. | Interested in the potential advantages of more than one setting such as the possible richness/breadth of the data. Reading about the generalisability debate in qualitative research was helpful for me to explore my informed rationale for how many settings I recruit, and my overall research aims with regard to transferability. Decided upon a staged approach to recruitment, at first, one HE service will be recruited and then I will build up to a potential of three services. I feel that as services are so different, there could be a benefit in hearing experiences across them (e.g., one service is delivered predominantly online, whilst another is run in-person with a full teaching timetable).

Decided that I would not include an exclusion criterion regarding specific needs and will be prepared to adapt my own approach to interviewing and communication for all YP, regardless of needs and social communication. Quantified 'MH needs' for recruitment purposes as 'pupils initially referred to Hospital Education services due, either primarily or in part, to a mental health need/ mental health needs.

Decided it was important to hear about YP's mainstream experiences as well as HE experiences, especially as this is part of their story, both prior to and, potentially, post HE. Feel this could add to implications and contribution of research for mainstream as well as HE settings. | Generalisability

Transferability

Ethical Sensitivities

Reflexivity

Researcher wellbeing and compassion fatigue. |

| March 2022 | Ethics Application- amendments meeting with supervisor. | Explored the use of visuals with YP within my narrative approach. Wondered if there will be an issue for analysis if some YP use visuals and others don't? Will I analyse the creative things developed or what the YP say about them?

Decided to reduce number of meetings with participants (condensing two into one. Aims to reduce number of opportunities for participants to remove their data).

Amended recruitment strategy- use of Microsoft form, so that HE services have to send out less information on my behalf. Concerned that this would not happen- why would they be this invested? | The visuals will be used as aids to support participants' communication and prompt discussion during the interviews. Using visuals will be optional for all participants, as an inclusive approach to communicating their experiences. This fits with my ethical position.

I will not be analysing or publishing the creative outputs. I will analyse the interview transcripts alone. I will take away the participants' creative outputs. The outputs will be used only as an aide memoir at the transcription/analysis stage, to capture the interview where necessary (e.g., if a visual is referred to in the transcript). | Narrative and creative methods.

Capturing 'voice'.

Research recruitment strategies. |
| March 2022 | Development of interview topic guide. | I split the interview guide up into mainstream and HE topics with potential prompts for each. Considered: what do I want to find out about their experiences?! How will I ensure that whilst a narrative approach is used, the topics discussed, and data gathered answer the research questions?

Reviewed topic guides from other student theses which have used narrative interviews.

I spent time wondering: What are my underlying assumptions contained in my original topic guide? Am I assuming that hospital education is an improvement? What if they don't like it? Am I prepared for them to tell me all about the traumas of school which lead them to be out of school and needing hospital education? What if nothing helped them at mainstream school? | Created an opening interview question- enabling the participant to determine the direction of the conversation. Changed the order of my probing questions slightly, to address the balance between mainstream and hospital education topics. Ensured that there is a balance of questions for both mainstream and hospital education topics (for example, including challenges and supports for both).

Important to acknowledge my professional experience as a Trainee Educational Psychologist and within my previous job roles across both primary and secondary schools. As a result of my professional experiences, I am skilled in, and prepared for, conversations with young people regarding their challenging and positive experiences of both mainstream school and | Reflexivity and own assumptions and biases brought into the research process.

Ethical sensitivity.

Protection from harm- risks to own wellbeing. |

			Hospital Education. I will use my professional skills to conduct the interviews sensitively. I am prepared for participants' stories to be individual, complex, and varied and will not approach these with assumption.	
May- July 2022	Recruitment of HE Services.	Feel that I might be more successful with recruitment if I 'get in' to services and can meet young people- build a rapport and enable them to see me as a person, rather than on a poster? Service 1 Headteacher concerned about how information I gain from YP could be used to support them and how I will share information. Context that they are very vulnerable young people and school have a duty of care to support them and promote their best outcomes. Considered the ethics around this with supervisors and discussed clearly that I cannot share details from interviews unless reporting risk of harm. Thought about 'LA ownership' of research and ownership of information, as the currently recruited service is within my placement LA and are aware of the research (had to give permissions etc). I feel very wary of this. My LA are used to TEPs and EPs conducting LA research studies and I am very conscious about ensuring that my research is not seen as 'LA owned'. Wary that the LA could want to be more involved in the study and request updates etc. when the research is separate to my placement remit.	Decided on two staged process of recruitment with HE service number 1, as not having much uptake from posters being sent out alone- stage 2- meeting students on site and giving recruitment info. Felt pressure in my joint role as researcher/TEP and a responsibility to share information and support YP. I feel a responsibility to ensure the overall research has a useful contribution, but also to make it useful for the service and YP themselves- feels strange to leave interviews holding participant information, but not being able to share something that could support them individually in the here and now, not just support the contribution of knowledge via my thesis. Very wary that I am in a dual role as TEP and researcher and do not want to push the boundaries of my research position. Could I encourage YP to share a key piece of information with their OHE service verbally Motivated to recruit services outside of my placement LA in order to not feel like it is an LA-owned piece of research.	Rapport building. Ethical sampling. Research governance of local authorities. Ownership of information. Pressures of having a dual role. Contribution of research. Ownership of information.

| July 2022 | Preparing for Initial Narrative Interview Sessions. | Read widely around narrative interviews. Reinforced that to elicit a less imposed rendering of participants' perspective, my influence as the researcher should be minimal- this aligns well with my own motivations and values. However, I recognised that the interview and narration would still need some structure- felt anxious about the seeming ambiguity of narrative interviewing.

Read a book section by Jovchelovitch and Bauer (2007) which was really helpful for my planning and confidence. I learnt about the different stages of a narrative interview and some techniques for enhancing the effectiveness of my interviewing: e.g., how to activate a story schema; how to elicit narrations from participants; and how, once the narrative has started, to keep the narration going by mobilizing its self-generating schema.

Spent time preparing the visual and creative methods that I had already identified in my proposal/ethics stages, to facilitate interviews. Made sure that I was familiar with my topic guide. | I aimed to present myself to participants as someone who did not know about OHE. I did however wonder if the young people might perceive this attitude as disingenuous, and this perception could impact upon their cooperation?

Acknowledged that the way I initiate interviews will co-determine the quality of young peoples' narrations. To me, this felt like there was a lot to pressure on the outset of the interview which I found difficult to 'plan' or 'visualise' prior to my first interview. Determined that the initiation of the interview would rely on my social skills and rapport building- skills that I feel comfortable with- yet this is anxiety-provoking, as the interviewing method seems so sensitive to the start of the interview- what if the beginning doesn't go well? What if I am not able to get the young people's narratives 'going'? | Narrative Interviewing.

Story schemas.

Social Skills and rapport building. |
| July 2022 | Interview One. | As this was my first attempt at narrative interviewing, I reflected on if the language I used impacted the power balance between us at all? Did I construct myself as the expert at any point, and P1 as less powerful in the interaction? There will be an element of professional judgement as to the individual needs of each participant and adapting my approach accordingly. | Felt very connected to P1. The interview had given me even more motivation and commitment toward the research project and aim to empower the voices of YP in HE.

The interview reaffirmed my commitment to making interviews purposeful and as person-centred as possible. | Ethics of responsibility and respect for individual's views.

Subjectivity. |

I feel I missed opportunities to explore further meaning, that perhaps I didn't recognise at the time, in the moment. Particularly conscious that I had not elicited from P1 her mental health need i.e., this was only referred to by P1 as a 'mental illness' and I came away wondering about her mental health needs and the implications for my research or not being able to introduce/summarise her specific needs. Is this important? Why would having a 'label' of needs seem more comfortable for me to as a researcher?
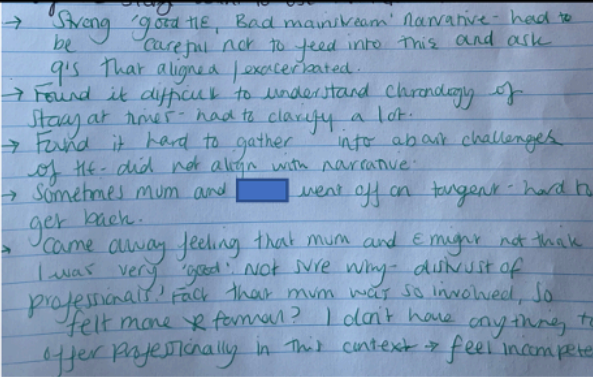
Interview Reflections

① EVIE

★ Researcher vs TEP conflict - not able to provide info/advice about post-16 etc. made me feel useless. Really wanted to help to reassure about extenuating circ. for GCSEs but could not - torn about this.

→ Felt very pleased and grateful for having completed an interview.
→ Was pleasantly surprised by how much was shared and that I didn't really need to refer to the interview topic guide to have a full session and gain 'appropriate' data.
→ Happy with my rapport building - was nervous beforehand but went really well. Had been told by mum that E was very shy - at end of interview, dad commented on how talkative she was - made me feel positive about my ability.
→ Did not gain info specifically about needs and reason for referral - found myself wondering about this - but did not ask. Should I have asked? Would it be difficult to write narrative without this info? Could I gain this in next interview session?

→ I hadn't previously thought about gaining 'demographic' and 'referral' information - should I give this more thought? Most info came naturally which was positive.
→ Felt emotional after interview - very similar story to my own - touching in a positive way. Felt connected to E and went away thinking about her and willing her on.
→ Felt very grateful that E and Dad came from such a long way in the car to meet with me. Privilege to be doing this R and for ylp to want to share. Want to [ ] think about other interview location to make next session easier for them?
→ Dixit cards were successful [ ] enjoyed using them + provided an extra layer to discussion.

Narrative 'voices'

approach to data collection and analysis.

Member-checking.

July 2022	Interview Two.	Learnt that I needed to have a confidence and calmness when welcoming extended responses from participant, expecting them to have longer turns at talking and feeling comfortable in this- reflected that this ultimately enabled the YP to develop these throughout the session.	Recognised that the iteration of narration and questioning may occasionally blur the boundaries between narrative interviewing and a semi-structured interview. Important that I am aware of this and ensure that I do not revert to a question-answer interviewing style 'in the moment' with participants as I am more experienced in this type of approach.	Parental Voice. Different participants and perspectives within the same lived narrative. Attentiveness, emotion and engagement – reciprocity of conversation.
July 2022	Visiting HE Service 2 to meet YP and give out research posters.	Visited HE service 2. Met with YP during their breaktime, to give them my research recruitment poster and briefly introduce myself. Did not want to pressure YP- could me being there cause YP to feel obliged or pressured to participate? Could this lead to a self-selected sample depending on the YP I speak to?	Enhanced my motivation for this research project- met YP and staff members who were all very positive about the research and suggested that it is very much needed. Again, felt emotionally invested in the topic but also a sense of responsibility to do it justice- seeing the YP at OHE 'in front of me' brought home how vulnerable some of them are, the range of needs that they each have and how much I want this research to make a difference for YP.	Ethics of recruitment. Researcher wellbeing and emotional reflexivity.

| July 2022 | Interview Four. | → Very chatty - built strong rapport.
→ gave balanced account of HE which was helpful and provided me a rich understanding of positives/negatives.

→ when transcribing =
? Did the interview last too long?
? that was m tired at the end? Should I have shortened?
? Result of own pressure to 'get' story and data?
2) m spoke to me about self harm with mum at start of meeting - before recorder on. later I then asked about it - was this appropriate? As a researcher I should not have directed conversation this much - does not fit with narrative interviewing?! In transcript seems very 'random' as not previously recorded.
→ overwhelming amount of data (Brilliant, but a lot!)

→ M doodled throughout whole interview and played with dixit cards. Very creative. How could I utilise this in a second session?! | It was challenging to follow main narrative and other secondary narratives and tangents, in order to make sense of story in a coherent and vaguely chronological way. Helped to use clarifying and summarising questions when narrative came to a natural end. Was this too directive- don't want to be probing.

Re-visited reading around narrative interviews- important for me to recognise that the questions I had used and comment about self-harm would have shaped the relationship and the accounts given. | Phases of narrative narration and questioning.

Creative methods and facilitators.

Constructions of narratives. |
| July 2022 | Interview Five. | Completed last 'first session' with participant five. Felt competent in narrative interviewing technique- increased in familiarity and confidence with this after each interview.

Participant 5 seemed tired during the session- Participant 5 did not want to pause, stop or skip during the session and was talkative until the end of our conversation despite tiredness. | Wondered if I should have made P5s initial sessions shorter? I will ensure that second sessions can be as short as necessary for all volunteering participants. I could discuss timings with participants and their parent's beforehand to see if they have a preference of duration?

Feeling relieved and grateful that I had completed interviews with five participants. Reflecting on the time, openness and honesty that participants had given to be involved in this research- increased my motivation and felt responsibility to share their stories in a meaningful and impactful way. | Gatekeepers and recruitment/ data collection.

Responsibility as a researcher (ethical and 'moral)'. |

		Interview took place the day before the HE services broke up for the summer holidays. Reflected upon how useful and supportive the staff at the services had been, and how valuable the option to interview onsite had been- it enabled my recruitment and data collection within a short amount of time.	Decided that I would conduct second interviews at YP's homes as planned during the summer holidays- did not want to lose 'momentum' at this point. Needed to think carefully about practicalities of this.	
August 2022	Transcribing Interviews.	Reflected upon whether to transcribe straight after interview or whether to leave time to reflect beforehand. Decided to transcribe straight away, as I didn't want to get my reflection on interviews in the following days 'all mixed together'. Reading through transcripts, I reflected upon many probes that I wish I could have used during interviews, as a result of things the participants talked about- in attempting to follow their narratives, I sometimes passively missed opportunities to gather more depth from them or clarify parts of their stories.	Prompted reflexivity upon my strengths and limitations as a researcher. Reflective about my skills as an interviewer- opportunities I missed and processes that I might use to clarify and check out some of my thoughts on developing themes. Deepened my awareness of the real influence of my own values and beliefs as being impactful through both interviewing and transcribing.	Assumptions and communicative tools to manage them: What do we reveal about what we assume about others when we communicate with them?
July 2022	Preparing for Second Interviews.	Felt a sense of nervousness about second interviews. Acknowledged that I had elicited lots of rich data from participants in first sessions –How could I ensure that this session felt useful and not repetitive for participants? Had transcribed all of first interviews in preparation for second interviews- to refer to and build upon with each participant. Had introduced life grids during first sessions but did not promote their use - decided I would re-introduce during second interviews and could use this tool to build more of a linearity to narratives- recognised	Worried that I was going to end up with overwhelming amounts of 'messy' narrative data which would be difficult to analyse. Surprised by how long and wordy my transcripts already were. Sitting with this worry and acknowledging that this is a part of using a narrative approach- shows I am on the right track?! Panicked that my data collection and transcribing was extending over a long period of time, particularly compared to other methods (?), and feeling a pressure to 'move on' from collection as	Advantages and disadvantaged of narrative research. Credibility and dependability (Koch and Harrington, 1998).

| | | that organisation/chronology of stories was often tricky to grasp during first sessions.

Important to me to close second session in a concrete and positive way- participants would not hear from me for months until potential feedback sessions. | soon as possible and start focusing on writing draft dissertation chapters.

Felt a pressure to get it 'right' and collect 'good' narrative data. Hoped that life grids could be a tool to helping with this – enabling participants and I to organise their stories and draw connections between their experiences, thoughts and feelings. | Self-consistency of stories. |
|---|---|---|---|---|
| August 2022 | Second Interviews: P4, P5 and P2. | Felt a sense of gratefulness that young people wanted to complete a second interview session. Wondered if this spoke to the rapport that we had built during first sessions?

Prior to sessions, I was concerned about conducting interviews at young people's houses in the summer holidays- this is not familiar territory to me. I felt very vigilant about safeguarding and my responsibility as a lone researcher.

I experienced second sessions to have a different relational dynamic compared to first sessions. They seemed to be even more 'personal', especially as they all took place at participant houses. It was important to me that participants felt that I had heard and remembered elements of their story from session one- on occasions, I recalled details when building upon the participants' narratives, i.e., "in our last session, you spoke about…".

For two of the participants, the second session appeared to be more emotional than the first in parts. I reflected afterwards about the impact on YP | Feeling connected to participants and committed to the aims of the research to hear the voices of young people.

Experienced confidence and comfort inhibiting the person-centred relational spaces that second sessions promoted. | Researcher Safety

Rapport

Safeguarding

'Consent vs assent'

Ethics of responsibility and respect for individual's views. |

293

		and parents telling me their stories and 'inviting me in' to their emotional worlds. This inevitably 'brought it all up' for them. I felt conflicted about the fact that I was holding their stories and challenges yet was now going to walk away- I grappled with the reality that as a researcher, I was not there to offer support to young people and their parents. This was difficult for me as in my TEP role, I identify as a helping professional who supports others through consultation, intervention, recommendations etc.		

Appendix K: Ethics Application Form and Approval

Note: This form includes amendments made following advice from the ethics panel.

University of BRISTOL
School for Policy Studies

SPS RESEARCH ETHICS
APPLICATION FORM: STAFF and DOCTORAL STUDENTS

- This proforma must be completed for each piece of research carried out by members of the School for Policy Studies, both staff and doctoral postgraduate students.
- See the Ethics Procedures document for clarification of the process.
- All research **must** be ethically reviewed before any fieldwork is conducted, regardless of source of funding.
- See the School's policy and guidelines relating to research ethics and data protection, to which the project is required to conform.
- Please stick to the word limit provided. **Do not attach** your funding application or research proposal.

Key project details:

1.	**Proposer's Name**	Lucy Wood
2.	**Proposer's Email Address:**	Lucy.wood@bristol.ac.uk
3.	**Project Title**	Listening to 'Invisible' Voices: A Narrative Inquiry into the Outreach Hospital Education[1] Experiences of Young People with Mental Health Needs

4.	**Project Start Date:**	January 2022	**End Date:**	July 2023

Who needs to provide Research Ethics Committee approval for your project?

Only the consent of the SPS REC is needed to provide approval of the project.

Who needs to provide governance approval for this project?

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[1] Outreach Hospital Education (OHE) services are managed by local authorities and are legislatively considered 'short-term' provisions for pupils who are unable to attend mainstream school, owing to mental or physical health needs (Thomson, 2017). OHE provides asynchronous learning to students through combinations of home tuition, online lessons and classroom teaching. When a young person's mental health needs prevent them from attending school for more than 15 working days, their mainstream school is obliged to refer them to OHE via a medical practitioner (DfE, 2013; 2014).

This project does not involve access to patients, clients, staff or carer of an NHS Trust or Social Care Organisation, and therefore does not fall within the scope of the Research Governance Framework for Health and Social.

This project involves the participation of local authority managed Outreach Hospital Education Provisions (i.e. Medical Pupil Referral Units) and their students. The individual participants may or may not be supported by medical practitioners externally to the OHE provision.

Do you need additional insurance to carry out your research?

This project does not require additional insurance.

Do you need a Disclosure and Barring Service check?

Yes. This is required as I will be conducting, and transcribing, individual interviews with young people aged between 11 and 16 about their experiences of receiving Outreach Hospital Education. I have a clear and up-to-date fully enhanced DBS check. I will provide my DBS form to the participating Hospital Education services prior to commencing data collection. I will provide my DBS form to participating parents and carers on request.

5. If your research project requires REC approval elsewhere please tell us which committee, this includes where co-researchers are applying for approval at another institution. Please provide us with a copy of your approval letter for our records when it is available.

Not applicable.

6. Have all subcontractors you are using for this project (including transcribers, interpreters, and co-researchers not formally employed at Bristol University) agreed to be bound by the School's requirements for ethical research practice?

Yes	
No/Not yet	Note: You must ensure that written agreement is secured before they start to work. They will be provided with training and sign a detailed consent form.
Not applicable	X

7. If you are a PhD/doctoral student please tell us the name of your research supervisor(s).

Frist supervisor: Jon Symonds

Second supervisor: Dan O'Hare

Please confirm that your supervisor(s) has seen this final version of your ethics application?

Yes	X
No	

8. Who is funding this study?

Not applicable.

If this study is funded by the ESRC or another funder requiring lay representation on the ethics committee and is being undertaken by a member staff, this form should be submitted to the Faculty REC.

Post-graduate students undertaking ESRC funded projects should submit their form to the SPS Research Ethics Committee (SPS REC).

9. Is this application part of a larger proposal?

No	X
Yes	

If yes, please provide a summary of the larger study and indicate how this application relates to the overall study.

10. Is this proposal a replication of a similar proposal already approved by the SPS REC? Please provide the SPS REC reference number.

No	X
Yes	

If Yes, please tell us the name of the project, the date approval was given and code (if you have one).

Please describe any differences (such as context) in the current study. If the study is a replication of a previously approved study. Submit these first two pages of the form.

ETHICAL RESEARCH PROFORMA

The following set of questions is intended to provide the School Research Ethics Committee with enough information to determine the risks and benefits associated with your research. You should use these questions to assist in identifying the ethical considerations which are important to your research. You should identify any relevant ethical issues and how you intend to deal with them. Whilst the REC does not comment on the methodological design of your study, it will consider whether the design of your study is likely to produce the benefits you anticipate. **Please avoid copying and pasting large parts of research bids or proposals which do not directly answer the questions.** Please also avoid using *unexplained* acronyms, abbreviations or jargon.

1.   **IDENTITY & EXPERIENCE OF (CO) RESEARCHERS:** Please give a list of names, positions, qualifications, previous research experience, and functions in the proposed research of all those who will be in contact with participants

Position

Trainee Educational Psychologist; Year 2 Doctorate of Educational Psychology student.

Qualifications

First class degree in Psychology (BSc Hons): July 2016.

Previous Research Experience

- Undergraduate Dissertation, 2016; sole researcher:

The Effectiveness of Mental Health Promotion in English Secondary Schools: A Qualitative Analysis of Teachers' Perceptions

- Doctoral Research commission, 2021; joint researcher:

'It Was Like an Emotional Tumble Dryer': A Qualitative Analysis of Caregiver Experiences When Supporting the Needs of Their Year-3-aged Children During the Covid-19 Partial School Closures.

Function in Proposed Research

Sole researcher: I will be responsible for all of the recruitment, data collection, data analysis and report writing involved in this research project.

2.   **STUDY AIMS/OBJECTIVES [maximum of 200 words]:** Please provide the aims and objectives of your research.

Research Aim:

To explore and understand the Outreach Hospital Education experiences of young people with mental health needs.

Research Question/s:

1) How do young people with mental health needs make sense of their experiences of receiving Outreach Hospital Education?
2) What are the thoughts, feelings and relationships associated with mainstream school for young people receiving Outreach Hospital Education?

It is hoped that by providing insight into participants' experiences, as presented through their narratives, this study will contribute to the understanding of researchers and professionals regarding OHE, by placing young people's voices at the forefront of the conversation. Specifically, I aim to contribute to

knowledge within the profession of Educational Psychology regarding OHE provisions for young people with mental health needs. The research findings and implications might enable EPs to critically question their current understanding of OHE, whilst supporting their identification of opportunities to work with OHE provisions and the young people they support.

RESEARCH WITH HUMAN PARTICIPANTS
(If you are undertaking secondary data analysis, please proceed to section 11)

3.	**RESEARCH METHODS AND SAMPLING STRATEGY [maximum of 300 words]:** Please tell us what you propose to do in your research and how individual participants, or groups of participants, will be identified and sampled. Please also tell us what is expected of research participants who consent to take part (Please note that recruitment procedures are covered in question 8)

Sampling

Participants will be 4-6 young people; this small sample size is deemed appropriate for a narrative inquiry, due to its in-depth nature which is underpinned by building rapport with individual participants (Bell, 2002; Edwards & Weller, 2012).

Participants will be aged between 11 and 16. They will be receiving Outreach Hospital Education in the Southwest of England; they will have been on roll with the service for at least 4 weeks and will not be due to leave in the 2 weeks following their narrative interview. Participants will have been initially referred to Hospital Education due to mental health needs that prevented them from attending mainstream school.

As outlined further in section 8, I will recruit participants within three local authorities in the Southwest of England. These three local authorities have each been identified as having a similar Outreach Hospital Education provision for secondary-aged students, which each have between 35 and 100 young people on roll that are likely to meet my participant inclusion criteria.

Recruitment will begin at the Outreach Hospital Education provision in Gloucestershire, where I am currently on placement as a Trainee Educational Psychologist. I do not have professional involvement with this OHE service, however, as a researcher, I have had a discussion in principle with senior leaders regarding their potential participation in this research. Recruitment will extend to Bristol and Somerset OHE services to ensure that I have the expected number of participants.

The participant sampling method will be purposive and self-selecting. Recruitment of young people is summarised in section 8.

Method

Data will be collected via a face-to-face individual Narrative Interview with each participant, using a topic guide and visuals.

Participants will be provided with optional visual and creative options for their interviews, to guide and support their communication of their narratives if/where they choose. These will include: visual Life-Grids for mapping out participants' experiences linearly; 'street art' photograph cards that participants can use to visually communicate/represent a feeling, thought or event; and drawing and writing materials.

Participants will be given the option to have a second, continued, interview meeting in order to complete/add to their narrative; the topic guide and visuals will remain the same across interviews. Each interview will be audio recorded on an iPhone. This audio recording will not be saved to the iCloud and will be saved onto the University of Bristol server immediately after the interview under password protection. Once saved to the University of Bristol server, the recording will be deleted from the iPhone.

Any visuals used or created by the participants during the sessions, such as drawings or written information, will be taken away, scanned in and stored on the University of Bristol Server for as long as data analysis is taking place. The paper copies will be disposed of in confidential waste. This data will be used only as an aide memoir at the transcription/analysis stage, to capture the interview where necessary; visual and

creative data will not be analysed alongside transcripts. Following data analysis, the stored visual information will be destroyed.

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4. **EXPECTED DURATION OF RESEARCH ACTIVITY:** Please tell us how long each researcher will be working on fieldwork/research activity. For example, conducting interviews between March to July 2019. Also tell us how long participant involvement will be. For example: Interviewing 25 professional participants for a maximum of 1 hour per interview.

In order to conduct the Narrative Inquiry, I will meet with each participant individually, at least once, and up to three times if they wish. Each meeting will last up to an hour and a half. The location of these meetings will be negotiated with the participant, their parents and hospital education service. I will offer the choice of meeting spaces between their home and the hospital education school. Participants can opt to meet me alone (with a key adult in the same building), or with a key adult.

Participant involvement will be as follows:

1. Initial Meeting and Narrative Interview - Audio Recorded (March - July 2022).

Introductions; Building rapport; Gather demographic data; Re-establish verbal and written consent.
Conduct narrative interview using topic guide and visuals.
Ask participants if they would like another meeting to complete their narrative (voluntary).

2. Continued Narrative Interview- Audio Recorded (Voluntary; March - October 2022)

Re-establish consent; Conduct continued narrative interview using topic guide and visuals.

DATA ANALYSIS

3. Feedback Session (Voluntary; September - December 2022)

Present narrative back to participant; Check interpretations; Thank participant for involvement.

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5. **POTENTIAL BENEFITS AND TO WHOM: [maximum 100 words]** Tell us briefly what the main benefits of the research are and to whom.

1) **Participants:**

By participating in the study, young people may be empowered by sharing their stories. People can often find that telling 'their story' to an interested listener is therapeutic. This story will be presented back to them during the final 'feedback session' so that they have a positive and tangible conclusion to the experience of participation.

2) **Professionals working with young people with mental health needs, who may be referred to/receiving Outreach Hospital Education. This includes Educational Psychologists:**

By providing insight into participants' experiences, this study might contribute to professionals' critical understanding of Outreach Hospital Education and could enable them to identify how best to support young people who are currently receiving OHE/have received OHE/ may be referred to OHE in the future.

6. POTENTIAL RISKS/HARM TO PARTICIPANTS [maximum of 100 words]: What potential risks are there to the participants and how will you address them? List any potential physical or psychological dangers that can be anticipated? You may find it useful to conduct a more formal risk assessment prior to conducting your fieldwork. The University has an example risk assessment form and guidance : http://www.bristol.ac.uk/safety/media/gn/RA-gn.pdf and http://www.bristol.ac.uk/safety/policies/

RISK	HOW IT WILL BE ADDRESSED

RISK	HOW IT WILL BE ADDRESSED
Participants are aged between 11 and 16 and therefore cannot provide their own consent.	Parents will be contacted for written informed consent. Participants will be asked to provide written consent to ensure that they are voluntarily taking part. Participant assent will be reaffirmed at the beginning of each session.
Participants may experience anxiety through participation. This may be particularly likely as participants have identified metal health needs.	I will give participants agency to choose their preferred method of communication for the sessions: speech, writing or drawing. These options will be available throughout each session and will be led by the participant. I will allow participants, in discussion with their parents, to choose the venue of the sessions so that they can choose an appropriate environment for themselves. Choices offered will be: participant's homes or the Outreach Hospital Education school. Participants will be able to choose to have a key adult in the room with them during our meetings. A key adult will always be present within the same building. Multiple voluntary visits will allow participants to become familiar with me and with the type of conversation/communication that we will share. This familiarity would hopefully reduce anxiety. This will be further supported by giving the participants the choice of how many sessions we have (ranging from 1 – 3 sessions). Participants will be reminded of the opportunity to stop the interview at any point at the beginning of each session. They will be provided with 'stop' 'skip' and 'pause' cards if they do not wish to verbalise these choices.
Participants may become upset during the sessions.	During the first session, I will ask participants what they would find comforting if they become upset during the process. If they become upset, I will cease the interview immediately and use my skills as a Trainee Educational Psychologist to comfort and calm them. It will then be the participants choice of whether to continue or to end the interview for that session. Participants can exercise their right to withdraw from the study completely.
Participants may feel pressurised to share sensitive information and feelings.	The information sheet will make it clear that participation is voluntary. I will use the initial session to build rapport with participants so that they have the chance to get to know me before sharing any sensitive information they may wish to. I will ensure that I signpost to websites and agencies, such as counselling services, available to them, should they feel it is necessary following participation. Participants will have the option to 'skip' any question if they feel they don't want to answer. This will be made clear to participants prior to each session and they will be provided with a card that they can point

	to or put on the table to indicate their choice to skip if they do not want to verbalise this choice.
Participants may share something that is potentially harmful to themselves or others	The information sheet and consent form will warn of the limits of confidentiality and safeguarding and I will verbally remind participants of this at the beginning of each session with them.
Participants may not have discussed their experiences before	I will ensure that the recruitment information makes it clear that I will be discussing participants' experiences of receiving Outreach Hospital Education with them. If at any point I think the participant is becoming uncomfortable, I will redirect the conversation to more neutral topics. I will then also reaffirm that they want to carry on with the session and the project as a whole. I will remind them that participation is voluntary and that they can withdraw if they want to, with no consequence.
Safeguarding - Participants will be meeting with a new adult, possibly in a quiet separate room	The information sheet will contain information about myself and the fact that I am DBS checked Trainee Educational Psychologist who is able to work with children.
Due to the idiographic nature of the research, participants may be identifiable	Pseudonyms (chosen by the participants) will be used during write up. Any potentially distinguishing features, such as the names of people and places, will be omitted from the write-up.
Participants may not be aware/happy that their interview is being recorded. Recordings being kept incorrectly	Participants will be made aware that their interviews will be recorded and kept in line with data protection regulations. They will sign their consent for this on the consent form. They will also be reminded of their right to withdraw via the information sheet and consent form and if they choose to exercise this, the data will be destroyed. Data will be stored in audio files on the University of Bristol secure server until they are fully transcribed. Once transcribed, the audio files will be destroyed.

7. **RESEARCHER SAFETY [maximum of 200 words]:** What risks could the researchers be exposed to during this research project? If you are conducting research in individual's homes or potentially dangerous places then a researcher safety protocol is mandatory. Examples of safety protocols are available in the guidance.

RISK	HOW IT WILL BE ADDRESSED
Safeguarding – as I will be working possibly alone with young people, I am open to allegations.	I have an enhanced DBS check I will ensure another adult is nearby
I may become emotional/upset through the research process.	I will only conduct one or two interviews in any one day I will practise good self-care I will keep a reflective journal throughout the process I will access regular supervision throughout the research process
Interviews may be held in participants' homes.	Gloucestershire's EPS home visit policy will be followed. I will agree a 'buddy' with someone who is available at the time I should be finishing my visits. My buddy will be made aware of what time I arrive and what time I expect to be leaving. I will contact them when I have finished. If no contact is made within the expected time frame, they will call me. If there is no answer, they will access confidential address details that I would have provided and inform the police.
Due to working as a Trainee Educational Psychologist, I could	I will not recruit any services that I work with as a Trainee Educational Psychologist.

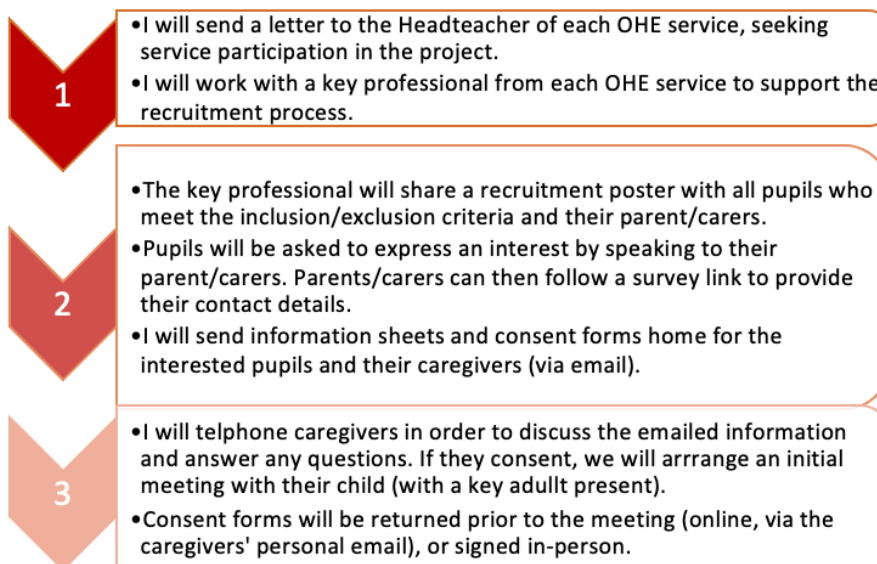| experience role confusion when meeting participants in a researcher role. If others perceive me as a Trainee Educational Psychologist, instead of a researcher, this could place me in an uncomfortable position and present as a conflict of interest.	I will be clear to everyone involved that I am assuming a researcher role. During recruitment and the initial meeting, I will make it clear that all sessions with participants will be research interviews.

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8. **RECRUITMENT PROCEDURES [maximum of 400 words]:** How are you going to access participants? Are there any gatekeepers involved? Is there any sense in which respondents might be "obliged" to participate (for example because their manager will know, or because they are a service user and their service will know), if so how will this be dealt with?

Recruitment will begin at the Outreach Hospital Education provision in Gloucestershire, as I am currently on placement within the Local Authority. As a Trainee Educational Psychologist within Gloucestershire, I do not have professional involvement with the Outreach Hospital Education service, however, as a researcher, I have gained a verbal agreement in principle regarding their participation in this study.

Recruitment will extend to two neighbouring Local Authorities, Bristol and Somerset, to ensure that I have the expected number of participants. These three Local Authorities have each been identified as having similar Outreach Hospital Education provisions for secondary-aged students, such that the young people that receive them are most likely to meet my participant inclusion criteria.

To recruit these provisions, I will first contact their Headteachers via email, asking for the service to be involved in the research study. If the Headteacher is happy to be involved, I will arrange a meeting with them and/or a senior key professional that they identify, in order to share and discuss the participant recruitment poster and information sheets with them.

The participant sampling method will be purposive and self-selecting. The recruitment of young people (YP) is summarised below; as the recruitment process will have an 'opt-in' approach, the hope is that young people will not feel obliged to take part.

1
- I will send a letter to the Headteacher of each OHE service, seeking service participation in the project.
- I will work with a key professional from each OHE service to support the recruitment process.

2
- The key professional will share a recruitment poster with all pupils who meet the inclusion/exclusion criteria and their parent/carers.
- Pupils will be asked to express an interest by speaking to their parent/carers. Parents/carers can then follow a survey link to provide their contact details.
- I will send information sheets and consent forms home for the interested pupils and their caregivers (via email).

3
- I will telphone caregivers in order to discuss the emailed information and answer any questions. If they consent, we will arrrange an initial meeting with their child (with a key adullt present).
- Consent forms will be returned prior to the meeting (online, via the caregivers' personal email), or signed in-person.

9.	**INFORMED CONSENT [maximum of 200 words]:** How will this be obtained? Whilst in many cases written consent is preferable, where this is not possible or appropriate this should be clearly justified. An age and ability appropriate participant information sheet (PIS) setting out factors relevant to the interests of participants in the study must be handed to them in advance of seeking consent (see materials table for list of what should be included). If you are proposing to adopt an approach in which informed consent is not sought you must explain in detail why this is not considered to be appropriate. If you are planning to use photographic or video images in your method then additional specific consent should be sought from participants.

All potential participants will be provided with a recruitment poster detailing the aims and purposes of the study, along with the methods that will be used in the research and level of participation required. If participants wish to take part, information sheets and consent forms will be sent home for themselves and their parents/carers.

The informed consent forms will make it clear that:

• Participation is completely voluntary.

• The research will accord with data protection legislation. With parental consent (via the parent/carer consent form; Appendix 5), participant transcripts will be archived and kept for 20 years on the Bristol University database (data.bris).

• Every effort will be made to ensure data is confidential unless potential harm to themselves or others is apparent. Limits to the confidentiality will be made clear in the confidentiality protocol.

• Participants can withdraw from the study at any time, but I may not be able to comply with their request if their data has been anonymised as detailed in the confidentiality protocol.

• They can obtain further information prior to giving consent. My contact details will be clear on all information sheets and consent forms.

Written consent will be obtained from participants and parents via returned consent forms, either prior to, or at the beginning of the initial meeting. Participant assent will be verbally reaffirmed at the beginning of each session.

Please tick the box to confirm that you will keep evidence of the consent forms (either actual forms or digitally scanned forms), securely for twenty years.	X

10.	If you intend to use an on-line survey (for example Survey Monkey) you need to ensure that the data will not leave the European Economic Area i.e. be transferred or held on computers in the USA. Online Surveys (formally called Bristol Online Surveys) is fully compliant with UK Data Protection requirements – see https://www.onlinesurveys.ac.uk/

Please tick the box to confirm that you will not use any on-line survey service based in the USA, China or outside the European Economic Area (EEA).	N/A

11.	**DATA PROTECTION:** All applicants should regularly take the data protection on-line tutorial provided by the University in order to ensure they are aware of the requirements of current data protection legislation.
	University policy is that "personal data can be sent abroad if the data subject gives unambiguous written consent. Staff should seek permission from the University Secretary prior to sending personal data outside of the EEA".
	Any breach of the University data protection responsibilities could lead to disciplinary action.

Have you taken the mandatory University data protection on-line tutorial in the last 12 months? https://www.bris.ac.uk/is/media/training/uobonly/datasecurity/page_01.htm

Yes	X

No [ ]

Do you plan to send any information/data, which could be used to identify a living person, to anybody who works in a country that is not part of the European Union?
See https://ico.org.uk/for-organisations/data-protection-and-brexit/data-protection-if-there-s-no-brexit-deal/the-gdpr/international-data-transfers/)

No [X]

Yes [ ] If **YES** please list the country or countries:

[ ]

Please outline your procedure for data protection. It is University of Bristol policy that interviews must be recorded on an encrypted device. Ideally this should be a University owned encrypted digital recorder (see http://www.bristol.ac.uk/infosec/uobdata/transcription/).

If you lose research data which include personal information or a data breach occurs, you MUST notify the University immediately. This means sending an e-mail to data-protection@bristol.ac.uk and telling your Head of School. See additional details at http://www.bristol.ac.uk/secretary/data-protection/data-breaches-and-incidents/

The UK Data Protection Act (2018) include potential fines of up to €20,000,000 for not protecting personal data – so please provide details about how you plan to ensure the protection of ALL research data which could be used to identify a living person.

Data will be downloaded from the recording iPhone and saved on the password protected University of Bristol server as soon as is possible following the interview and deleted from the recording device.

Once transcription has taken place, the digital recordings will be destroyed as this will have original names in. The anonymously transcribed data will then be archived within the University of Bristol data depository (data.bris) for 20 years; parents/carers will have given consent for the data being archived at data.bris.

Consent forms will be scanned into the University of Bristol server and the paper copies will be destroyed in confidential waste.

Pseudonyms, chosen by participants, will be used to ensure their data is not identifiable. Files will be saved with the pseudonym name, not the participants' real name.

In between sessions of data collection, anything that is produced during the sessions will be kept securely. Anything created by the participants during the sessions, such as drawings or written information will be scanned in and stored on the University of Bristol Server for as long as analysis is taking place. The paper copies will be disposed of in confidential waste. Following analysis, this information will be destroyed.

Any email correspondence with participants and/or their parents will be stored on my password protected Bristol University email account, and this will be deleted after data analysis.

In the event that a participant wishes to withdraw from the study, their assigned pseudonym will be used to identify all of the relevant information. All information will be deleted along with email correspondence, interview recordings and transcripts.

I will comply with data protection regulations both of the University of Bristol and of the UK Data Protection Act, GDPR

12.	CONFIDENTIALITY AND ANONYMITY	Yes	No
	All my data will be stored on a password protected server	X	
	I will only transfer anonymised data if it is encrypted. (For advice on encryption see: http://www.bristol.ac.uk/infosec/uobdata/encrypt/device/)	X	
	If there is a potential for participants to disclose illegal activity or harm to others you will need to provide a confidentiality protocol.	X	
	Please tick the box to **CONFIRM** that you warned participants on the information and consent forms that there are limits to confidentiality and that at the end of the project data will be stored in a secure storage facility. https://www.acrc.bris.ac.uk/acrc/storage.htm	X	

Please outline your procedure for ensuring confidentiality and anonymity.

- Digitally signed consent forms to be stored electronically on the University of Bristol server. If a hand-written consent form is returned, it will be scanned on to the server and the original securely destroyed.
- A confidentiality agreement will be addressed through the information sheet. It will explain that what is discussed by participants will remain confidential and unidentifiable to them during write-up. It will explain that if they wish to withdraw their information, or any part of it, they just need to contact me.
- The limits of confidentiality will also be explained, I will make it clear that if they indicate that themselves or anyone else is at risk of harm, I will need to tell an appropriate person (in lines with safeguarding procedures), and will need to inform the participant of this. This will be made clear in the information sheet and consent form, and participants will be verbally reminded of this at the beginning of each session.
- The interview will be recorded using a password protected iPhone. Recordings will be uploaded on to the University of Bristol server. The recordings will then be deleted from the iPhone or voice recorder.
- Pseudonyms, chosen by participants, will be used to protect participants' anonymity for write up. Participant personal information (such as name, email address and phone number) will be stored in a password protected excel spreadsheet on the University of Bristol server. This document will be the only place where the pseudonym and participant real name will be linked. This document will be destroyed at the conclusion of the dissertation write up.
- Interview data will be transcribed by myself to ensure confidentiality. Any distinguishing features within interviews will be anonymised, such as names of places, services and other people.
- The transcripts will be stored on to the University of Bristol server under participant pseudonyms and the audio files will be deleted.

13 Data Management

It is RCUK and University of Bristol policy that all research data (including qualitative data e.g. interview transcripts, videos, etc.) should be stored in an anonymised format and made freely and openly available for other researchers to use via the data.bris Research Data Repository and/or the UK Data Archive. What level of future access to your anonymised data will there be:

- Open access?
- Restricted access - what restrictions?
- Closed access - on what grounds?

This raises a number of ethical issues, for example you MUST ensure that consent is requested to allow data to be shared and reused.

Please briefly explain;

1) How you will obtain specific consent for data preservation and sharing with other researchers?
2) How will you protect the identity of participants? e.g. how will you anonymise your data for reuse.
3) How will the data be licensed for reuse? e.g. Do you plan to place any restrictions on the reuse of your data such as Creative Common Share Alike 2.0 licence (http://creativecommons.org/licenses/by-sa/2.0/uk/)
4) Where will you archive your data and metadata for re-use by other researchers?

Due to the small scale nature of the research study, the data will not be made available for future researchers. Given the small number of participants within a small and identifiable population, the risk of reidentification is thought to be too great. Protecting participants' identity is of paramount importance, hence the decision for closed access to the data.

SECONDARY DATA ANALYSIS

14. Secondary Data Analysis

Please briefly explain (if relevant to your research);

(1) What secondary datasets you will use?
(2) Where did you get these data from (e.g. ESRC Data Archive)?
(3) How did you obtain permission to use these data? (e.g. by signing an end user licence)
(4) Do you plan to make derived variables and/or analytical syntax available to other researchers? (e.g. by archiving them on data.bris or at the UK Data Archive)
(5) Where will you store the secondary datasets?

N/A

PLEASE COMPLETE FOR ALL PROJECTS

15. **DISSEMINATION OF FINDINGS [maximum 200 words]:** Are you planning to send copies of data to participants for them to check/comment on? If so, in what format and under what conditions? What is the anticipated use of the data, forms of publication and dissemination of findings etc.? .

During the final (optional) session with participants, I will take their narratives back to them in written form, for them to comment upon. We will look at this together and I will invite them to edit any of my writing and check that they are happy with it.

The findings will be written up as a full dissertation to be submitted for my Doctorate in Educational Psychology.

I will offer to present my findings to the Hospital Education Services that are involved in the study, as well as their local authority Educational Psychology services.

I will consider publishing the research in an academic journal.

16. **ADDITIONAL INFORMATION**: Please identify which of the following documents, and how many, you will be submitting within your application: Guidance is given at the end of this document (appendix 1) on what each of these additional materials might contain.

Additional Material:	NUMBER OF DOCUMENTS
Participant information sheet (s)	1
Consent form (s)	2
Confidentiality protocol	(Included in the information sheet and consent form)
Recruitment letters/posters/leaflets	4
Photo method information sheet	N/A
Photo method consent form	N/A
Support information for participant	1 (Debrief sheet)
3rd party confidentiality agreement	N/A

Please DO NOT send your research proposal or research bid as the Committee will not look at this

SUBMITTING AND REVIEWING YOUR PROPOSAL:

- To submit your application you should create a **single Word document** which contains your application form and all additional material and submit this information to the SPS Research Ethics Administrator by email to sps-ethics@bristol.ac.uk

- If you are having problems with this then please contact the SPS Research Ethics Administrator by email (sps-ethics@bristol.ac.uk) to discuss.

- Your form will then be circulated to the SPS Research Ethics Committee who will review your proposal on the basis of the information provided in this single PDF document. The likely response time is outlined in the 'Ethics Procedures' document. For staff applications we try to turn these

around in 2-3 weeks. Doctoral student applications should be submitted by the relevant meeting deadline and will be turned around in 4 weeks.

‒ Should the Committee have any questions or queries after reviewing your application, the chair will contact you directly.   If the Committee makes any recommendations you should confirm, in writing, that you will adhere to these recommendations before receiving approval for your project.

‒ Should your research change following approval it is <u>your responsibility</u> to inform the Committee in writing and seek clarification about whether the changes in circumstance require further ethical consideration.

Failure to obtain Ethical Approval for research is considered research misconduct by the University and is dealt with under their current misconduct rules.

Chair: Beth Tarleton   (beth.tarleton@bristol.ac.uk)

Administrator: Hannah Blackman   (sps-ethics@bristol.ac.uk)

Date form updated by SPS REC: January 2019

Dear Lucy

Listening to 'Invisible' Voices: A Narrative Inquiry into the Outreach Hospital Education Experiences of Young People with Mental Health Needs (SPSREC2122238)

Thank you for responding so fully to the SPS REC comments regarding the project above.

The committee has now given ethical approval to your research. Your research can now be conducted in accordance with the application and additional responses the committee has reviewed.

If you require a formal letter of approval, please contact Hannah Blackman.

Please do let me know if your project changes, you may need an amendment to your ethical approval. If this is the case, please email me, via the sps-ethics mailbox, including the following information:
· The title and reference number of your application
· The reason for the amendment
· The proposed change to the methods
· Any ethical considerations related to the proposed change in methods

We hope your research goes really well.

With very best wishes.

Beth Tarleton
On behalf of the SPS REC