

Appendices document to support:

Teaching assistants' experiences of supporting children's mental health: an IPA study

Ida Conboy

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Appendix A - An Outline of the Researcher's Notes from the Systematic Literature Review

This review was conducted on 4/7/19. A subsequent search on 14/4/20 returned no additional relevant articles.

Authors & Year	Phenomena under study/ Aims	Setting	Sample	Outcome measures/ Data Collection	Data Analysis
Littlecott, Moore, & Murphy (2018).	How support staff build relationships with students and support their health and wellbeing. How do support staff's roles differ from teachers? How are the well-being roles perceived by staff, students, and parents?	Purposive sampling 4 secondary schools in South Wales	Snowball sampling technique Range of staff (different roles) interviewed from each school (3-5) Students – 6-8 from each school – range of year groups (chosen by teachers) 1-4 Parents from each school (3 of 4 schools used parents that were employed in the school)	Collected between oct 2014 – April 2015 Semi-structured interviews with members of staff Semi-structured paired interviews with students	Thematic Analysis & Aspects of Grounded Theory
Wood (2018)	How schools are implementing SEL schemes that focus on child social and emotional well-being.	Northern England – Primary Schools 3 phases Phase 1 – 38 schools Phase 2 & 3 – 4 schools	Phase 1 – 402 staff members (range of roles) Phase 2 – 44 staff members Phase 3 – 24 Staff members (1 of each role type per school; management, inclusion co-ordinator, teacher, TA, pastoral staff, and welfare staff).	18 month long mixed-methods empirical study Phase 1 – 29 item questionnaire (Likert-scale or open-ended questions) [not reported] Phase 2 – focus groups Phase 3 – Semi structured interviews	Quantitative data not described in this article Content Analysis Only 1 theme is discussed in this article

Lee (2016)	Experiences of pastoral support staff who attended self-harm training in secondary schools	Secondary school staff (geographical location not stated)	Purposive sampling 10 pastoral staff (9 female, 1 male)	Quantitative data of knowledge pre and post training (self-report). Semi-structured interviews in 6 weeks following training.	Interpretative Phenomenological Analysis
Kendal, Callery & Keeley (2011)	Exploring the feasibility and acceptability of an approach to emotional wellbeing support (The Change Project) for high school students. The Change Project – help for children with emotional difficulties; children could self-refer for appointments	Secondary schools in Northern England	12 pastoral and teaching support staff delivered the project; project operated between 2006-7 Interviews: (snowballing and purposive recruitment methods) 27 school staff 23 students (aged 11 – 16)	Semi-structured interviews	Analysis processes involved familiarisation with the data, coding, checking, summarising and charting
Burton, & Goodman (2011)	Exploring the perspectives of SENCOs and support staff in England on their roles, relationships and capacity to support inclusive practice for students with behavioural emotional and social difficulties.	Merseyside and West Midlands 3 secondary schools & 1 academy school Purposive sampling: In all schools SEND and free school meals were above the national average	4 SENCOs 8 support staff (various role names)	Conducted as part of a larger study that included interviews with additional staff members. Semi-structured interviews (conducted in 2010)	Thematic Analysis

Kidger, Donovan, Biddle, Campbell & Gunnel (2009)	Supporting adolescent emotional health in schools: a mixed methods study of student and staff views in England	England secondary schools	<p>Random sample of 269 secondary schools sent questionnaire, 75 schools returned</p> <p>Purposive sampling from survey data – 8 schools selected</p> <p>Student focus groups – 154 students aged 12-14</p> <p>Staff – 15 staff members</p>	<p>Quantitative data on the emotional health and wellbeing provisions in school</p> <p>Qualitative data</p>	<p>Quantitative data – descriptive statistics</p> <p>Qualitative data- Thematic Analysis (interview and focus groups were analysed separately)</p>
Burton (2008).	Evaluation of an emotional literacy support assistant (ELSA) programme	<p>Geographical location not stated.</p> <p>Primary and secondary schools.</p>	<p>Primary and secondary schools ELSAs (total number unknown).</p> <p>Questionnaires completed by: 13 ELSAs 14 line managers 58 pupils Teacher questionnaires completed about 54 pupils</p>	<p>Questionnaires - Quantitative and qualitative questions.</p> <p>Pupil Attitude to Self and School (PASS) rating scale (used with five children aged 7-8, and one 11 year-old).</p>	Not stated, descriptive statistics of quantitative data
Groom & Rose (2005)	Identify factors that contribute to effective practice by TAs in supporting the inclusion of pupils with SEBD in key stage 2.	Rural and urban areas of one U.K. local authority (not named).	<p>Phase 1 – Head teachers from 94 schools</p> <p>Phase 2 – line manager of TAs in 20 schools</p> <p>Phase 3 – governors (5), teachers (5), TAs (8), line managers (5), pupils (10) and parents (6) at five schools.</p>	<p>Phase 1 – Questionnaire (set questions and open-ended questions)</p> <p>Phase 2 – Follow up questionnaire (set questions and open-ended questions)</p> <p>Phase 3 – semi-structured interviews</p>	<p>Phase 1 – descriptive statistics</p> <p>Phase 2 & 3 – no description of how qualitative data were analysed</p>

Shearman (2003).	What is the reality of "inclusion" for children with emotional and behavioural difficulties in the primary classroom?	Primary Schools (geographical location not stated) Recent government reforms about inclusion. This article focusses on children with EBD that would have previously been in special schools.	Case studies - 3 boys aged: two aged 7, one aged 11.	Observational material	Psychoanalytic framework used to understand material
Moran & Abbott (2002)	Investigating the roles and responsibilities of teaching assistants in relation to inclusion.	Northern Ireland 6 special schools 5 mainstream schools with special units (primary and post-primary)	Principals in special schools Heads of Moderate Learning Difficulties Units in mainstream schools	Semi-structured interviews	Analysed under main headings to detect patterns of opinion
THESIS Bracewell, A. M. (2011). (Doctoral dissertation, Institute of Education)	Perceptions among primary school staff of their role, responsibility and relationships when promoting emotional wellbeing and mental health.	London borough Mainstream primary schools	20 primary school staff 10 teachers 10 TAs Questionnaire sample- Separate groups of 40 teachers and TAs (anonymous)	Semi-structured interviews and vignettes Questionnaire and vignettes	Thematic Analysis Frequency data produced for quantitative feedback

Appendix A (cont.)

Description of Studies

Littlecott, Moore, and Murphy (2018)

Strengths

- The sampling procedures they used resulted in a range of schools that represented different geographical locations, sizes and socio-economic status in South Wales as determined by Welsh statistics
- There is an overview of views and they are presented in a seemingly balanced way, there are both positive and negative comments described

Limitations:

- Littlecott, Moore, and Murphy (2018) describe that previous research has tended to focus on teachers, arguing that support staff's relationships with students should be explored. However, 'support staff' is being used as a very broad term to encompass a range of job roles, including: TAs, ICT technicians, nurses, pastoral staff, and foreign language assistants. There is little clarification of the differences between these roles in the research, apart from the school nurse who is given particular attention in one school.
- They did not recruit a range of school staff participants. Most school staff participants in the research were teachers or senior leaders; in one school, no support staff were interviewed at all.
- Despite having an aim that focussed on relationships, there was little exploration of relationships in the research; it instead, described school systems generally.
- All students interviewed in the research (except one) were White British. This could be reflective of the areas of the schools or, as the students were chosen by teachers, it may illustrate some biases that the teachers held.
- Only one school was able to recruit parent participants; the remaining schools included parents that were employed at the school. As a result, parental views were not discussed in detail in the research.

Wood (2018)

Strengths

- Mixed-methods approach- in the whole data set, quantitative data is used for additional information and also was used to help the researcher select schools for phases 2 and 3
- Schools were chosen that varied in social class, size, ethnicity etc.

Limitations

- Only focusses on one theme that was found and varied views are not explored within this theme
- SEL is no longer recommended by government

Lee (2016)

Strengths

- Mixed methods approach – both quantitative and qualitative data provide unique additional information (e.g. scores on pre-knowledge were explored with participants in interviews)

- The author outlines how the interview schedule was developed and amended following a pilot interview
- Analysis method (IPA) was described in detail

Limitations

- Quantitative data on knowledge pre and post training was self-report so may not be a true representation of knowledge
- The researcher ran the training so this may have influenced participants responses in interviews
- 9 themes listed however many not explored in the findings or discussion sections.
- Limited description of participants' experiences, the findings section only included quantitative and qualitative data linked to knowledge.

Kendal, Callery & Keeley (2011)

Strengths

- Demographics stated for the differences between socio-economic status in the schools, although all in top 20% most deprived so still somewhat biased
- Data collection continued until a representative sample (considering schools, gender, role in school and association with the project) were obtained
- Topics that were raised by each group (e.g. staff that ran the project, students, other staff) are clearly outlined in the article

Limitations

- Including quantitative data would have provided further information on the success of the project
- Some themes/ topics not explored (e.g. for staff running the intervention, a topic was named 'personal experience of delivering project e.g. professional development, interest, difficulties' p.196)
- Stated that some interviews were group and some individual but little information about this and whether there were any differences between data generated

Burton, & Goodman (2011)

Strengths

- Support staff used as a general term however it is clarified that all staff used in the research had similar responsibilities
- Detailed explanation of themes (with quote examples) in the findings section

Limitations

- SENCOs are described as being low on the school hierarchy so their views are often not distinguished from support staff
- Differences between schools are not discussed

Kidger, Donovan, Biddle, Campbell & Gunnell (2009)

Strengths

- Survey data was used to select schools with a range of emotional health support as well as their geographical location, and the number of children eligible for free school meals.
- A clear rationale is provided for the method of focus groups for students
- Focus groups and interviews were analysed separately (reducing bias in analysis) but then compared in the findings section.

- Qualitative data exposed some inaccuracies or misleading information in the quantitative data

Limitations

- A range of staff were interviewed however TAs were only interviewed in one of the eight schools
- Participants were selected by schools. They were asked to choose someone that had a role in supporting emotional health, therefore schools may have had a tendency to choose someone more senior.
- The abstract states that for staff interviews there were 12 interviews with 15 individuals however there is no information in the article about how or why some staff were presumably interviewed together.
- All staff treated as the same (no exploration of opinions depending on role).
- Students were selected by staff (may have been an element of bias or gatekeeping) and focus groups may have led to conformity.

Burton (2008)

Strengths

- Data included from a range of participants (ELSAs, line managers, students, and teachers).
- A range of data is provided (quantitative and qualitative) about the perceived benefits of using ELSAs

Limitations

- Methodology is not clearly stated (e.g. number of participants)
- Data analysis is not described
- PASS scales were only used for a small number of children and this data was not statistically analysed
- Author's investment in the ELSA programme may have resulted in a biased reporting of data

Groom & Rose (2005)

Strengths

- Mixed methods approach provided a wealth of data
- The research began broad and with each phase became more specific

Limitations

- Themes are generated from questionnaire and interview data however there is no indication of how the qualitative data were analysed to produce these themes.
- There is limited exploration of the TAs' views themselves
- Recommendations were developed for inclusive practice for children with SEBD however this research is based on self-report and individual perspectives; it does not necessarily reflect what is helpful for children.

Shearman (2003)

Strengths

- The psychoanalytic lens provides a different way of viewing the relationships between school staff and children
- The author states her investment in the research

- Multiple factors contributing to the relationships between the children and staff are discussed in detail

Limitations

- Author claims to be objective however objectivism in this style of research would be very difficult, some descriptions of children and observations appear subjective
- Some descriptions of observations appear to be from memory; this is further evidence that the author would have struggled to be objective
- All children are ethnic minorities and the impact of this is not discussed

Moran & Abbott (2002)

Strengths

- Range of school sizes included in sample
- Provides interesting information on the view of TAs in special schools whereas other research has focussed on mainstream schools
- Authors state that care was taken to include quotations from all different types of schools

Limitations

- Limited description of demographics of schools
- Limited explanation of data analysis
- Only principals/ head of departments' perspectives rather than TAs'
- Focus on special schools and schools with additional provisions so may not be as relevant to compare to research conducted in mainstream schools
- In terms of the relevance to this literature review, the article discusses inclusion generally and does not focus specifically on emotional wellbeing

Bracewell (2011)

Strengths

- Mixed method approach provided a wealth of information and highlighted differences between interview data and questionnaire data. The author comments that with the anonymous questionnaire, participants may have been more honest
- TA and teacher views are equally sought and emphasised

Limitations

- Although a section is provided on the differences between TA and teacher views, at times it is not clear whether views belong to teachers or TAs
- Some leading questions in the quantitative data may have led to teachers identifying areas that contribute to emotional wellbeing that they may not otherwise have identified
- Thesis, therefore not published in a peer-reviewed journal

Appendix B – Letter to Head Teachers

RESEARCH INFORMATION

The Researcher
 Ida Conboy
 iconboy@tavi-port.nhs.uk
 iconboy@[REDACTED].gov.uk
 07 [REDACTED]

Request for Participants

The purpose of this letter is to provide you with the information that you need when deciding whether a member of your school staff can participate in this study.

Project Title

An investigation into teaching assistants' understanding of their role in supporting children's mental health.

Background to the Research

I am a Trainee Educational Psychologist on a doctoral programme at the Tavistock and Portman NHS Trust. I currently work in the London Borough of [REDACTED] and as part of my ongoing doctoral thesis, I am conducting some exploratory research in the borough. The research is under the supervision of Dale Bartle at the Tavistock and Portman NHS Trust.

Aims of the Research

My research aims to explore how teaching assistants in mainstream primary schools perceive their role in relation to supporting pupils' mental health. This is a relatively under-explored area, and I am very interested to hear the views of those who work within the borough.

What does it involve?

- One individual interview with a teaching assistant lasting approximately one hour
- One teaching assistant will be interviewed per participating school
- I will be asking the staff member some questions relating to their role and experiences.
- With your permission, the interview would be conducted in a private room in the school at a time that suits the school and the teaching assistant.

All information will be treated confidentially and participants will have the right to refrain from answering any questions that they do not wish to answer. All views will be treated with respect.

At the end of the interview, participants will be provided with some general information on supporting children's mental health in school. There will also be information about where they can seek further advice should they need it. Finally, I

will be available to contact following the research should they have any concerns and need further direction as to where to seek support.

Participant Exclusion and Inclusion Criteria

If you are happy for a teaching assistant from your school to be involved in the research, please consider these criteria:

- Teaching assistants must have had experience of working for at least a year
- Teaching assistants must spend at least half of their time in a general class support role (i.e. (1) not attached specifically for one child as part of an EHCP, (2) if HLTAs, not spending over half of their time in a teaching role/ covering classes).
- Teaching assistants must not have worked with the researcher in her role as a trainee educational psychologist.

Confidentiality of the Data

Pseudonyms will be used in the research and participants and schools will not be identifiable. All data will be stored securely at the local authority building. Data will be held for 6-10 years and will be destroyed confidentially after this time. Participants will be given the option for the research to be shared with them once it has been completed.

Disclaimer

Participation in this study is entirely voluntary. The decision to participate or not, will not affect your, or the school's current or future, professional working relationship with the local educational psychology service in which this research is taking place.

Appendix C – Participant Information and Consent Form

The Tavistock and Portman 
NHS Foundation Trust

Ethical approval for this research has been obtained from the Tavistock and Portman Trust Research Ethics Committee

If you have any queries regarding the conduct of the programme in which you are being asked to participate, please contact:

Paru Jeram, Trust Quality Assurance Officer pjeram@tavi-port.nhs.uk

The Researcher

Ida Conboy

iconboy@tavi-port.nhs.uk

iconboy@[REDACTED].gov.uk

07 [REDACTED]

Consent to Participate in a Research Study

The purpose of this letter is to provide you with the information that you need to consider in deciding whether to participate in this study.

Project Title

An investigation into teaching assistants' understanding of their role in supporting children's mental health.

Location

London Borough of Anonymous

Background to the Research

I am an Educational Psychologist in Training on a doctoral programme at the Tavistock and Portman NHS Trust. I currently work in the London Borough of [REDACTED] and as part of my ongoing doctoral thesis, I am conducting some exploratory research in the borough. The research is under the supervision of Dale Bartle at the Tavistock and Portman NHS Trust.

Aims of the Research

My research aims to explore how teaching assistants in mainstream primary schools perceive their role in relation to supporting pupils' mental health. This is a relatively under-explored area, and I am very interested to hear the views of those who work within the borough.

What does it involve?

For each participant, I will be conducting one individual interview which you are invited to take part in. In the interview I will ask you some questions relating to your role and your experiences. With your permission, the interview will be recorded (audio). The interview should take about an hour. All information will be treated confidentially and you have the right to refrain from answering any questions that you do not wish to answer. All views will be treated with respect.

To minimize the ambiguity of the term 'mental health problems', this research will be based on the following definition.

Definition of mental health problems

Short term stress and worry is a normal part of life and many issues can be experienced as mild or transitory challenges for some children and their families. Others will experience more serious and longer lasting effects. The same experience can have different effects on different children depending on other factors in their life. For example, it is normal for children to feel nervous or under stress around exam times, but other factors can make such stress part of an enduring and persistent mental health problem for some children. When a problem is particularly severe or persistent over time, or when a number of these difficulties are experienced at the same time, children are often described as experiencing mental health problems.

At the end of the interview you will be provided with some general information on supporting children's mental health in school. There will also be information about where you can seek further advice should you need it. Finally, I will be available to contact following the research should you have any concerns and need further direction as to where to seek support.

Confidentiality of the Data

Pseudonyms will be used in the research and participants and schools will not be identifiable. All data will be stored securely at the local authority building. Data will be held for 6-10 years and will be destroyed confidentially after this time. You will be given the option for the research to be shared with you once it has been completed.

Disclaimer

You are not obliged to take part in this study, and are free to withdraw up until the data has been anonymised. Should you choose to withdraw from the programme you may do so without disadvantage to yourself and without any obligation to give a reason.

Consent to Participate

An investigation into teaching assistants' understanding of their role in supporting children's mental health.

Ida Conboy (Educational Psychologist in Training)

I have read the information relating to the above programme of research in which I have been asked to participate and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researcher involved in the study will have access to the data before it is anonymised. It has been explained to me what will happen once the experimental programme has been completed.

I hereby freely and fully consent to participate in the study which has been fully explained to me. This will involve one interview lasting approximately one hour that will be audio recorded.

Having given this consent I understand that I have the right to withdraw from the programme at any time without disadvantage to myself and without being obliged to give any reason.

Participant's Name (BLOCK CAPITALS)

.....

Participant's Signature

.....

Investigator's Name (BLOCK CAPITALS)

.....

Investigator's Signature

.....

Date:

Appendix D – Interview Schedule

Introduction and Questions (45 minutes)

- Introduce myself – my background as a teacher and my current role (interested in the contribution TAs make, give TAs a voice in research, might feel like I am not saying much- I want to hear about your experience and understanding, no right/wrong answers, take time answering/thinking)
- Explain the interview process – ask permission to tape record and make written notes
“We are going to have a discussion where you will be able to explain your views and talk about your experiences as a TA. We are going to be talking about this in relation to children’s mental health”
- Discuss confidentiality and its limits – sign consent form
- Complete demographic form
- Share the DfE definition of ‘mental health problems’ for TA to read (this definition was also included on the participant information sheet)

Short term stress and worry is a normal part of life and many issues can be experienced as mild or transitory challenges for some children and their families. Others will experience more serious and longer lasting effects. The same experience can have different effects on different children depending on other factors in their life. For example, it is normal for children to feel nervous or under stress around exam times, but other factors can make such stress part of an enduring and persistent mental health problem for some children. When a problem is particularly severe or persistent over time, or when a number of these difficulties are experienced at the same time, children are often described as experiencing mental health problems.

Do you have any questions about this definition?

Question 1: Thinking about your experience as a TA, do you have any thoughts or reflections after reading this definition?

Alternative Question:

Was there anything you particularly thought about when reading this definition?

Question 2: Can you describe a recent experience when you have worked with a child who might be described as experiencing mental health problems?

Prompt questions:

In what way do you support that child?

What did you do in that situation?

What did other people do in that situation?

Who else is involved in supporting that child?

Are there any other things you do to support children’s mental health?

Are there any other children who you work with that could be described as experiencing mental health problems?

Are there particular times of the day when you notice children with mental health problems?

You’ve mentioned ... and ... is there anything else you do to support children with mental health problems?

Question 3: What was that experience like for you?

Prompt questions:

How did you feel about that?

What impact did that have on you?

Who supports you with that? Does anyone support you with that?

Question 4: What do you feel are the main barriers/ obstacles for you when working with children with mental health problems?

Prompt questions:

What challenges have you faced?

Are there any times when you've found it particularly difficult working with a child with mental health problems?

Would anything help you with that?

Question 5: In your experience, has anything been particularly helpful when working with children with mental health problems?

Prompt questions:

What have you found useful?

Can you describe an experience of working with a child with mental health problems that went well?

Additional Comments: Is there anything relevant to what we have discussed that you would like to add?

Is there anything you wanted to expand upon that you haven't had the opportunity to today?

General prompts:

Can you tell me a bit more about that?

What do you mean by 'X'?

Is there anything else you can tell me?

You said, can you talk about this more?

What do you think about that?

Debrief (15 minutes)

- Thank participant for their time
- Talk through the participant debrief sheet which signposts support for TAs in dealing with mental health.
- "Do you have any questions or is there anything you'd like to discuss?"

Appendix E: Example of Stage 2 and 3: Initial Noting and Emergent Themes for Karen (page 2)

The page follows a structure of:

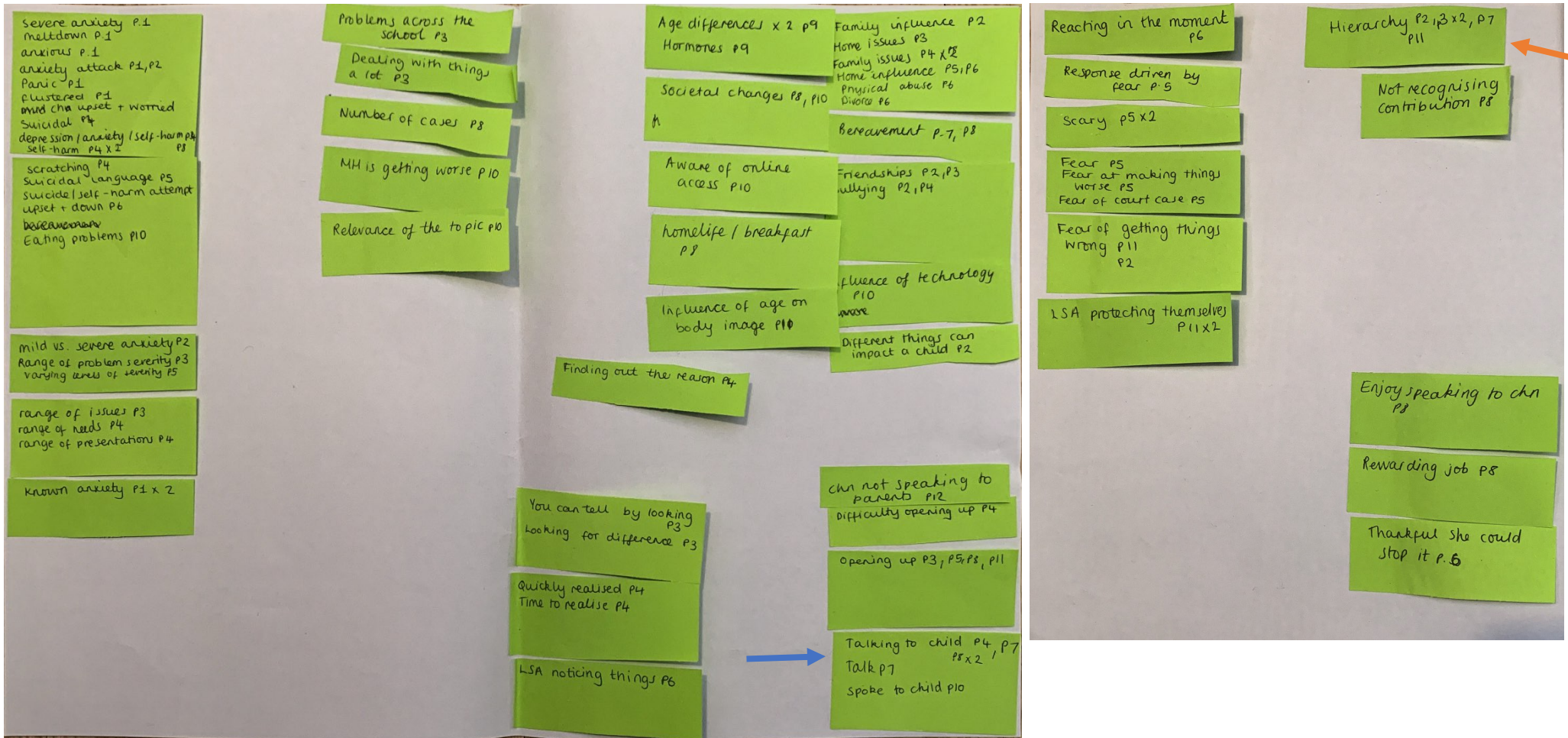
Emergent Themes	Interview Transcript	Descriptive comments	Linguistic comments	Conceptual comments
<p>mild vs. severe anxiety SATS impacting MH Pressure on Karen One to one Supportive role Responsibility Not knowing what to do knowing child well anxiety attack Importance of SATS exam + worry MH impacting results Hierarchy Fear of getting things wrong anxiety attack chn upset + worried Family influence Friendships Bullying if things can impact a child chn going to LSAs Approachable</p>	<p>Karen: just mild maybe mild anxiety, but again, just sudden, <u>sudden attack, erm, of panic.</u> Erm, and breathing. Erm, but this was quite <u>severe.</u> Yeah, she, and I think it made it worse because it was a proper SATS exam. And then, because, you know, <u>you worry because had, everything had to be done correctly.</u> <i>Interviewer: Yeah. And when you say we, who was sort of involved with helping her?</i> Karen: I was, I was with her on my own in that because I was, I wasn't normally in that year, she was in Year six, I work in Year five. But because I was with her one to one, just basically, she had, it was a reading exam, I think. So obviously, I couldn't help with it or anything. I was just literally there for support. <u>So it was me that sort of decided just to write the time on there and take her out and bring her back again.</u> <i>Interviewer: Did you have mainly just that interaction with her and then not in the classroom?</i> Karen: not normally I, although I knew her from year 5. So I did know her very well. <i>Interviewer: Yeah. And what was that experience like for you?</i> Karen: Yeah, I was I <u>worried because not about the anxiety attack because I'd seen her not quite as bad as that before, but I was worried obviously, the fact that it was a proper exam.</u> And I thought if I don't get her back again (laughing), you know, she won't be able to take this exam. But luckily it only took about five or 10 minutes to get her settled and back down doing the exam. So obviously... she sh.. she passed fine. But like I say <u>she probably should have done better.</u> But I was worried more that I was doing everything right. Because, you know, I thought <u>am I allowed to take her out for five minutes?</u> Erm, I was, I was... <u>sure I probably was</u> but I obviously wrote everything down that I had taken her out for five minutes and brought her back again. <i>Interviewer: Had you experienced some anything like that before?</i> Karen: Not the <u>anxiety attack.</u> I have seen anxiety attacks before but not during an exam. <u>We've had children upset before exams, after exams. But I've never actually come across of one actually in the middle of exam before.</u> <i>Interviewer: Okay. And you said there are other children that you thought of?</i> Karen: Yeah, again with the anxiety we do get children obviously the various things you know, they get <u>upset</u> about. <u>Worried</u> about, we see children worried about things every day, every day, we see a child worried about something. It can be something very, very mild, something a bit silly sometimes (laugh), or it can be something that's you know, quite a major thing <u>that's happened in their family or it could be something to do with school.</u> Lots of friendship issues. Which, to us seems very, you know, <u>mild and silly.</u> But to them is such a big thing. You know, they've fallen out with their friends or to them, it's the end of the world. You know, to us, it's 'oh you'll be back friends again', you know, 'next week' but to them, it can be something quite serious. Erm, bullying, again, all different things that can affect a child. Obviously, as an LSA, we see it day in day out. Erm, sometimes they come to us rather than the teacher. Erm, maybe they think the teachers too busy or - which a lot of times they are. But other times, I think maybe sometimes we're a little bit <u>more approachable</u> to them. And they often come to us first rather than going to the teacher. <i>Interviewer: Okay. Why do you think it is you're more approachable?</i></p>	<p>mild anxiety but sudden This was worse because of SATS On her own with child one to one Supportive role Decided herself to take break know child well worse anxiety attack karen had not seen her like it before Karen was worried about the SATS exam Took 5/10 mins to get her settled child passed but could have done better Karen worried that she was doing things correctly + wrote everything down chn upset / anxiety before + after an exam but not during until this girl chn worried about things everyday. Variety of mild + major Family influence Friendship issues that seem small to adults but big to chn. bullying Different things can affect a child chn go to LSAs over teachers Teachers too busy chn will go to LSA first</p>	<p>panic attack Emphasising extent proper exam - importance of it child underperforming was been mentioned several times. anxiety attack I wonder if there is a distinction between upset + anxiety attack? upset, worried highlight the magnitude of friendship problems for chn. approachable</p>	<ul style="list-style-type: none"> • Karen's worry • It seems like Karen felt pressure on herself to get it correct. • It seems like Karen felt this was a real dilemma - what to do. Perhaps a level of responsibility that she didn't want • It is interesting that Karen thinks the main source of her own worry was the SATS exam. Her and the child seem to share the same worry about it. ^{removes} her laughter shows her discomfort with the situation. • Who would give Karen permission? Does she think she might not have been allowed by the SATS organisers or the school? Perhaps a nod to the hierarchy in the school • Karen is still not sure if she did the correct thing, is she still worried about this? • The fact that it was during an exam is the most important distinction to Karen • I wonder if home situations are seen as major and school situations as mild? And whether there is a crossover with safeguarding here.

Example of Stage 2 and 3: initial noting and emergent themes for participant Karen (page 7)

<p>LSA role vs Teacher role Hierarchy</p>	<p>busy teaching, you know we're the ones tend to observe, you can look around the class and observe more than a teacher can, <u>it sounds like I'm taking things away from being teacher now (laughter)</u> but but you do, you notice things more. And like I say, they usually tend to come to you, rather than teacher.</p>	<p>LSAs observe more than teachers Notice things Chn go to LSA</p>		<ul style="list-style-type: none"> • Not wanting to overstep? Considering the hierarchies of schools. Also she knew I was a teacher so perhaps she thought she was offending me.
<p>Training</p>	<p>Interviewer: So you, you'd want more training on how to... what specifically do you think? Karen: I think maybe just to support children that might need help or how to deal with certain situations. I mean, I feel I feel because I've been here a long time. And because I've had children of my own, I feel I do deal with it ok (laughter). Erm, and I think, you know, I've got by on the skills I have got from having my own children, and what I've known from various members of my family having depression or anxiety. Erm, but I think I'm lucky in that respect. There might be somebody who hasn't worked here very long, and who doesn't really know a lot about mental health, and maybe wouldn't deal with the situation very well. If they if, if they were in a situation where something would have happened, it could have <u>dire consequences</u> for them. You know, I think there should be some sort of training for, for <u>not everybody, but maybe</u>, you know, well, possibly for everybody. Erm, you know, one person could do the course and then tell everybody else. Yeah, but certainly there needs to be some sort of guidance to how to deal with certain children.</p>	<p>Training - support chn or deal with situations Experience as LSA + mother have helped her as well as personal experiences</p>		
<p>Experience as LSA + a mother Personal experience</p>	<p>Interviewer: Okay, so is there anything else apart from training that you'd say is a barrier or an obstacle for you? Karen: Not really no. Erm, that's probably, that's the main thing is how to deal with certain situations. And I know some people, like I say, I've been on lots of, how to deal with children with autism, I know that's a completely different thing. But erm, you know, some members of staff, don't necessarily know how to deal with children like that, because they've not been in a situation or not been in class with a child with autism. And they've not been on a course or not been given the guidance. Erm, so I think that is important, just having some sort of idea of how to deal with certain situations. Erm, otherwise, I mean, I suppose it would get passed straight to the teacher to deal with. But if the teacher, <u>sometimes is too busy or they can't deal with that for the moment</u>. Erm, these children sometimes get forgotten. Whereas you might look at a child and think <u>well this needs dealing with now, you know, we can't wait</u>. I think that's probably the main barrier is the, the training. Yeah, the guidance.</p>	<p>Others might not know how to deal with it. + not deal with it well Need for training or feedback from training Guidance</p>	<p>highlights extremity of the consequences</p>	<ul style="list-style-type: none"> • I wonder what Karen thinks these consequences might be? • Does she think it would be asking too much for everybody to have it
<p>others lack of knowledge Making things worse Training / guidance</p>	<p>Interviewer: What sort of things and do you think you do currently to support children's mental health? Karen: Erm, I think I'm quite a calm person. And I think they feel quite, you know, <u>at calm and ease</u> with me. Erm, and I just, I just, I think I'm just there if I need someone to speak to, that's what, I how I feel at the moment, I think they, I do tend to, Claire calls me the <u>child whisperer</u> sometimes (laughter), but I do, they do seem to come to me. I do seem to attract these children (laughter). And I do, I do. I hope I support them. We've had children with bereavements before. That's another one I didn't think of, erm you know, go through bereavements who I've, you know, got, <u>not close to but you know</u>, have obviously spent time with them, supporting them, particularly in class when you, you know, if a parent's just died, you know, they're just suddenly going to <u>burst into tears</u>. And you'll look at them and you take them out and obviously just sit with them for a moment and just talk</p>	<p>How to deal with situations Autism - awareness that it's different. Example of how training helps to deal with chn with ASC Teacher is busy / can't deal with it Training / guidance</p>	<p>at calm + ease</p>	<ul style="list-style-type: none"> • Almost as if Karen is in difficult ethical situations of not knowing in her role what she should/can do and seeing chn being let down • It seems she is unable to assert her authority in dealing with it or doesn't have the knowledge/confidence to deal with it. • I wonder why she thinks she has not got close to them? Is she belittling her role?
<p>How to deal with situations ASC different to MH other training</p>		<p>calm person Talking - someone to speak to Chn are drawn to her Desire to support bereavement spending time with them supporting in class sit with them and talk</p>	<p>child whisperer - suggests that chn are difficult to understand and she can do it.</p>	
<p>Teacher role vs LSA role Dilemma about what to do</p>				
<p>calm person Talking</p>				
<p>Supportive bereavement</p>				
<p>talk</p>				

The orange and blue arrows can be followed throughout appendices E – H to demonstrate the analysis process

Appendix F – An Example of How Emergent Themes were Spatially Grouped for Karen.



Appendix G – An Overview of Quotes and Subordinate Themes for Karen

Subordinate theme	Quote
<p>Reasons for mental health problems Family influence p2 Home issues p3 Family issues p4 x 2 Home influence p5, p6 Physical abuse p6 Divorce p6</p>	<p>it can be something that's you know, quite a major thing that's happened in their family or it could be something to do with school. a lot of home issues. Children who just are going through a lot of family issues erm, and just finding it too much. normally is like a family issue or they're unhappy about something. There's a lot going on at home. usually divorce. Children find that very difficult, erm, they might live in a, live in a very chaotic family life, you know, parents working, lots of children, erm, they might not have a lot of money. There's various situations in the family, erm, I've had children that again, just being upset and down because of... parents might have split up. Erm. Also, I've had situations where a parent has hit a child and they've, they've told me and then again that's been dealt with, but it can be various situations, but it's usually the one is it's divorce, or, erm, that comes up a lot</p>
<p>Homelife/ breakfast p8</p>	<p>Interviewer: Does that impact on their mental health do you think? Karen: I think so if that's part of their home life, and they're not eating properly then yeah.</p>
<p>Friendships p2, p3</p>	<p>Lots of friendship issues. Which, to us seems very, you know, mild and silly. But to them is such a big thing. You know, they've fallen out with their friends or to them, it's the end of the world. You know, to us, it's 'oh you'll be back friends again', you know, 'next week' but to them, it can be something quite serious. We always have issues at lunchtime. You know, they come back from lunch, erm, and you'd have to sort something out. Again, friendship issues, you're usually oh there's been, you know, fight or something's happened.</p>
<p>Bullying p2, p4</p>	<p>Erm, bullying, again, all different things that can affect a child. It can be bullying. We've had one that, it's been bullying before.</p>
<p>Bereavement p7, p8</p>	<p>We've had children with bereavements before. That's another one I didn't think of, erm you know, go through bereavements who I've, you know, got, not close to but you know, have obviously spent time with them, supporting them, particularly in class when you, you know, if a parent's just died, you know, they're just suddenly going to burst into tears. I might have helped them through a bereavement or helped them if they were getting bullied here. Interviewer: Okay. Have you noticed it in both infants and juniors?</p>
<p>Age differences p9 x 2 Hormones p9</p>	<p>Karen: I don't tend to work in the infants so much, but I have done in the past. More in obviously juniors I would say. I think little ones in like Year One and even nursery. It probably doesn't really come become apparent until they're a little bit older. Or obvious, you know, so you, until they get older. Certainly, I think when their hormones start kicking in as well, it it makes it difference. Certainly the older ones. Yes, definitely.</p>

<p>Influence of age on body image p11</p> <p>Influence of technology p10 x 2</p> <p>Societal changes p10</p> <p>Aware of online access p10</p> <p>Different things can impact a child p2 Finding out the reason p4</p>	<p>she was in Year six, so she was getting to the age where she was very conscious about her body.</p> <p>it's something that's got worse with social media and because even children in year five or six have phones, going on the internet, children in year three and four, probably as well. And I think that plays a big part, certain video games. They will go on YouTube. So, you know, it's I think it's very relevant for now it's something that's not going away it's getting worse. Erm, I think with some children it possibly could you know, they, they it's what the access they can have on those phones. We've had situations where, you know, children have sent each other texts that aren't very nice. Certain (quietly) pictures and things. It can open up a whole whole new world that wasn't didn't exist 10/15 years ago.</p> <p>Children seem a lot older now than they were 10/15 years ago (laughter). Erm. There's not the respect there was 10/15 years ago (laughter). So yeah, things are a lot different. And there is obviously certain children it will impact on their mental health.</p> <p>Well, I'm obviously I've got a phone so I know what access they can get to on certain things. And you have to be very aware of, erm, I mean our schools very good at telling sites that some children have not necessarily at school, but they get flagged up as you know, don't let them go on this. Even games, certain Games, Video games. And and games that they've been told that, you know, this isn't actually a game as such, it can turn into something else. So we've had that. So I've become more aware of certain situations</p> <p>all different things that can affect a child.</p> <p>and you think, 'oh why are they doing that?'. But there's always a reason behind it.</p>
<p>Talking to children Talking to child p4 & Difficulty opening up p4</p> <p>Talking p7, p8 x 2</p> <p>Talk p7 – p8</p> <p>Talking p8</p>	<p>There was another case where I did speak to them. I think that was the one with PE. I noticed when they got changed. Erm, And I said, 'Oh, you know what, these marks on your arm?' And they said, I think they said, they were a bit sort of cagey about how they'd got it. And then I sort of said, 'oh you know...' and then they said, 'Oh, I did it'. And I said, 'How did you do it?' And they said, 'Oh, I just do this because it, you know, makes me feel better or' and then I then I passed it straight on to somebody else.</p> <p>I'm just there if I need someone to speak to, that's what, I how I feel at the moment, I think they, I do tend to, Catherine calls me the child whisperer sometimes (laughter), but I do, they do seem to come to me. I do seem to attract these children (laughter).</p> <p>And you'll look at them and you take them out and obviously just sit with them for a moment and just talk through things. And you're just there for somebody to, for a child to talk to, even if they just want to talk about you know, how they're feeling that day or that morning, which is fine.</p> <p>And if because they were in my class, then I would obviously just keep an eye on them and speak to them as well</p>

<p>Spoke to child p10</p> <p>Opening up p3, p5, p8, p11</p> <p>Children not speaking to parents p10 , p11, p12 x 2</p>	<p>I did say that I would have, I would have a word with her, because she said 'oh she won't speak to me'. And it did turn out that she did have a problem with eating, and she was being sick.</p> <p>I might actually say to them, 'are you okay?' You know, and sometimes they open up to you, sometimes they don't. But quite often, they will come over and speak to you and say this has happened But I have been in situations where they have opened up. And there's some very serious ones that obviously might not have been dealt with if they hadn't opened up to me in the first place? I think, even when you have an idea, something's going on, you're still shocked when somebody does open up and tells you exactly what has been going on.</p> <p>I did say that I would have, I would have a word with her, because she said 'oh she won't speak to me'. she said 'look she won't speak to me would you have a word with her'. And she said, 'I don't think she's eating properly at home I think she might have a problem. But she won't talk to me about it. Do you think she'll talk to you' and I said 'well I could try'. she did literally just open up, which I was quite surprised about because I thought well she hadn't spoken to her mum. I do think, this is a thing when children, and I have had this before when I've said at school 'you need to go home and speak to your mum or your dad about it'. And they, they don't, they don't want to. I think it's because you are completely different to their family. I mean, I know there's lots of things I didn't speak to my mum about. (laughter) But yeah, so I do feel they feel you're impartial</p>
<p>Children speaking to LSAs Children going to LSAs p2/ Approachable p2</p> <p>Children talk to LSAs p3</p> <p>Going to LSA rather than teacher p6 Calm person p7</p>	<p>Obviously, as an LSA, we see it day in day out. Erm, sometimes they come to us rather than the teacher. Erm, maybe they think the teachers too busy or - which a lot of times they are. But other times, I think maybe sometimes we're a little bit more approachable to them. And they often come to us first rather than going to the teacher.</p> <p>But they seem to think it's easier maybe to talk to us than the teacher. Erm. The teachers are often busy, erm, if they're quite strict they might think if I go up to them they might get shouted at or... erm, it depends on the LSA, obviously, I'm assuming, they might not always go up to that LSA because sometimes, you know, all LSAs are different, but I... personally, I find they do come to me quite a lot (laughter).</p> <p>Yeah, because like I say because a lot, not, I would say nine times out of 10 they come to the LSA rather than the teacher if they've got a problem I think I'm quite a calm person. And I think they feel quite, you know, at calm and ease with me I knew her from year 5. So I did know her very well</p>

<p>Knowing child well p2, p3, p8, p11</p>	<p>and, you know, you know, the children very well. I might have gone up with them from, you know, worked with them the year before, so I know them sometimes better than the teacher does. if you know a child quite well, you know when they're just going to burst into tears or if like I say, if they've had a bad day. I think she approached me because she knew I worked with her, I'd worked with her for a couple of years. And she knew I knew the child, and she, may be the child has said oh, that she likes me or or something but she knew that she'd be able to speak to me</p>
<p>Other things an LSA does Monitor p8, p9 One to one p1, p2 Break/ breathing exercises p1 Walking break / breathing p1</p>	<p>, then I would obviously just keep an eye on them we obviously get told in a certain way to keep it and obviously a special eye out for that child ... We were actually, we took her out into a one to one situation because we knew that she would be better in a one to one situation rather than obviously in the class full of children doing her exam Basically I don't well, uh, well I actually let her go to the toilet and wrote the time on there and went with her to the toilet and then went back just so she could have five minutes break from the exam. And she did calm down and obviously we did breathing together, and she did calm down. But then as time went on, I could see she was getting more and more anxious. Which is why I suggested then that what she had, literally five minutes, walk to the toilet coming back again. And she did calm down. So, and we did some breathing together.</p>
<p>Noticing children's mental health difficulties Breathing p1 You can tell by looking p3 Looking for difference p3 Quickly realised p4 Time to realise p4 LSA noticing things p6</p>	<p>her breathing was wasn't as normal as it normally is. Sometimes you can tell just by looking at children if they're, erm, they're not as happy as they normally seem. And you know, you can look at child and think ooh they're not quite right today, you know, they don't seem the same as they normally are. How long did it take you to realise that that was... Karen: Quite quickly I think because at first you think they're just, you know, you think 'oh what are they doing?'. And then then you'd notice obviously, then they'd be making actually a mark on their arm. And then it would be quite, quite a big mark (laughter). I think it didn't take long at all. It was probably by the end of the week, you know, it started at the beginning of the week and then the end of the week. Oh, this isn't quite right. That one was quite quickly. But, obviously, we've had ones before, whereas you probably wouldn't notice because it might be under a jumper and that, you know, wouldn't really notice until they did PE for instance. And then you know, it would become more evident. also we noticed things that a teacher maybe wouldn't notice because you know, you're busy teaching, you know we're the ones tend to observe, you can look around the class and observe more than a teacher can</p>

<p>Prevalence of mental health problems Problems across the school p3 Dealing with things a lot p3 Number of cases p8 Societal changes p8</p> <p>Relevance of the topic p10 Mental health is getting worse p10</p>	<p>I've worked in many different years. But I think that's probably the whole school over. That would be, yeah, very similar situations.</p> <p>And I do have to deal with things quite a lot.</p> <p>But there has been quite a number of different cases and different children.</p> <p>Throughout the years it has got worse. It's not a new thing. I wouldn't say it's a new thing. Because it's always existed. It's always been there. But there does seem to be more children suffering from anxiety and depression and... I would say self-harming as well. But more, more than I remember before.</p> <p>I think, it's, I think it's good you're talking about this because I do think it's something that's very relevant to now and I think it's something that's got worse with social media</p> <p>So, you know, it's I think it's very relevant for now it's something that's not going away it's getting worse.</p>
<p>Types of mental health problems Severe anxiety p1 Meltdown p1 Flustered p1/ Anxious p1/ Anxiety attack p1, p2</p> <p>Panic p1/ Known anxiety p1</p> <p>Children upset and worries p2</p> <p>Suicidal p4 Depression, anxiety, self-harm p4, p8</p> <p>Self-harm p4 x 2</p>	<p>a number of children I've dealt with over the years, but the one that springs to mind is last year actually who had severe anxiety during a SATs exam. So yep, erm, so during the SATs exam, we knew she had anxiety because we would come across it before, but she really went into meltdown mode,</p> <p>you could see she was getting a bit flustered and her breathing was wasn't as normal as it normally is. So, erm, I said 'are you okay?' and she sort of said, 'Yes, yes'. But then as time went on, I could see she was getting more and more anxious had she not had the anxiety attack.</p> <p>So she wanted to do well. And I think obviously that made her anxiety worse. You know, she sat down read the questions and then, obviously went panic because maybe there was something on there that she thought 'Oh, I just don't get this' or... but we did know she had anxiety. So, we had seen aspects of it before.</p> <p>again with the anxiety we do get children obviously the various things you know, they get upset about. Worried about, we see children worried about things every day, every day, we see a child worried about something.</p> <p>I've come across lots of different things from children feeling, feeling suicidal. Even at this age.</p> <p>And just you know, I don't know if depression is the right word, but you know, very, very down yeah.</p> <p>Again, anxiety, self-harming. I'm trying to think of some others... a lot, Lots of different variations.</p>

<p>Scratching p4</p> <p>Suicidal language p5</p> <p>Suicide/ self-harm attempt p5</p> <p>Upset and down p6 Eating problems p10</p> <p>Mild vs severe anxiety p2 Range of problem severity p3 Varying levels of severity p5</p> <p>Range of issues p3 Range of needs p4 Range of presentation p4</p>	<p>And then then you'd notice obviously, then they'd be making actually a mark on their arm. And then it would be quite, quite a big mark (laughter). But this child would literally just do this (gestures) over amount, you know,</p> <p>But you know, we've probably had a few cases since we always get children that, erm, sit in class and say, 'Oh, I want to kill myself'. Erm, I had a child actually who was like that and we've spoken to him about it. But one day I came in, and he had literally a scarf wrapped around his neck and he was pulling it tight. Again, that scared me. He was, yeah, in Year 5... Again, whether he meant to... he... I think he knew what he was doing personally (laughter). But whether... yeah, he was pulling it very tight erm...</p> <p>I've had children that again, just being upset and down because of... parents might have split up And it did turn out that she did have a problem with eating, and she was being sick.</p> <p>just mild maybe mild anxiety, but again, just sudden, sudden attack, erm, of panic. Erm, and breathing. Erm, but this was quite severe. they might be, vary from very silly situations, something that you can sort out in two minutes to something that's quite serious. sometimes they're just saying it because, it, just for the sake of saying it and then I will say 'Don't say things like that because it's not very nice'. But there, but when you get a child that constantly says it. And they they just don't look right, they look very down</p> <p>Because I've been here so long I've got used to dealing with so many situations. Yeah. Again, from very mild situations to the other extreme.</p> <p>I've come across lots of different things Yeah, so far, there's loads and loads of different ones I've come across in the time.</p>
<p>Defining roles Teacher role vs LSA role p3 x 3, p4, p7 x 2</p>	<p>But they seem to think it's easier maybe to talk to us than the teacher. Erm. The teachers are often busy, erm, if they're quite strict they might think if I go up to them they might get shouted at or... erm, it depends on the LSA, obviously, I'm assuming, they might not always go up to that LSA because sometimes, you know, all LSAs are different, but I... personally, I find they do come to me quite a lot (laughter). And I do have to deal with things quite a lot.</p> <p>Erm, and again, I think we ca... we have the luxury as an LSA, of observing a bit more sometimes than the teacher I'll just say I have spoken to them and normally they're fine with it. So because it saves them having to deal with all the little issues of friendships and, and like I say, but for something more serious and obviously they do need to know about it, and I'm</p>

<p>Teachers vs LSA p9</p>	<p>fine with it. Because I've been here so long I've got used to dealing with so many situations. Yeah. Again, from very mild situations to the other extreme. So normally the teachers fine with it, and I'll you know, I'll be fine with it. there was a child that would scratch their arms quite badly just sit there and do this (gestures scratching on arms). Again, it's not something necessarily the teacher would notice.</p> <p>I would say nine times out of 10 they come to the LSA rather than the teacher if they've got a problem and also we noticed things that a teacher maybe wouldn't notice because you know, you're busy teaching, you know we're the ones tend to observe, you can look around the class and observe more than a teacher can, it sounds like I'm taking things away from being teacher now (laughter) but but you do, you notice things more. And like I say, they usually tend to come to you, rather than teacher.</p> <p>otherwise, I mean, I suppose it would get passed straight to the teacher to deal with. But if the teacher, sometimes is too busy or they can't deal with that for the moment. Erm, these children sometimes get forgotten. Whereas you might look at a child and think well this needs dealing with now, you know, we can't wait.</p> <p>I think I don't think if you didn't work in a school, I don't think people would realise quite the role that an LSA has, in supporting children. I do quite often go home and feel like I've been a social worker for that day. Not just an LSA. And I know teachers feel like that every day, teachers feel like that. But certainly, you know, even in an LSA role, I certainly feel like that when I get home at night, erm, because nine times out of 10 every day you're dealing with something even if it's very, very small like a friendship issue, having to deal with that. But like I say a friendship issue can be a, although it seems very silly to us, it can be a major thing to them</p>
<p>Role of LSA vs role of pastoral lead p8</p>	<p>I know, between myself and obviously Catherine, Catherine, would obviously deal with them. And if because they were in my class, then I would obviously just keep an eye on them and speak to them as well. It was like joint effort. A lot of the time. She'd do all the serious stuff and then I'd be there to pick up the pieces a little bit.</p>
<p>Supportive role p2 Supportive p8</p>	<p>she had, it was a reading exam, I think. So obviously, I couldn't help with it or anything. I was just literally there for support. , I think it's yeah, more of a supportive role so they can talk to you, erm, and just be there for them.</p>
<p>Dealing with problems vs passing them on p3</p>	<p>But it was something very mild about friendship issues. And I'll just tell them that, you know, I've dealt with it and this is what happened. If it's something more serious and obviously they will do yeah, I'll pass it to them to deal with.</p>
<p>Role of speaking to parents p11</p>	<p>I don't, that would be something that Catherine would deal with or the teacher. I rarely... apart from that situation where she, I think she approached me because she knew I worked with her, I'd worked with her for a couple of years. And she knew I knew the child, and she, may be the child has said oh, that she likes me or or something but she knew that she'd be able to speak to</p>

<p>Parent approaching p12</p> <p>Getting breakfast p8</p>	<p>me and she said 'look she won't speak to me would you have a word with her'. And normally I wouldn't really have much to do with the parents at all.</p> <p>She just said to me, had I noticed she'd lost weight. And I said I had noticed. And she said, 'I don't think she's eating properly at home I think she might have a problem. But she won't talk to me about it. Do you think she'll talk to you' and I said 'well I could try'.</p> <p>They come in that morning, you know, something's not quite right. They may not have had their breakfast, quite often I will go and get them something to eat if I'm having breakfast. Again, I'm not sure we should be doing that. But yeah, again, it's a supportive role.</p>
<p>Communicating with other staff Talking to other staff p4 Talking to pastoral lead p8</p> <p>Feedback p6, p9 x 2, p10</p>	<p>we have a, erm I don't know if you've come across the lady that works here in a pastoral role? So anything like that, obviously I would talk to her about or if it was something worse, obviously go straight to who's in charge of safeguarding.</p> <p>I think so. Yeah. I know, between myself and obviously Catherine, Catherine, would obviously deal with them. And if because they were in my class, then I would obviously just keep an eye on them and speak to them as well. It was like joint effort. A lot of the time. She'd do all the serious stuff and then I'd be there to pick up the pieces a little bit.</p> <p>but usually they will feed back to me and tell me what's happened but I do get a lot of feedback. I'm lucky that I do. I don't know whether everybody does, but I tend to, they do give me a lot of feedback about what's happening with that child, or as much as they can tell me obviously, because sometimes if it's something very serious then obviously, that's it, you know? But quite often, obviously, we if it is something that's serious, we obviously get told in a certain way to keep it and obviously a special eye out for that child and certain safeguarding things are put in place.</p> <p>What is it, you think that's helpful about getting the feedback? Karen: Erm, I think it puts my mind at ease. And then I don't worry, you know, if I know that child's been dealt with and everything's been sorted, they might have, you know, social workers looking into it or, you know, you know it's been passed on to the right places. And hopefully everything will turn out well for that child.</p>
<p>School pressures on child and LSA SATs pressure impacting mental health p1, p2</p>	<p>not quite that bad actually, I think because she, I think she felt again, she felt pressurised into doing well, because she was quite a bright child. Erm, So she wanted to do well. And I think obviously that made her anxiety worse. You know, she sat down read the questions and then, obviously went panic because maybe there was something on there that she thought 'Oh, I just don't get this'</p> <p>and I think it made it worse because it was a proper SATs exam. And then, because, you know, you worry because had, everything had to be done correctly.</p> <p>But I think it probably had some sort of effect on her results, because she probably didn't do as well as she was expected to do.</p>

<p>Mental health impacting exam results p1 x 2, p2</p> <p>SATs are important p1 Importance of SATs results p1 Importance of SATs exam and worry p2 Pressure on Karen p2</p> <p>Responsibility p2</p>	<p>she did finish it. But like I said, I don't think her results were as good as... they were still good. She's a very clever girl. But I don't think they were as probably as good as she could would have been, had she not had the anxiety attack. So obviously... she sh.. she passed fine. But like I say she probably should have done better.</p> <p>it was a proper SATs exam. But obviously I had to time it because it was an, it was an official SATS exam.</p> <p>but I was worried obviously, the fact that it was a proper exam. And I thought if I don't get her back again (laughing), you know, she won't be able to take this exam.</p> <p>Interviewer: Yeah. And when you say we, who was sort of involved with helping her? Karen: I was, I was with her on my own in that because I was, I wasn't normally in that year, she was in Year six, I work in Year five.</p> <p>So it was me that sort of decided just to write the time on there and take her out and bring her back again.</p>
<p>Passing information on elsewhere Safeguarding p3, p4</p> <p>Safeguarding / passing it on p8</p> <p>Writing things down p4/ Pass it on p4</p> <p>Write everything down p5</p>	<p>So if a child does tell me something, I will obviously, depending on what it is, if it's something very mild, if it's something major, obviously I'd go straight to safeguarding. But it was something very mild about friendship issues. And I'll just tell them that, you know, I've dealt with it and this is what happened. If it's something more serious and obviously they will do yeah, I'll pass it to them to deal with.</p> <p>So anything like that, obviously I would talk to her about or if it was something worse, obviously go straight to who's in charge of safeguarding.</p> <p>Sometimes they will tell you something that you really wish you'd hadn't known (laughter). But again, that goes straight to safeguarding.</p> <p>And they said, 'Oh, I just do this because it, you know, makes me feel better or' and then I then I passed it straight on to somebody else. I don't get to tend to get too involved unless they ask to speak to me specifically. And then obviously I write everything down. You know, normally I would just have a very quick chat and then pass them on.</p> <p>It is hard because I've not been trained, particularly to deal with a situation like that. I know how to do it, because I've been here so long. And we're all told that if a child does speak to you, you have to write everything down. Not to put words in their mouth. You know, they have to tell us exactly what's happened or, er, the situation and then we'll write everything down. Because I've not been trained to deal with a situation like that. I'd rather pass it on if I can then yeah, go into too much detail.</p>

<p>Passed on p4, p10, p11</p> <p>Write down and pass on p5, p11</p>	<p>Interviewer: Did you talk to that child? Or did you just notice and then pass it on? Karen: I think I, no, I think I passed that one on. if I know that child's been dealt with and everything's been sorted, they might have, you know, social workers looking into it or, you know, you know it's been passed on to the right places. And hopefully everything will turn out well for that child. Karen: I think, again, they, they spoke to her as well and we put her in the right direction with people that could help her.</p> <p>But I have been in situations where they have opened up. So then obviously you have to write everything down and then pass it on again. but again, you know I wrote everything down and then passed it to the right people to deal with.</p>
<p>Rewards of the job Enjoy speaking to children p8 Help p8</p> <p>Rewarding job p8</p> <p>Thankful she could stop it p6</p>	<p>I do quite like, yeah. Speaking to children.</p> <p>But no when it's a bereavement or, you know, you know, you've helped that child and you've played a very small part in making them better, or putting them on the right path to be made better. And there's some very serious ones that obviously might not have been dealt with if they hadn't opened up to me in the first place? So that's good. And also ones where I know, well I see children now who now teenagers are even in their 20s. Who I worked with here, and will always come up and give me a hug because they remembered that I might have helped them through a bereavement or helped them if they were getting bullied here. Which is really nice and that makes the job very rewarding, actually.</p> <p>But he seemed to know what he was doing. It literally was a matter of seconds. It wasn't longer than that. I literally walked in at the right time.</p>
<p>Difficult role and area Difficulty talking about children with a mental health problem p4 Difficult to deal with / recall p6 Laughter with uncomfortable situations p4, p5, p6,</p>	<p>And just you know, I don't know if depression is the right word, but you know, very, very down yeah.</p> <p>It wasn't longer than that. I literally walked in at the right time. <i>Interviewer: That does sound scary.</i> Karen: I know (Karen laughs)</p> <p>-And then then you'd notice obviously, then they'd be making actually a mark on their arm. And then it would be quite, quite a big mark (laughter). -Again, that scared me. He was, yeah, in Year 5... Again, whether he meant to... he... I think he knew what he was doing personally (laughter). But whether... yeah, he was pulling it very tight erm... -I've had situations where a parent has hit a child and they've, they've told me and then again that's been dealt with, but it can be various situations, but it's usually the one is it's divorce, or, erm, that comes up a lot (laughter).</p>

<p>p7 p8</p> <p>p10</p> <p>p11 Difficult role p9</p> <p>Disclosures are difficult p8</p>	<p>-it sounds like I'm taking things away from being teacher now (laughter) but but you do, you notice things more</p> <p>-Sometimes they will tell you something that you really wish you'd hadn't known (laughter).</p> <p>-Children seem a lot older now than they were 10/15 years ago (laughter). Erm. There's not the respect there was 10/15 years ago (laughter). So yeah, things are a lot different.</p> <p>-And then she actually told me that she'd been making herself sick, which I was quite shocked about and I told her I was shocked about (half laugh)</p> <p>I think I don't think if you didn't work in a school, I don't think people would realise quite the role that an LSA has, in supporting children. I do quite often go home and feel like I've been a social worker for that day. Not just an LSA.</p> <p>Sometimes they will tell you something that you really wish you'd hadn't known (laughter). But again, that goes straight to safeguarding. Or, yeah. You know, I have been shocked quite a few times. But no when it's a bereavement or, you know, you know, you've helped that child and you've played a very small part in making them better, or putting them on the right path to be made better.</p>
<p>Karen's emotional experience</p> <p>Shocked and upset p4</p> <p>Upsetting p4</p> <p>Shock p8, p11 x 2</p> <p>Karen's worry p9,</p> <p>p9 / Selfish to think about self p9</p> <p>Karen's worry and shock p11</p> <p>Karen's worry p12</p>	<p>Yeah, I'm always quite shocked. I always do quite... and I do get quite upset when, you know, I see things like this because it is upsetting</p> <p>But I do find it upsetting.</p> <p>Sometimes they will tell you something that you really wish you'd hadn't known (laughter). But again, that goes straight to safeguarding. Or, yeah. You know, I have been shocked quite a few times.</p> <p>Obviously I couldn't guide her into anything, she told me, I was still shocked. I think, even when you have an idea, something's going on, you're still shocked when somebody does open up and tells you exactly what has been going on.</p> <p>Karen: I do worry a lot. I'm a bit of a worrier. And I do go home and and quite often worry about certain children or particularly if it's something I have had a situation where somebody's told me something that I've had to pass on to safeguarding. Yes, it does. You know, it plays on your mind.</p> <p>Karen: I don't tend to worry about myself too much because it seems a bit selfish doesn't it (laughter). But Yeah, I'm more worried about the child than myself. It just worries me. 'Oh, I hope that child's ok'</p> <p>Karen: Erm... I just said that I was worried that she lost, I noticed she'd lost an awful lot of weight, was she eating properly? and she said, 'well not, not really'. And then she actually told me that she'd been making herself sick, which I was quite shocked about and I told her I was shocked about (half laugh)</p> <p>I sat her down and I said, 'oh, I've noticed you, I'm a bit worried about you, I've noticed you've lost a bit of weight'</p>

<p>Fear Fear p5 Fear at making things worse p5 / Fear of court case p5</p> <p>Scary p5 x 2</p> <p>Response driven by fear p5 Reacting in the moment p6</p> <p>Fear of getting things wrong p2</p> <p>LSAs protecting themselves p11 x 2</p>	<p>Because I've not been trained to deal with a situation like that. I'd rather pass it on if I can then yeah, go into too much detail. Karen: I think so i think so they've been properly trained, erm, also I wouldn't want to say something wrong. I know I'm not meant to put words in the child's mouth but you're always worried that you're gonna influence that child, not that I would. But you are worried that if it, god for sake, if it was a court case or something, then obviously, you know, you've written that, those details down they've got your name on. So I'd rather obviously although it would start off with my name, I'd then pass it to somebody else to deal with properly.</p> <p>But one day I came in, and he had literally a scarf wrapped around his neck and he was pulling it tight. Again, that scared me. Karen: It scared me. Because I thought he was pulling it so tight.</p> <p>Karen: I just took him straight outside and said what are you doing, take that off your neck did that and then obviously marched him off to someone else to deal with. Because I thought he was pulling it so tight. That, you know, had he had a scarf around his neck and just was... But he seemed to know what he was doing. It literally was a matter of seconds. It wasn't longer than that. I literally walked in at the right time.</p> <p>So obviously... she sh.. she passed fine. But like I say she probably should have done better. But I was worried more that I was doing everything right. Because, you know, I thought am I allowed to take her out for five minutes? Erm, I was, I was.. sure I probably was but I obviously wrote everything down that I had taken her out for five minutes and brought her back again.</p> <p>We have, as LSAs, we have to be very very careful about what we say and what we do, just to safeguard ourselves. Interviewer: Yeah, in terms of like you're saying before about if it went to court? Karen: Yeah, if, if it was, if it was a situation where that child had been abused, then obviously that would go to court and our statement would obviously, possibly be used in a court situation.</p> <p>Karen: I think we have to protect ourselves, I mean teachers obviously as well but I feel because we're not professionals. As such. Erm, I feel we have to protect ourselves more than maybe a teacher. That's how I feel.</p>
<p>Hierarchy Hierarchy p2</p> <p>Hierarchy p3 x 2,</p>	<p>But I was worried more that I was doing everything right. Because, you know, I thought am I allowed to take her out for five minutes? Erm, I was, I was.. sure I probably was but I obviously wrote everything down that I had taken her out for five minutes and brought her back again.</p> <p>but you do have to run everything by the teachers. Well, obviously because at the end of the day, it's their class. Yeah, it's fine. I you know, I'll just say I have spoken to them and normally they're fine with it. So because it saves them having to deal with all the little issues of friendships and, and like I say, but for something more serious and obviously they do need to know about it, and I'm fine with it.</p>



<p>Hierarchy p7, Hierarchy p11 Not recognising contribution p8</p>	<p>you know we're the ones tend to observe, you can look around the class and observe more than a teacher can, it sounds like I'm taking things away from being teacher now (laughter) but but you do, you notice things more.</p> <p>but I feel because we're not professionals. As such. Erm, I feel we have to protect ourselves more than maybe a teacher. That's how I feel. It's, probably about the same but I guess teachers obviously have to be careful as well. But erm, I do feel because we're not as important as a teacher may be.</p> <p>But no when it's a bereavement or, you know, you know, you've helped that child and you've played a very small part in making them better, or putting them on the right path to be made better.</p> <p>Interviewer: And are there any experiences you can think of that went particularly well? Karen: Erm, only ones I've passed on to Catherine or somebody else that I know is being dealt with.</p>
<p>Not knowing what to do Not knowing what to do p1, p2 Dilemma about what to do p7 How to deal with situations p7</p>	<p>So ... erm... Basically I don't well, uh, well I actually let her go to the toilet and wrote the time on there and went with her to the toilet and then went back just so she could have five minutes break from the exam.</p> <p>I was just literally there for support. So it was me that sort of decided just to write the time on there and take her out and bring her back again.</p> <p>But if the teacher, sometimes is too busy or they can't deal with that for the moment. Erm, these children sometimes get forgotten. Whereas you might look at a child and think well this needs dealing with now, you know, we can't wait. I think that's probably the main barrier is the, the training. Yeah, the guidance.</p> <p>Interviewer: Okay, so is there anything else apart from training that you'd say is a barrier or an obstacle for you? Karen: Not really no. Erm, that's probably, that's the main thing is how to deal with certain situations.</p>
<p>Knowledge base Experience is knowledge p5 / Lack of training p5 Experiences as an LSA and a mother p7 / Personal experiences p7 Experience as a mother p10</p>	<p>Karen: It is hard because I've not been trained, particularly to deal with a situation like that. I know how to do it, because I've been here so long.</p> <p>I mean, I feel I feel because I've been here a long time. And because I've had children of my own, I feel I do deal with it ok (laughter). Erm, and I think, you know, I've got by on the skills I have got from having my own children, and what I've known from various members of my family having depression or anxiety. Erm, but I think I'm lucky in that respect.</p> <p>So I've become more aware of certain situations when, my children obviously are in their 20s. That although I was always aware of things that they could get involved in. I'm even more aware, I think aware of it now, havi- working in a school so I've had to adapt but obviously it's different things to when my children were children.</p>

<p>Training p6, / Other training p6</p>	<p>Karen: Erm, possibly because I haven't had any training in any mental health, yeah, I haven't been on any mental health courses. Like I said, I've been on all the other courses to do with teaching and ADHD, lots of autism ones. Lots of various other ones to do with supporting children in the classroom but not actually to do with mental health.</p>
<p>Training p7</p>	<p>Interviewer: So you, you'd want more training on how to... what specifically do you think? Karen: I think maybe just to support children that might need help or how to deal with certain situations.</p>
<p>Others lack of knowledge p7</p>	<p>There might be somebody who hasn't worked here very long, and who doesn't really know a lot about mental health, and maybe wouldn't deal with the situation very well. If they if, if they were in a situation where something would have happened, it could have dire consequences for them.</p>
<p>Training / guidance p7</p>	<p>You know, I think there should be some sort of training for, for not everybody, but maybe, you know, well, possibly for everybody. Erm, you know, one person could do the course and then tell everybody else. Yeah, but certainly there needs to be some sort of guidance to how to deal with certain children.</p>
<p>Trained people p5</p>	<p>Interviewer: And is that because you think... other people that would be better equipped to deal with? Karen: I think so i think so they've been properly trained</p>
<p>Other training p7 / ASC is different to mental health p7</p>	<p>And I know some people, like I say, I've been on lots of, how to deal with children with autism, I know that's a completely different thing. But erm, you know, some members of staff, don't necessarily know how to deal with children like that, because they've not been in a situation or not been in class with a child with autism. And they've not been on a course or not been given the guidance. Erm, so I think that is important, just having some sort of idea of how to deal with certain situations.</p>
<p>Not wanting to lead the child p11</p>	<p>Obviously I couldn't guide her into anything, she told me, I was still shocked. I think, even when you have an idea, something's going on, you're still shocked when somebody does open up and tells you exactly what has been going on.</p>

Appendix H – The Superordinate Themes Generated for Karen

Superordinate Theme	The perception of children's mental health problems	How LSAs support children's mental health	The experience for the LSA	The school system and children's mental health
Subordinate Themes	<ul style="list-style-type: none"> -Prevalence of mental health problems -Reasons for mental health problems -Types of mental health problems 	<ul style="list-style-type: none"> -Noticing children's mental health problems -Talking to children -Other things an LSA does -Children speaking to LSAs -Knowledge base 	<ul style="list-style-type: none"> -Fear -Not knowing what to do -Karen's emotional experience -Difficult role and area -Rewards of the job 	<ul style="list-style-type: none"> -Hierarchy -Communicating with other staff -Passing information on elsewhere -Defining roles -School pressures on child and LSA

Appendix I – The Superordinate Themes Generated for the Remaining Participants

Shivani

Superordinate Theme	Difficulties about the experience	Wanting to help and how to do it	The perception of children's mental health
Subordinate Themes	-Difficulties about the experience -Time -Conflicting priorities: learning, mental health, safeguarding	-Desire to be helpful/ get it right -Facilitators of supporting children's mental health -Ways of being helpful	-Types of child mental health needs -Family

Joanne

Superordinate Theme	Challenges of the different roles of a school	Perception of children's mental health	Helpful factors for supporting children's mental health
Subordinate Themes	-Challenges of the different roles of a school -Difficulty with difficult emotions -Hierarchy	-The presentation of mental health problems in children -Communication with parents -Family background and cultural influences -Perception of mental health	-Being helpful as a motivator -Job enjoyment -Individual approach -Relationship -Investigating children's mental health -How Joanne helps -The source of knowledge for her role -Importance of school -The role of other staff

Rachel

Superordinate Theme	Facilitators of supporting children's mental health	Challenges of supporting children's mental health	Consideration of presentation and contributing factors to children's mental health
Subordinate Themes	Helping role Helpful strategies Knowledge base Other staff Learning	It takes time Difficulties about the experience	Presentation of children's mental health Underlying factors

Laura

Superordinate Theme	The perception of children's mental health	The rewards and challenges of the job	How to support children's mental health
Subordinate Themes	<ul style="list-style-type: none"> -Influences on mental health -Link between mental health and learning and behaviour -How children experience mental health problems -Others' understanding of children's mental health 	<ul style="list-style-type: none"> -The difficulties of the role -Aims & rewards of the job 	<ul style="list-style-type: none"> -How to know what to do -Important factors for supporting children's mental health -All children are different -Strategies -The involvement of other adults -Need for training

Aisha

Superordinate Theme	Working with other adults	The experience of supporting children	Perception of children's mental health
Subordinate Themes	<ul style="list-style-type: none"> -Colleagues' mental health -Working with other adults -Where does help come from? 	<ul style="list-style-type: none"> -How to identify or help -Motherly role -Aisha's personal experience -Difficulties helping 	<ul style="list-style-type: none"> -The manifestation of children's mental health problems -The description of children's mental health -Needing good mental health for learning -Children's positive mental health -The reasons behind children's mental health difficulties

Tina

Superordinate Theme	Difficulties with supporting children's mental health	Helpful factors for supporting children's mental health	The perception of children's mental health
Subordinate Themes	<ul style="list-style-type: none"> -Frustration with the system -Helplessness -Children having mental health problems is unpleasant -Her role 	<ul style="list-style-type: none"> -A nurturing approach -Mental health in the curriculum -Relationships with children -Supporting children liaising with other adults and services -Knowledge of mental health 	<ul style="list-style-type: none"> -Causes of mental health problems -Description of mental health problems -How mental health difficulties were talked about

Appendix J – Ethical Approval from the Tavistock and Portman Trust Research Ethics Committee with the Ethics Application Form

The Tavistock and Portman 
NHS Foundation Trust

Quality Assurance & Enhancement
Directorate of Education & Training
Tavistock Centre
120 Belsize Lane
London
NW3 5BA

Tel: 020 8938 2699
<https://tavistockandportman.nhs.uk/>

Ida Conboy

By Email

9 May 2019

Dear Ida,

Re: Trust Research Ethics Application

Title: An investigation into teaching assistants' understanding of their role in supporting children's mental health

Thank you for submitting your updated Research Ethics documentation. I am pleased to inform you that subject to formal ratification by the Trust Research Ethics Committee your application has been approved. This means you can proceed with your research.

If you have any further questions or require any clarification do not hesitate to contact me.

I am copying this communication to your supervisor.

May I take this opportunity of wishing you every success with your research.

Yours sincerely,

Best regards,



Paru Jeram

Secretary to the Trust Research Degrees Subcommittee

T: 020 938 2699

E: academicquality@tavi-Port.nhs.uk

cc. Course Lead, Supervisor, research Lead

Tavistock and Portman Trust Research Ethics Committee (TREC)

APPLICATION FOR ETHICAL REVIEW OF RESEARCH INVOLVING HUMAN PARTICIPANTS

This application should be submitted alongside copies of any supporting documentation which will be handed to participants, including a participant information sheet, consent form, self-completion survey or questionnaire.

Where a form is submitted and sections are incomplete, the form will not be considered by TREC and will be returned to the applicant for completion.

For further guidance please contact Paru Jeram (academicquality@tavi-port.nhs.uk)

PROJECT DETAILS

Current project title	An investigation into teaching assistants' understanding of their role in supporting children's mental health.		
Proposed project start date	April 2019	Anticipated project end date	May 2020

APPLICANT DETAILS

Name of Researcher	Ida Conboy
Email address	iconboy@tavi-port.nhs.uk
Contact telephone number	07780671433


CONFLICTS OF INTEREST

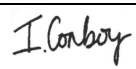
<p>Will any of the researchers or their institutions receive any other benefits or incentives for taking part in this research over and above their normal salary package or the costs of undertaking the research? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, please detail below:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<p>Is there any further possibility for conflict of interest? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, please detail below:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

FOR ALL APPLICANTS

<p>Is your research being conducted externally* to the Trust? (for example; within a Local Authority, Schools, Care Homes, other NHS Trusts or other organisations).</p> <p><small>*Please note that 'external' is defined as an organisation which is external to the Tavistock and Portman NHS Foundation Trust (Trust)</small></p>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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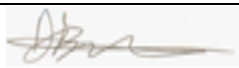
If YES, please supply details below:	
<p>Has external* ethics approval been sought for this research? (i.e. submission via Integrated Research Application System (IRAS) to the Health Research Authority (HRA) or other external research ethics committee)</p> <p>*Please note that 'external' is defined as an organisation/body which is external to the Tavistock and Portman Trust Research Ethics Committee (TREC)</p> <p>If YES, please supply details of the ethical approval bodies below AND include any letters of approval from the ethical approval bodies:</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
If your research is being undertaken externally to the Trust, please provide details of the sponsor of your research?	
Do you have local approval (this includes R&D approval)?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

COURSE ORGANISING TUTOR	
<ul style="list-style-type: none"> Does the proposed research as detailed herein have your support to proceed? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 	
Signed	
Date	17.05.2019

APPLICANT DECLARATION	
<p>I confirm that:</p> <ul style="list-style-type: none"> The information contained in this application is, to the best of my knowledge, correct and up to date. I have attempted to identify all risks related to the research. I acknowledge my obligations and commitment to upholding our University's Code of Practice for ethical research and observing the rights of the participants. I am aware that cases of proven misconduct, in line with our University's policies, may result in formal disciplinary proceedings and/or the cancellation of the proposed research. 	
Applicant (print name)	IDA CONBOY
Signed	
Date	15.03.19

FOR RESEARCH DEGREE STUDENT APPLICANTS ONLY

Name and School of Supervisor/Director of Studies	Research supervisor: Dale Bartle Director of Studies: Adam Styles
Qualification for which research is being undertaken	PTDOTP001: Doctorate in Child, Community and Educational Psychology (M4)

Supervisor/Director of Studies –	
<ul style="list-style-type: none"> • Does the student have the necessary skills to carry out the research? YES ▪ Is the participant information sheet, consent form and any other documentation appropriate? YES ▪ Are the procedures for recruitment of participants and obtaining informed consent suitable and sufficient? YES ▪ Where required, does the researcher have current Disclosure and Barring Service (DBS) clearance? YES 	
Signed	
Date	22.3.19

DETAILS OF THE PROPOSED RESEARCH

<p>1. Provide a brief description of the proposed research, including the requirements of participants. This must be in lay terms and free from technical or discipline specific terminology or jargon. If such terms are required, please ensure they are adequately explained (Do not exceed 500 words)</p>
<p>This research will explore teaching assistants' (TAs') views of their role in supporting the mental health of children; asking the question: How do TAs understand and experience their role in supporting children's mental health?</p> <p>Participants will be required to complete one interview lasting approximately one hour. Participants will be asked their views on their role in supporting children's mental health. Participants may also be asked to reflect on the impact of this on their own mental health.</p>
<p>2. Provide a statement on the aims and significance of the proposed research, including potential impact to knowledge and understanding in the field (where appropriate, indicate the associated hypothesis which will be tested). This should be a clear justification of the proposed research, why it should proceed and a statement on any anticipated benefits to the community. (Do not exceed 700 words)</p>
<p>The purpose of this research is to be exploratory because little is known about TAs' experiences regarding the mental health of children. This is an important area to study as it will allow an exploration of whether TAs view dealing with mental health as part of their role; this could help to inform policy and practice. As TAs are working closely with children with SEND and likely with mental health needs (Blatchford et al, 2009), this research would allow us to better understand the extent that children's mental health needs may influence the TAs' experience of their role.</p> <p>The majority of research surrounding school staff and their views of mental health has involved teachers. In the United Kingdom there has been some research into the impact of teachers addressing the mental health needs of children. Gowers, Thomas and Deeley (2004) found that 56% of teachers felt their confidence of understanding mental health problems was inadequate or fairly inadequate. While Bostock, Kitt and Kitt (2011) found that 26% of experienced teachers had a total lack of confidence in detecting early signs of mental health problems in children. Research also suggests that the topic of 'mental health' creates fear in teachers in the U.K. relating to potential resistance from parents, triggering behaviours in children and giving children the wrong information (Cooke, King & Greenwood, 2016). This anxiety and lack of knowledge resulted in communication about mental health with children being a rare occurrence.</p>

Other school staff have not had as much attention regarding their views of mental health. Moon, Williford and Mendenhall's (2017) research in the United States, found that school administrators were significantly more concerned about children's mental health than teachers were; indicating that there may be some differences among school staffs' views. Importantly, Tucker's (2009) literature review of research into TAs in the United Kingdom found that children viewed TAs as attending to pastoral needs and parents perceived TAs to be in the best position to promote their child's inclusion. For these reasons, it is worth exploring TAs' perspectives on mental health in schools.

In terms of supporting positive mental health in schools, whole school approaches have been recommended (Weare, 2015), which means involving all members of staff. As previous research has focussed on teachers' perceptions predominantly, this proposed research could provide a starting point to exploring the views of other staff members on mental health; therefore, informing interventions and training.

3. Provide an outline of the methodology for the proposed research, including proposed method of data collection, tasks assigned to participants of the research and the proposed method and duration of data analysis. If the proposed research makes use of pre-established and generally accepted techniques, please make this clear. (Do not exceed 500 words)

As the research is exploratory, interviews are an appropriate method to gather participants' views. These interviews will be recorded and transcribed. One-to-one interviews will allow me to build rapport with the participants with the aim of acquiring rich information (Reid, Flowers & Larkin, 2005). Semi-structured interviews allow for flexibility within data collection. They also allow the interviewer to use non-verbal information to guide the interview; for instance, if a participant is feeling uncomfortable with a certain topic (Smith, Flowers & Larkin, 2009). Additionally, by using one-to-one interviews, I will be able to work with the participants to explore their meaning of certain concepts. I will aim to interview approximately 6 TAs.

The data will be analysed using Interpretative Phenomenological Analysis (IPA) which focusses on understanding a phenomenon from the perspective of individuals (Eatough & Smith, 2017). This focus is on the person's experience of a phenomenon and the sense they make of it, rather than understanding the phenomenon itself.

IPA suggests that data should be analysed both objectively and contextually, allowing for the interpretation of hidden meanings (Smith & Osborn, 2004). It uses an inductive approach (bottom-up), meaning that it does not test hypotheses or prior assumptions (Reid, Flowers & Larkin, 2005); this is in line with an exploratory approach. The data will be analysed following the steps outlined in Smith, Flowers and Larkin (2009) which will generate themes both within and across participants.

Participants will be provided with a definition of mental health to obtain some shared understanding of the term. The definition used will be from the Department for Education 'Mental health and behaviour in schools' (DfE, 2018).

The DfE writes:

Short term stress and worry is a normal part of life and many issues can be experienced as mild or transitory challenges for some children and their families. Others will experience more serious and longer lasting effects. The same experience can have different effects on different children depending on other factors in their life. For example, it is normal for children to feel nervous or under stress around exam times, but other factors can make such stress part of an enduring and persistent mental health problem for some children. When a problem is particularly severe or persistent over time, or when a number of these difficulties are experienced at the same time, children are often described as experiencing mental health problems.

This explanation of mental health was chosen as it was written by the DfE so it is therefore aimed at school staff. The DfE reference the world health organisation's definition of mental health.

Some elements of the World Health Organisation's (WHO, 2014) definition could be considered abstract (e.g. 'can work productively and fruitfully') whereas the DfE provide examples that relate specifically to children at school. I am also attempting to gain TAs' views on mental health generally, rather than just children who have been given a diagnosis, which further makes this paragraph a relevant definition.

During interviews, participants will be shown the DfE definition and asked to consider it while discussing their experiences of working with children. Through questioning, they will be prompted to reflect on these experiences.

PARTICIPANT DETAILS

4. Provide an explanation detailing how you will identify, approach and recruit the participants for the proposed research, including clarification on sample size and location. Please provide justification for the exclusion/inclusion criteria for this study (i.e. who will be allowed to / not allowed to participate) and explain briefly, in lay terms, why this criteria is in place. (Do not exceed 500 words)

The participants will be TAs in mainstream primary schools. Recent data commissioned by NHS Digital (2018) indicates that mental health disorders are prevalent in children of all ages in England. For instance, their data suggests that 4.6% of 5 to 10 year olds and 7.1% of 11 to 16 year olds have an emotional disorder. Behaviour (or 'conduct') disorders were prevalent in 6.7% of 5 to 10 year olds and 7.4% of 11 to 16 year olds. The DfE (2018) states that schools should be involved in prevention and early support for all pupils, including those at risk, for mental health difficulties. As children can begin to develop difficulties at a young age, it is imperative that the potential contribution of school staff working with these children is considered. For these reasons, research with TAs in primary schools is particularly relevant in today's national context.

The TAs must have worked for at least one year so that they have experience in the role. Higher level teaching assistants (HLTAs) in primary schools often have similar roles to teachers as they teach whole classes (Roffey-Barentsen & Watt, 2014), therefore HLTAs will not be included unless they spend over half of their time supporting children at a TA level.

TAs will be recruited by information being sent to primary schools in my placement local authority. I will ask educational psychologists in my team to contact school Special Educational Needs CoOrdinators (SENCOs) that they work with. Permission will then be sought from the head teacher of the school. SENCOs and head teachers will be provided with participant criteria so that they can identify appropriate teaching assistants at their school for the research. If this does not yield the desired response, I will also contact schools that I have worked in. A final route for recruitment would be to attend a SENCO forum to broaden my access to schools.

As the experience of TAs differs across schools, only one TA from each participating school will be chosen. The optimal number of participants for IPA doctoral research is between four and ten (Smith, Flowers & Larkin, 2009).

Demographic information will be collected from participants regarding their gender, job role, length of time in their current role and any previous training on mental health.

5. Will the participants be from any of the following groups?(Tick as appropriate)

- Students or staff of the Trust or the University.
- Adults (over the age of 18 years with mental capacity to give consent to participate in the research).
- Children or legal minors (anyone under the age of 16 years)¹
- Adults who are unconscious, severely ill or have a terminal illness.
- Adults who may lose mental capacity to consent during the course of the research.
- Adults in emergency situations.
- Adults² with mental illness - particularly those detained under the Mental Health Act (1983 & 2007).

- Participants who may lack capacity to consent to participate in the research under the research requirements of the Mental Capacity Act (2005).
- Prisoners, where ethical approval may be required from the National Offender Management Service (NOMS).
- Young Offenders, where ethical approval may be required from the National Offender Management Service (NOMS).
- Healthy volunteers (in high risk intervention studies).
- Participants who may be considered to have a pre-existing and potentially dependent³ relationship with the investigator (e.g. those in care homes, students, colleagues, service-users, patients).
- Other vulnerable groups (see Question 6).
- Adults who are in custody, custodial care, or for whom a court has assumed responsibility.
- Participants who are members of the Armed Forces.

¹If the proposed research involves children or adults who meet the Police Act (1997) definition of vulnerability³, any researchers who will have contact with participants must have current Disclosure and Barring Service (DBS) clearance.

² 'Adults with a learning or physical disability, a physical or mental illness, or a reduction in physical or mental capacity, and living in a care home or home for people with learning difficulties or receiving care in their own home, or receiving hospital or social care services.' (Police Act, 1997)

³ Proposed research involving participants with whom the investigator or researcher(s) shares a dependent or unequal relationships (e.g. teacher/student, clinical therapist/service-user) may compromise the ability to give informed consent which is free from any form of pressure (real or implied) arising from this relationship. TREC recommends that, wherever practicable, investigators choose participants with whom they have no dependent relationship. Following due scrutiny, if the investigator is confident that the research involving participants in dependent relationships is vital and defensible, TREC will require additional information setting out the case and detailing how risks inherent in the dependent relationship will be managed. TREC will also need to be reassured that refusal to participate will not result in any discrimination or penalty.

6. Will the study involve participants who are vulnerable? YES NO

For the purposes of research, 'vulnerable' participants may be adults whose ability to protect their own interests are impaired or reduced in comparison to that of the broader population. Vulnerability may arise from the participant's personal characteristics (e.g. mental or physical impairment) or from their social environment, context and/or disadvantage (e.g. socio-economic mobility, educational attainment, resources, substance dependence, displacement or homelessness). Where prospective participants are at high risk of consenting under duress, or as a result of manipulation or coercion, they must also be considered as vulnerable.

Adults lacking mental capacity to consent to participate in research and children are automatically presumed to be vulnerable. Studies involving adults (over the age of 16) who lack mental capacity to consent in research must be submitted to a REC approved for that purpose.

6.1. If YES, what special arrangements are in place to protect vulnerable participants' interests?

If YES, the research activity proposed will require a DBS check. (NOTE: information concerning activities which require DBS checks can be found via <https://www.gov.uk/government/publications/dbs-check-eligible-positions-guidance>)

7. Do you propose to make any form of payment or incentive available to participants of the research? YES NO

If **YES**, please provide details taking into account that any payment or incentive should be representative of reasonable remuneration for participation and may not be of a value that could be coercive or exerting undue influence on potential participants' decision to take part in the research. Wherever possible, remuneration in a monetary form should be avoided and substituted with vouchers, coupons or equivalent. Any payment made to research participants may have benefit or HMRC implications and participants should be alerted to this in the participant information sheet as they may wish to choose to decline payment.

8. What special arrangements are in place for eliciting informed consent from participants who may not adequately understand verbal explanations or written information provided in English; where participants have special communication needs; where participants have limited literacy; or where children are involved in the research? (Do not exceed 200 words)

Due to the interpretative nature of this research, TAs will only be recruited who can speak English fluently. Although it could be assumed that TAs will have a good grasp of English due to the nature of the role, my experience in schools suggests that this is not always the case.

RISK ASSESSMENT AND RISK MANAGEMENT

9. Does the proposed research involve any of the following? (Tick as appropriate)

- use of a questionnaire, self-completion survey or data-collection instrument (attach copy)
- use of emails or the internet as a means of data collection
- use of written or computerised tests
- interviews (attach interview questions)
- diaries (attach diary record form)
- participant observation
- participant observation (in a non-public place) without their knowledge / covert research
- audio-recording interviewees or events
- video-recording interviewees or events
- access to personal and/or sensitive data (i.e. student, patient, client or service-user data) without the participant's informed consent for use of these data for research purposes
- administration of any questions, tasks, investigations, procedures or stimuli which may be experienced by participants as physically or mentally painful, stressful or unpleasant during or after the research process
- performance of any acts which might diminish the self-esteem of participants or cause them to experience discomfiture, regret or any other adverse emotional or psychological reaction
- investigation of participants involved in illegal or illicit activities (e.g. use of illegal drugs)
- procedures that involve the deception of participants
- administration of any substance or agent
- use of non-treatment of placebo control conditions
- participation in a clinical trial
- research undertaken at an off-campus location (risk assessment attached)
- research overseas (copy of VCG overseas travel approval attached)

10. Does the proposed research involve any specific or anticipated risks (e.g. physical, psychological, social, legal or economic) to participants that are greater than those encountered in everyday life? YES NO

If **YES**, please describe below including details of precautionary measures.

No, however the discussion of sensitive topics may elicit different responses from TAs, an approach for this is detailed in section 13.

11. Where the procedures involve potential hazards and/or discomfort or distress for participants, please state what previous experience the investigator or researcher(s) have had in conducting this type of research.

I regularly consult with school staff on the learning, emotional and social needs of children.

12. Provide an explanation of any potential benefits to participants. Please ensure this is framed within the overall contribution of the proposed research to knowledge or practice. (Do not exceed 400 words)

NOTE: Where the proposed research involves students of our University, they should be assured that accepting the offer to participate or choosing to decline will have no impact on their assessments or learning experience. Similarly, it should be made clear to participants who are patients, service-users and/or receiving any form of treatment or medication that they are not invited to participate in the belief that participation in the research will result in some relief or improvement in their condition.

This research will provide TAs with an opportunity to talk about issues they may have relating to the mental health of children that they work with. School staff can experience a lot of stress and are unlikely to receive supervision; therefore TAs may experience benefits to talking through some of their thoughts and feelings with someone external to the school.

TAs will also have the opportunity through this research to contribute knowledge to this topic, particularly contributing to the area of the 'TA voice' which is largely overlooked in educational research.

13. Provide an outline of any measures you have in place in the event of adverse or unexpected outcomes and the potential impact this may have on participants involved in the proposed research. (Do not exceed 300 words)

All participants will be offered a debrief sheet that signposts them to information about how to assist children with mental health needs. It will also include advice for adults to support their own mental health. TAs will be reminded to speak to a key member of staff (such as the SENCo) if they feel there are issues relating to a child's mental health that need to be dealt with further. Participants will be informed that they can contact me should they have any concerns and are unsure what to do, I will then be able to further signpost them to appropriate resources or people.

If there are any particular issues that arise regarding children's or TAs' mental health, I will speak to the SENCo and follow up with them after an agreed period of time (e.g. 1 month). I will also make the link EP for that school aware of the issue.

For issues that arise over time or may have longer term implications, I will make sure the participants and the school SENCo have the relevant information about services they can contact for support. I will also remind them that they can take any concerns to their link EP.

14. Provide an outline of your debriefing, support and feedback protocol for participants involved in the proposed research. This should include, for example, where participants may feel the need to discuss thoughts or feelings brought about following their participation in the research. This may involve referral to an external support or counseling service, where participation in the research has caused specific issues for participants. Where medical aftercare may be necessary, this should include details of the treatment available to participants. Debriefing may involve the disclosure of further information on the aims of the research, the participant's performance and/or the results of the research. (Do not exceed 500 words)

All participants will be given a sheet that will detail who they can speak to if they are concerned about a child and signpost to further information (e.g. websites) that contain advice for dealing with children with mental health difficulties.

If TAs are distressed following an interview a graduated approach will be followed where they will be able to speak to me following the interview, will be signposted to a person at the school (e.g. SENCo) and be told about support services (e.g. visiting their GP). If a TA becomes significantly distressed in an interview, this will be responded to sensitively and the interview stopped if necessary.

Participants will be provided with my contact details should they have any questions following the research.

Participants will have the right to withdraw their data up until my data has been anonymised (within approximately 6 weeks).

PARTICIPANT CONSENT AND WITHDRAWAL

15. Have you attached a copy of your participant information sheet (this should be in *plain English*)? Where the research involves non-English speaking participants, please include translated materials. YES NO

If **NO**, please indicate what alternative arrangements are in place below:

16. Have you attached a copy of your participant consent form (this should be in *plain English*)? Where the research involves non-English speaking participants, please include translated materials. YES NO

If **NO**, please indicate what alternative arrangements are in place below:

17. The following is a participant information sheet checklist covering the various points that should be included in this document.

- Clear identification of the sponsor for the research, the project title, the Researcher or Principal Investigator and other researchers along with relevant contact details.
- Details of what involvement in the proposed research will require (e.g., participation in interviews, completion of questionnaire, audio/video-recording of events), estimated time commitment and any risks involved.
- A statement confirming that the research has received formal approval from TREC.
- If the sample size is small, advice to participants that this may have implications for confidentiality / anonymity.
- A clear statement that where participants are in a dependent relationship with any of the researchers that participation in the research will have no impact on assessment / treatment / service-use or support.
- Assurance that involvement in the project is voluntary and that participants are free to withdraw consent at any time, and to withdraw any unprocessed data previously supplied.

- Advice as to arrangements to be made to protect confidentiality of data, including that confidentiality of information provided is subject to legal limitations.
- A statement that the data generated in the course of the research will be retained in accordance with the University's Data Protection Policy.
- Advice that if participants have any concerns about the conduct of the investigator, researcher(s) or any other aspect of this research project, they should contact Simon Carrington, Head of Academic Governance and Quality Assurance (academicquality@tavi-port.nhs.uk)
- Confirmation on any limitations in confidentiality where disclosure of imminent harm to self and/or others may occur.

18. The following is a consent form checklist covering the various points that should be included in this document.

- University or Trust letterhead or logo.
- Title of the project (with research degree projects this need not necessarily be the title of the thesis) and names of investigators.
- Confirmation that the project is research.
- Confirmation that involvement in the project is voluntary and that participants are free to withdraw at any time, or to withdraw any unprocessed data previously supplied.
- Confirmation of particular requirements of participants, including for example whether interviews are to be audio-/video-recorded, whether anonymised quotes will be used in publications advice of legal limitations to data confidentiality.
- If the sample size is small, confirmation that this may have implications for anonymity any other relevant information.
- The proposed method of publication or dissemination of the research findings.
- Details of any external contractors or partner institutions involved in the research.
- Details of any funding bodies or research councils supporting the research.
- Confirmation on any limitations in confidentiality where disclosure of imminent harm to self and/or others may occur.

CONFIDENTIALITY AND ANONYMITY

19. Below is a checklist covering key points relating to the confidentiality and anonymity of participants. Please indicate where relevant to the proposed research.

- Participants will be completely anonymised and their identity will not be known by the investigator or researcher(s) (i.e. the participants are part of an anonymous randomised sample and return responses with no form of personal identification)?
- The responses are anonymised or are an anonymised sample (i.e. a permanent process of coding has been carried out whereby direct and indirect identifiers have been removed from data and replaced by a code, with no record retained of how the code relates to the identifiers).
- The samples and data are de-identified (i.e. direct and indirect identifiers have been removed and replaced by a code. The investigator or researchers are able to link the code to the original identifiers and isolate the participant to whom the sample or data relates).
- Participants have the option of being identified in a publication that will arise from the research.
- Participants will be pseudo-anonymised in a publication that will arise from the research. (i.e. the researcher will endeavour to remove or alter details that would identify the participant.)
- The proposed research will make use of personal sensitive data.
- Participants consent to be identified in the study and subsequent dissemination of research findings and/or publication.

20. Participants must be made aware that the confidentiality of the information they provide is subject to legal limitations in data confidentiality (i.e. the data may be subject to a subpoena, a freedom of information request or mandated reporting by some professions). This only applies to named or de-identified data. If your participants are named or de-identified, please confirm that you will specifically state these limitations.

YES NO

If **NO**, please indicate why this is the case below:

NOTE: WHERE THE PROPOSED RESEARCH INVOLVES A SMALL SAMPLE OR FOCUS GROUP, PARTICIPANTS SHOULD BE ADVISED THAT THERE WILL BE DISTINCT LIMITATIONS IN THE LEVEL OF ANONYMITY THEY CAN BE AFFORDED.

DATA ACCESS, SECURITY AND MANAGEMENT

21. Will the Researcher/Principal Investigator be responsible for the security of all data collected in connection with the proposed research? YES NO

If **NO**, please indicate what alternative arrangements are in place below:

22. Below is a checklist which relates to the management, storage and secure destruction of data for the purposes of the proposed research. Please indicate where relevant to your proposed arrangements.

- Research data, codes and all identifying information to be kept in separate locked filing cabinets.
- Access to computer files to be available to research team by password only.
- Access to computer files to be available to individuals outside the research team by password only (See **23.1**).
- Research data will be encrypted and transferred electronically within the European Economic Area (EEA).
- Research data will be encrypted and transferred electronically outside of the European Economic Area (EEA). (See **23.2**).

NOTE: Transfer of research data via third party commercial file sharing services, such as Google Docs and YouSendIt are not necessarily secure or permanent. These systems may also be located overseas and not covered by UK law. If the system is located outside the European Economic Area (EEA) or territories deemed to have sufficient standards of data protection, transfer may also breach the General Data Protection Regulation (GDPR) 2018.

- Use of personal addresses, postcodes, faxes, e-mails or telephone numbers.
- Use of personal data in the form of audio or video recordings.
- Primary data gathered on encrypted mobile devices (i.e. laptops). **NOTE:** This should be transferred to secure UEL servers at the first opportunity.
- All electronic data will undergo secure disposal.

NOTE: For hard drives and magnetic storage devices (HDD or SSD), deleting files does not permanently erase the data on most systems, but only deletes the reference to the file. Files can be restored when deleted in this way. Research files must be overwritten to ensure they are completely irretrievable. Software is available for the secure erasing of files from hard drives which meet recognised standards to securely scramble sensitive data. Examples of this software are BC Wipe, Wipe File, DeleteOnClick and Eraser for Windows platforms. Mac users can use the standard 'secure empty trash' option; an alternative is Permanent eraser software.

- All hardcopy data will undergo secure disposal.

NOTE: For shredding research data stored in hardcopy (i.e. paper), adopting DIN 3 ensures files are cut into 2mm strips or confetti like cross-cut particles of 4x40mm. The UK government requires a minimum standard of DIN 4 for its material, which ensures cross cut particles of at least 2x15mm.

22.1. Please provide details of individuals outside the research team who will be given password protected access to encrypted data for the proposed research.

22.2. Please provide details on the regions and territories where research data will be electronically transferred that are external to the European Economic Area (EEA).

OVERSEAS TRAVEL FOR RESEARCH

<p>23. Does the proposed research involve travel outside of the UK? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>23.1. Have you consulted the Foreign and Commonwealth Office website for guidance/travel advice? http://www.fco.gov.uk/en/travel-and-living-abroad/ YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>23.2. If you are a non-UK national, have you sought travel advice/guidance from the Foreign Office (or equivalent body) of your country? YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/></p> <p>23.3. Have you completed the overseas travel approval process and enclosed a copy of the document with this application? (For UEL students and staff only) YES <input type="checkbox"/> NO <input type="checkbox"/> Details on this process are available here http://www.uel.ac.uk/qa/research/fieldwork.htm</p> <p>23.4. Is the research covered by your University's insurance and indemnity provision? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>NOTE: Where research is undertaken by UEL students and staff at an off-campus location within the UK or overseas, the Risk Assessment policy must be consulted: http://dl-cfs-01.uel.ac.uk/hrservices/documents/hshandbook/risk_assess_policy.pdf. For UEL students and staff conducting research where UEL is the sponsor, the Dean of School or Director of Service has overall responsibility for risk assessment regarding their health and safety.</p>
<p>23.5. Please evidence how compliance with all local research ethics and research governance requirements have been assessed for the country(ies) in which the research is taking place.</p>
<p>23.6. Will this research be financially supported by the United States Department of Health and Human Services or any of its divisions, agencies or programs? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>

PUBLICATION AND DISSEMINATION OF RESEARCH FINDINGS

<p>24. How will the results of the research be reported and disseminated? (Select all that apply)</p> <p><input checked="" type="checkbox"/> Peer reviewed journal</p> <p><input checked="" type="checkbox"/> Conference presentation</p> <p><input type="checkbox"/> Internal report</p> <p><input checked="" type="checkbox"/> Dissertation/Thesis</p> <p><input type="checkbox"/> Other publication</p> <p><input checked="" type="checkbox"/> Written feedback to research participants</p> <p><input checked="" type="checkbox"/> Presentation to participants or relevant community groups</p> <p><input type="checkbox"/> Other (Please specify below)</p>
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OTHER ETHICAL ISSUES

25. Are there any other ethical issues that have not been addressed which you would wish to bring to the attention of Tavistock Research Ethics Committee (TREC)?

CHECKLIST FOR ATTACHED DOCUMENTS

26. Please check that the following documents are attached to your application.

- Letters of approval from ethical approval bodies (where relevant)
- Recruitment advertisement
- Participant information sheets (including easy-read where relevant)
- Consent forms (including easy-read where relevant)
- Assent form for children (where relevant)
- Evidence of any external approvals needed
- Questionnaire
- Interview Schedule or topic guide
- Risk Assessment (where applicable)
- Overseas travel approval (where applicable)

26.1. Where it is not possible to attach the above materials, please provide an explanation below.

Appendix K – An Overview of the Overarching and Superordinate Themes with the Participants’ (except Tina’s) Quotes

Theme One: Perception and Knowledge of Children’s Mental Health

How TAs talk about the mental health problems that children experience

<p>Anxiety/ worry Shivani Joanne Rachel Laura Karen</p>	<p>Shivani: Child was overly worried</p> <p>Joanne: children are children and they have little worries, which are not worries to us, but it's huge to them. Joanne: they do get worried if you’re plonked in an English school. I mean, we've got a little girl, we've got twins. One's gone in one side and one's come into our class. She never spoke a word of English three or four months ago. I mean, how? And she just used to sit and cry.</p> <p>Rachel: And her biggest issue is anxiety. Rachel: When you get into a group of say, four or more, then she, you can, you can actually see her then start to worry. And she looks around a lot. And she's gets quieter. And yeah, you can tell she's uncomfortable, not as sort of engaged as she should be. Rachel: very sort of introverted, very quiet, Rachel: we have quiet. You have children that are very quiet. And you have children that you can see, get, not distressed, but you can see they're very unsure about things when something new is going on. Rachel: she goes home, so upset and full of... sort of... anxious feelings and worry, that it then stops her from sleeping properly at night.</p> <p>Laura: we've got a couple, particularly in my class that were quite quiet, as I said, low self esteem. And the parents had approached us and said, that they kind of feel that they're suffering a little bit of anxiety, having trouble out in the playground, so again, it’s just kind of... picking those ones that you feel just need a little bit of extra, of extra help.</p>
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	<p>Laura: we had one that was particularly quiet, very, very anxious, was kind of questioning themselves, their ability to do things, worrying about If they bought their PE kit in.</p> <p>Karen: a number of children I've dealt with over the years, but the one that springs to mind is last year actually who had severe anxiety during a SATs exam. So yep, erm, so during the SATs exam, we knew she had anxiety because we would come across it before, but she really went into meltdown mode,</p> <p>Karen: you could see she was getting a bit flustered and her breathing was wasn't as normal as it normally is. So, erm, I said 'are you okay?' and she sort of said, 'Yes, yes'. But then as time went on, I could see she was getting more and more anxious</p> <p>Karen: again with the anxiety we do get children obviously the various things you know, they get upset about. Worried about, we see children worried about things every day, every day, we see a child worried about something.</p> <p>Karen: just mild maybe mild anxiety, but again, just sudden, sudden attack, erm, of panic. Erm, and breathing. Erm, but this was quite severe.</p>
<p>Depression / low mood / sadness Shivani Joanne Karen Aisha</p> <p>Karen (self harm/ suicide)</p>	<p>Shivani: I saw positive and she just goes so so negative. It's like, there's no way out for her, you know, every little thing upsets her</p> <p>Shivani: she was really, really down that day, like, really down.</p> <p>Shivani: She was feeling like, really miserable and worthless. And you know, all those feelings of worthlessness, useless, good at nothing, kind of... all those kind of thoughts.</p> <p><i>when you say break down, can you tell me more about that?</i> Joanne: He just cried</p> <p>Karen: I've come across lots of different things from children feeling, feeling suicidal. Even at this age.</p> <p>Karen: And just you know, I don't know if depression is the right word, but you know, very, very down yeah.</p> <p>Karen: Again, anxiety, self-harming. I'm trying to think of some others... a lot, Lots of different variations.</p> <p>Karen: And then then you'd notice obviously, then they'd be making actually a mark on their arm. And then it would be quite, quite a big mark (laughter).</p> <p>Karen: But this child would literally just do this (gestures) over amount, you know,</p>

	<p>Karen: But you know, we've probably had a few cases since we always get children that, erm, sit in class and say, 'Oh, I want to kill myself'.</p> <p>Karen: Erm, I had a child actually who was like that and we've spoken to him about it. But one day I came in, and he had literally a scarf wrapped around his neck and he was pulling it tight. Again, that scared me. He was, yeah, in Year 5... Again, whether he meant to... he... I think he knew what he was doing personally (laughter). But whether... yeah, he was pulling it very tight erm...</p> <p>Aisha: he start to say 'I have a headache' its, it's happened more than once a week, and all the time he's upset, and sometimes he's crying, and sometimes he doesn't want to just carry on with the work,</p> <p>Aisha: do you know the children they like to play, talk, laugh. He's the opposite, he's not talking a lot, not sharing, not playing these normal things children do it, he never do it.</p>
<p>Anger Rachel Laura Aisha</p>	<p>Rachel: just starts lashing out. And will physically hit the other children.</p> <p>Rachel: I've had a, encountered a couple that will sort of lose their temper. Over very small things.</p> <p>Laura: but we knew straight away that he, is a very is very, very angry. Very, a lot of pent up anger. He was showing a lot of behaviours that were sort of not, you know, not in line with his age</p> <p>Laura: Yeah, he had quite a lot of aggression. And he would kind of tip tables, chairs, rip things off the wall.</p> <p>Laura: Very, very low, very, very low work wise, couldn't read couldn't write, was extremely frustrated, because he wanted to be at the level of everybody else. And that frustration, again, he used to throw chairs, tables, walk out the classroom,</p> <p>Aisha: And do you know it's outside when we watched him, he kick the children, pretend he's playing violently.</p>
<p>Confusion/ lack of knowledge about mental health problems</p>	<p>Shivani: I don't know is that a long term mental thing or?</p> <p>Rachel: it's very hard to tell whether it's sort of learned behaviour or whether there is an underlying issue. Is it some of this sort of maybe disrupt, maybe the more disruptive behaviour? Is it just because you're looking for</p>

<p>Shivani Rachel Joanne</p>	<p>attention? Rachel: Because you get all the attention at home? And I'm sorry, you know, and but now you've got to share it between 23 other children? (laughing) Or is there something more.</p> <p>Joanne: You're talking about mental health, I don't know. I don't think I've ever come across children with mental health.</p> <p><i>Interviewer: with a diagnosis?</i></p> <p>Joanne: Yes. We get autistic. We have to cope with autistic children, which is hard. When you've got targets to meet and you're interrupted, Bla-de-bla-de-bla and that's all mental health isn't. But if they have been stated, obviously they have a one-to-one.</p> <p>Joanne: But It doesn't stop them interrupting. But You can't sort of say too much. (laughing) Is that the kind of mental health you're talking about? Or just anything per...</p> <p><i>Interviewer: Well I'm interested just in your experience. So, would you say before you were thinking about children having a diagnosis?</i></p> <p>Joanne: Yes.</p> <p><i>Interviewer: And now...</i></p> <p>Joanne: Now I'm thinking is everywhere. It's there. It's virtually there well being isn't it?. How do you cater for their wellbeing? A lot I hope I do.</p> <p>Joanne: So that's all to do with their well being, I'm gonna use that word instead of mental health.</p>
<p>Superordinate themes not included in analysis section in thesis</p>	
<p>Range of needs / prevalence Shivani Karen</p>	<p>Shivani: I have children with like long term mental health issues. And some short term, which are resolved within a couple of weeks, but the long term, which are ongoing.</p> <p>Karen: But there has been quite a number of different cases and different children.</p> <p>Karen: they might be, vary from very silly situations, something that you can sort out in two minutes to something that's quite serious.</p>

	<p>Karen: Because I've been here so long I've got used to dealing with so many situations. Yeah. Again, from very mild situations to the other extreme.</p> <p>Karen: I've come across lots of different things</p> <p>Karen: Yeah, so far, there's loads and loads of different ones I've come across in the time.</p>
<p>Self-esteem/ confidence</p> <p>Shivani</p> <p>Joanne</p> <p>Laura</p>	<p>Shivani: she's got really low self esteem and self confidence.</p> <p>Joanne: And she didn't speak very much. And every time you looked at her, she thought you were going to say something to criticise, criticise her, and she would go down like this.</p> <p><i>See anxiety</i></p>
<p>More issues now?</p> <p>Rachel</p> <p>Karen</p>	<p>Rachel: there seem to be more children with more issues. And whether that's because there are all these new la, all these new labels that they can put people on. Or whether that's just because it's being picked up better, and you're more aware of it</p> <p>Rachel: So yeah, it's probably not, It's probably one of those things, isn't it? where it seems like there, There's more issues or more children with issues, but they're probably aren't, it's probably we just weren't really aware of them and you don't know what to look for.</p> <p>Karen: Throughout the years it has got worse. It's not a new thing. I wouldn't say it's a new thing. Because it's always existed. It's always been there. But there does seem to be more children suffering from anxiety and depression and... I would say self-harming as well. But more, more than I remember before.</p>
<p>Karen – eating disorder</p>	<p>And it did turn out that she did have a problem with eating, and she was being sick.</p>

The cause of poor mental health in children

Family

<p>Shivani <i>Parental separation</i> <i>Family background – finance</i></p> <p><i>Background influences</i></p> <p><i>Parental separation</i> <i>Family circumstances</i></p>	<p>Shivani: there was a child who thought her parents were going to be separated, she was really tormented with the thoughts.</p> <p>Shivani: And there was financial stress at home. So she was like, couldn't sleep that night. So next day, she came and, you know, I spoke to her so I kind of told her, you know, parents always, you know, try to do all good for their children. And when the financial stress, when they can't provide, them, they really feel irritated and frustrated.</p> <p>Shivani: He has some family issues, but like stays with his grandparents. And then one week with his mum, hasn't seen dad for a while. And he always he always always misses his family when he's at school.</p> <p>Shivani: Mum and Dad are divorced, yeah divorced they are. But then she's got a younger sister, She's every little thing upsets her</p> <p>Shivani: kind of dad calls, whenever he's angry, probably, call names to the child and child doesn't like it.</p>
<p>Joanne <i>Family influences</i></p> <p><i>Home influence</i></p>	<p>Joanne: he's a single parent, And she works in London. And her dad has to come and pick him up... now, her dad worships the ground, he walks on. But because he's very bright, he's mixing with teenagers, 14 and 16 year olds at home.</p> <p>Joanne: And I'd say to them, what happens at home, when you're reading to your mummy and you get a word wrong. 'She slaps my face'. I've had this. I don't know how many times. That's why I do that. Or if you suddenly go to put your arm around a child and they flinch. You know, things aren't quite right at home.</p>
<p><i>Bad parenting</i></p>	<p>Joanne: I have to say, there is quite a lot of bad parenting that's going on. But they don't think so... I mean, the children are sort of like... not, not all, not all, but the children are like wallpaper (ha- laugh) for some years.</p> <p>Joanne: Mummy has admitted she can't give him the time. And her dad, let's him get away with everything. But I... I've had the most amazing conversations with him on a one to one, But he's disruptive in class. Now, to me, that's mental issues.</p> <p>Joanne: he just gets scolded all the time by his mum, and she doesn't know. She doesn't know how to be a mum. That's why I'm saying to you, there's a lot of very bad parenting going on</p> <p>Joanne: You've got to remember that. I don't know, 99.9% is EAL at this school. So they come to us, either not speaking very much English, or they don't speak in sentences.</p>

<p><i>Cultural</i></p>	<p>Joanne: And also, because of where they have come from, most probably the parents don't speak to them and ask them questions. Joanne: you know, all their mummies and daddies are foreign. And their culture is totally different. Joanne: And, that's not a bad thing. It's just that that is the way that it is at this school and you need to be able to talk to them.</p>
<p>Rachel <i>Home influence</i> <i>Parent's mental health</i></p>	<p>Rachel: Because if you think if it's not, if it's a bit disruptive at home, whether it's divorce, or new babies, erm big brothers and sisters going off to uni, things like that, it can affect how they are in class, because obviously there's that then there's that attention shift at home. They're maybe not getting as much attention as they should have. Rachel: erm mum's, quite needy, though, so every morning and afternoon at the door, they'll always be something that she wants to ask you about, he's a bit of a fussy eater as well. And I think that causes her issues because he doesn't always eat what's in his lunch box. But he doesn't want school dinners either. So I think that's sort of frustrating for her. Erm, And I think that... has sort of... erm sort of gets reflected to him, you know, her, Anx, Maybe her anxiety and things is, is then sort of put down on him as well. And he becomes very sort of very quiet.</p>
<p>Laura <i>Being different</i> <i>Other things affect</i></p>	<p>Laura: I think outside, he has quite a different lifestyle to everybody else as well. So that kind of automatically makes him a little bit different. Laura: I think when you work in the school, you kind of assume that you see that child from nine to three. But that child has a life from three right until they're dropped off so, there's so many other aspects that can affect their behaviour. I think sometimes. I think it'd be easy for people just to look at that, nine to three, and not realise that there's a lot of other, other things that can be affecting.</p>
<p>Karen <i>Home</i></p>	<p>Karen: it can be something that's you know, quite a major thing that's happened in their family or it could be something to do with school. Karen: normally is like a family issue or they're unhappy about something. Karen: There's a lot going on at home.</p>

<p><i>Divorce and other</i></p>	<p>Karen: usually divorce. Children find that very difficult, erm, they might live in a, live in a very chaotic family life, you know, parents working, lots of children, erm, they might not have a lot of money. There's various situations in the family, erm, I've had children that again, just being upset and down because of... parents might have split up. Erm. Also, I've had situations where a parent has hit a child and they've, they've told me and then again that's been dealt with, but it can be various situations, but it's usually the one is it's divorce, or, erm, that comes up a lot</p>
<p>Aisha <i>Home influence</i></p>	<p>Aisha: any problems at home, it will affect the child when he's being in the school. Aisha: In behaviour sometimes they are not listening, and they are sometimes some children they keep. Do you know, complain. This, to just, to get attention because lack of attention at home</p> <p>Aisha: This is the problem, the problem is from home.</p> <p>Aisha: after that you will know about the families through time, as they are the parents, did they have a problem at home, or not. So, then straightaway you will just relate it the behaviour what the, what's happening at home too, it will be clear.</p>
<p><i>Bad parenting</i></p>	<p>Aisha: I think I can't say all the mothers, some mums they are busy with the phones, and they are busy. They are not taking care of their children, Aisha: It's not the right thing to do to ignore your child at all, at all, you should pay attention 100% to your child. Aisha: One day I told him 'Did you tell your mommy?'. He said, 'Yeah, I told her, but she's busy'. So you can link all these points. And you will have a bigger image maybe later. Aisha: you are a mum you should take your responsibility, if your child, even if my child he's complained without nothing he doesn't. He doesn't have any problem but he keep complain, you should have a solution you should have something to say.</p>
<p><i>Parental separation</i></p>	<p>Aisha: especially when the parents they are separated sometimes you can see the child is struggled a little bit.</p>

	<p>Aisha: I know the background, I know that her parents they are divorced and she's living with her dad only, so straight away I know there is something there, when she started to do it straight away.</p>
<p>Bereavement Karen Aisha Shivani</p>	<p>Karen: We've had children with bereavements before. That's another one I didn't think of, erm you know, go through bereavements who I've, you know, got, not close to but you know, have obviously spent time with them, supporting them, particularly in class when you, you know, if a parent's just died, you know, they're just suddenly going to burst into tears.</p> <p>Aisha: because we have one child, his mum is passed away, so 'it's okay mummy's not there, but she's watching you she will be happy if you did well at a school'.</p> <p>Shivani: Children with bereavement also come to me, but they usually do kind of an activity with children who have gone through bereavement, so they do that as well</p>
<p>Friendships Shivani Karen Aisha</p>	<p>Shivani: they are so many friendship issues. And you know, so I'm forever, like resolving there.</p> <p>Shivani: And now I think I have got a sense of you know, what is kind of that mental health thing? And what's just a friendship issue.</p> <p>Karen: Lots of friendship issues. Which, to us seems very, you know, mild and silly. But to them is such a big thing. You know, they've fallen out with their friends or to them, it's the end of the world. You know, to us, it's 'oh you'll be back friends again', you know, 'next week' but to them, it can be something quite serious.</p> <p>Aisha: Yeah, because when they come in after a playtime, I used to do it after play time all the time. They get. They come in lots of problems, complaints 'miss this did that to me, miss, miss, miss'</p>
<p>School pressures Karen Aisha Rachel</p>	<p>Karen: I think she felt again, she felt pressurised into doing well, because she was quite a bright child. Erm, So she wanted to do well. And I think obviously that made her anxiety worse. You know, she sat down read the questions and then, obviously went panic because maybe there was something on there that she thought 'Oh, I just don't get this'</p> <p>Aisha: They can, you can put lots of things on their brains, it's too much for them. So they need that, that time when you release them from the.. all the ideas, everything.</p>

	<p>Rachel: But I think at this time of year, they're all really tired. They're all finding it really hard. And it's just they want to be at home, and they want to play now, and they've got to come in here. Got work to do. Although, not too much work today and Tomorrow. They're all a bit frazzled now and they just want the time to relax.</p>
<p>Technology Karen Joanne Aisha</p>	<p>Karen: it's something that's got worse with social media and because even children in year five or six have phones, going on the internet, children in year three and four, probably as well. And I think that plays a big part, certain video games. They will go on YouTube. So, you know, it's I think it's very relevant for now it's something that's not going away it's getting worse.</p> <p>Karen: Erm, I think with some children it possibly could you know, they, they it's what the access they can have on those phones. We've had situations where, you know, children have sent each other texts that aren't very nice. Certain (quietly) pictures and things. It can open up a whole whole new world that wasn't didn't exist 10/15 years ago.</p> <p>Joanne: because they don't do it. Whereas we used to take our children to the woods every weekend. And climb trees and run around. They don't have that opportunity. They're just stuck in front of the television.</p> <p>Joanne: so she was stuck on her tablets at home. You know, Never seen a book.</p> <p>Aisha: I think the children they need it. I think the technology with, d'you know the, all the things using phones and lots iPads. The needs counsellor they need it.</p> <p>Aisha: Some children they play games, 18. They say it. They said it. Sometimes they mentioned it with the brother or sister, cousins, friends, and d'you know, it's because, it's not only the language, it's the idea of, you know, the ideas there and the game, six years old and five years old shouldn't have it, shouldn't have it in their brains at all.</p> <p>Aisha: Last year, we have a child I think he was, he was playing with his brothers, older brothers, and he was playing this game. What's its fighting game guns and sort weapons and lots of things, Call of Duty and the other ones, it's for 18 years old. And do you know it's outside when we watched him, he kick the children, pretend he's playing violently. So, it's not, it's not, it's it will have a bad, bad, bad effect on them.</p>

<p>Wanting to know reasons Rachel Karen Aisha</p>	<p>Rachel: I've had a, encountered a couple that will sort of lose their temper. Over very small things. And so you do wonder if there's something else going on.</p> <p>Rachel: And it's not that I don't always know, it's maybe that the school doesn't always know what the sort of back history is, if there's anything there that maybe we should know to be able to do?</p> <p>Rachel: And then you and you do sort of think ah you know, cause you just think if there's something else going on and then there's you being mean but you know, the rules are there to keep everybody safe.</p> <p>Rachel: If you can't, if they can't sort of voice and say, or, you can't sort of determine what the cause of the anxiety is. Erm, it makes it very hard to try and tackle it</p> <p>Rachel: so they just need that extra bit of attention. In in school. So it does help. I think if you do know what's going on. It definitely. Definitely does. Yeah help.</p> <p>Karen: and you think, 'oh why are they doing that?'. But there's always a reason behind it.</p> <p>Aisha: And we will, we need to find out all the problems and we can put the right solutions, especially in.</p> <p>Aisha: So just a small talk with them to understand what happening</p> <p>Aisha: I feel I want to know what's happening, do you know, and I feel he needs help to know the feelings. It's, it's a voice in your head 'this child needs help'</p>
<p>Superordinate themes not included in analysis section in thesis</p>	
<p>Bullying Karen</p>	<p>Karen: It can be bullying. We've had one that, it's been bullying before.</p>
<p>Routine Laura</p>	<p>Laura: And I think sometimes, if he didn't come into school, And then he was off for a couple of days, and then come back in, it was really difficult because it broke in his routine.</p>
<p>Age Karen</p>	<p>Karen: I don't tend to work in the infants so much, but I have done in the past. More in obviously juniors I would say.</p> <p>Karen: I think little ones in like Year One and even nursery. It probably doesn't really come become apparent until they're a little bit older. Or obvious, you know, so you, until they get older.</p>

	<p>Karen: Certainly, I think when their hormones start kicking in as well, it it makes it difference. Certainly the older ones. Yes, definitely.</p>
<p>Attention Joanne Rachel Aisha</p>	<p>Joanne: Cause he’s just craving attention. And the mother can’t see this. She thinks he’s just being naughty. But he’s getting her attention by fair means or foul.</p> <p>Rachel: Is it just because you’re looking for attention? Because you get all the attention at home?</p> <p>Aisha: This, to just, to get attention because lack of attention at home.</p> <p>Aisha: They are, I think her parents, they are divorced. All the time she’s you know she want to hug. She wants to, just to cuddle, just her face when she did something in her book, just, I, she want me to say, ‘well done you did amazing’, do you know it’s just attention.</p>

The source of TAs’ knowledge

<p>Experience as a mother /TA Shivani Joanne Rachel Laura Karen Aisha</p>	<p><i>Interviewer: What’s given you confidence, sorry?</i></p> <p>Shivani: The experience as and when I know, I’m dealing with the issues. I now kind of know what to say to them.</p> <p><i>Do you think anything’s helped you ... to be like that, or to support their mental health?</i></p> <p>Joanne: Well I’ve had children of my own. I worked at another school for 17 years doing all their music.</p> <p>Rachel: I think being a mum helps. Because you’re used to, you know, most of the things they come up with you’ve dealt with it already. So you sort of know what to expect and how to, to, but then I know strategies that I use with my daughter won’t necessarily work with the children that I’ve sort of come across in school. So you sort of have to tweak a little bit.</p> <p>Rachel: Speaking as a parent, I have two children, but Abi’s autistic. Erm, she finds the whole, hers is the whole social dynamic, the friendships, that sort of thing, she finds really hard, which then when they don’t quite work, she becomes very anxious and very upset. And it’s almost like ‘it’s all my fault’. You know, not my fault. But her fault. She then feels like it’s all her fault when things don’t go wrong, and it’s like ‘No, it’s not, you know, it’s not</p>
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<p><i>Personal experiences</i></p>	<p>all your fault. You can't always think that it's just your fault', I think. And as a school, she's erm... in the school she's in... (whispering) she's over at the juniors. Erm that, probably, that side, which I know is very difficult, but that side probably hasn't been supported as well as it could... be.</p> <p>Laura: my son has got additional needs. So I kind of think that, I don't know if empathy is the right word. But because I had a little bit of an understanding. I kind of, yeah, that helped.</p> <p>Karen: I mean, I feel I feel because I've been here a long time. And because I've had children of my own, I feel I do deal with it ok (laughter). Erm, and I think, you know, I've got by on the skills I have got from having my own children, and what I've known from various members of my family having depression or anxiety. Erm, but I think I'm lucky in that respect. There might be somebody who hasn't worked here very long, and who doesn't really know a lot about mental health, and maybe wouldn't deal with the situation very well. If they if, if they were in a situation where something would have happened, it could have dire consequences for them.</p> <p>Aisha: inside my heart I feel sorry as a mum of two.</p> <p>Aisha: I have two teenagers at home. My daughter and my son. So I start my own projects with them, just to listen to them, do you know understand how they are feeling, ask them different questions.</p> <p>Aisha: because my background is related with this, because in my family there is a lot of stress... problems between my mom and dad. So that's why I think is reflect on how I doing, how I did in school. Okay? So, most of the times I want to be perfect in everything so because I was 'oh my god I don't want my dad be angry' and like this. So, it will affect, sure it will affect, any problems at home, it will affect the child when he's being in the school.</p>
<p>Own interest/ personality/ knowledge Shivani Laura Aisha</p>	<p>Shivani: After the mental health, you know, course. And then I've been reading a lot as well. Internet and books. So I've got the idea, now</p> <p>Shivani: I'm quite interested in it. Cause I'm quite patient. And I've always listened. As a person, I am very quiet and always listen even with my friends. So I'm quite inclined to help others who are kind of mentally</p>

	<p>tormented, because obviously, everybody goes through some time with the other through mental stress. So I know what it's like.</p> <p>Shivani: I enjoy it and I kind of, you know, always kind of research and look at the Google or something. You know? To find or to read. How can I do this or that?</p> <p>Laura: I think because I've got an interest in mental health.</p> <p><i>Interviewer: And what gave you the idea to start, to introduce that?</i></p> <p>Aisha: actually it's just when I keep reading about emotional feelings and negative emotionals, negative feelings, how it will affect the child and educational.</p> <p>Aisha: I found it is amazing if you have knowledge in this, in counselling, you will be great, even within your own relationships. It's not only in school or in your work, even in your real life. That's why I, I want to do it.</p> <p>Aisha: It's interesting. That's why I chose counselling. Yeah, how we reflect our ideas and emotions, this is interesting for me.</p>
<p>Training Joanne <i>No feedback from training</i></p> <p><i>Want for training</i></p>	<p>Joanne: And I said, 'Is there any feedback?' 'No.' I went, 'right. Okay'.</p> <p><i>Interviewer: Yeah. When you said about the feedback from the mental health first aiders,</i></p> <p>Joanne: They said there isn't any</p> <p><i>Interviewer: is that something that you would have wanted?</i></p> <p>Joanne: Well, it's, it's nice to know. It's just nice to know,</p> <p>Joanne: But she said, there was no reason for any feedback. And I thought, well, it would have been nice to have got together and sort of say what did they say to you, how are you supposed to treat them? Now, you know? No. There wasn't any of that.</p> <p><i>Interviewer: And then in terms of mental health, do you think he would have needed the same?</i></p> <p>Joanne: Yes, it will. It would be very nice.</p> <p>Joanne: [regarding training] Just to know, what you should and shouldn't be doing</p>

<p>Joanne Rachel Laura Karen</p>	<p>Rachel: you could always do more training, and specific training on sort of how to deal with them, you know, there's lots of, the ASD and anxiety one was really good.</p> <p>Rachel: I think with being more aware now of mental health issues. And not, I think it's, I think we do you do need more, more training</p> <p>Rachel: I don't know, there may not be any training out there that would help you try and decipher. You know, that sort of thing.</p> <p>Laura: I think it'd be good for us all, not just TAs, teachers, TAs, lunchtime supervisors, anybody that's going to be working with children to be given basic Mental Health Training, just to recognise the signs, recognise, you know, that it's not this huge taboo, You know, it's a valid, you know, it's something valid something that does need to be looked at, be supported, that needs to be... yeah recognised</p> <p>Laura: So yeah, I do, I think just yeah educating people. And also parents, because I think sometimes if the parents don't recognise it, it's okay, if we're doing it at school, But if the parents aren't on board, and they don't understand certain things, you know, training for parents would be quite good as well.</p> <p>Laura: Like I said, I do think it's important that there's more training there's more you know, a push for I suppose acceptance is the right word. People accepting that you know, it's okay. To feel like that it's okay for children you know, with with all these differences. And not to brush it under the carpet. Yeah, and to recognise it and, you know, actively put things, it'd be nice to get to a point where people are just putting things in place, and it not being this whole, huge taboo, you know.</p> <p>Karen: It is hard because I've not been trained, particularly to deal with a situation like that. I know how to do it, because I've been here so long.</p> <p>Karen: Erm, possibly because I haven't had any training in any mental health, yeah, I haven't been on any mental health courses. Like I said, I've been on all the other courses to do with teaching and ADHD, lots of autism ones. Lots of various other ones to do with supporting children in the classroom but not actually to do with mental health.</p> <p><i>Interviewer: So you, you'd want more training on how to... what specifically do you think?</i></p>
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<p><i>Recognition that other training has helped</i></p> <p>Karen Joanne Rachel</p>	<p>Karen: I think maybe just to support children that might need help or how to deal with certain situations.</p> <p>Karen: You know, I think there should be some sort of training for, for not everybody, but maybe, you know, well, possibly for everybody. Erm, you know, one person could do the course and then tell everybody else. Yeah, but certainly there needs to be some sort of guidance to how to deal with certain children.</p> <p>Karen: And I know some people, like I say, I've been on lots of, how to deal with children with autism, I know that's a completely different thing. But erm, you know, some members of staff, don't necessarily know how to deal with children like that, because they've not been in a situation or not been in class with a child with autism. And they've not been on a course or not been given the guidance. Erm, so I think that is important, just having some sort of idea of how to deal with certain situations.</p> <p>Joanne: And they talk to us about various things. We have the courses, people come in and help us with, they say, Well, that was good. I needed to know that.</p> <p>Rachel: you could always do more training, and specific training on sort of how to deal with them, you know, there's lots of, the ASD and anxiety one was really good.</p>
<p>Perception of mental health/ desire for knowledge</p> <p>Joanne Shivani Rachel</p>	<p>Joanne: So Well, I suppose it just comes under the umbrella of mental health, doesn't it? Everything Really? Very needy children. I think we got this... there was a child in the nursery. They teach them to turn a page. She was going like this... so she was stuck on her tablets at home. You know, Never seen a book.</p> <p>Joanne: Now, I've heard you talking. It's coming under the umbrella, isn't it? Mental health is just everywhere. Not children that have, that suffer from mental health. So we read about... it's mental health... it's well being isn't it?</p> <p>Joanne: You're talking about mental health, I don't know. I don't think I've ever come across children with mental health.</p> <p><i>Interviewer: with a diagnosis?</i></p>

	<p>Joanne: Yes. We get autistic. We have to cope with autistic children, which is hard. When you've got targets to meet and you're interrupted, Bla-de-bla-de-bla and that's all mental health isn't. But if they have been stated, obviously they have a one-to-one.</p> <p><i>Interviewer: Well I'm interested just in your experience. So, would you say before you were thinking about children having a diagnosis?</i></p> <p>Joanne: Yes.</p> <p><i>Interviewer: And now...</i></p> <p>Joanne: Now I'm thinking it's everywhere. It's their, it's virtually their wellbeing isn't it? How do you cater for their wellbeing? A lot I hope I do.</p> <p>Shivani: I don't know is that a long-term mental thing or?</p> <p>Rachel: it's very hard to tell whether it's sort of learned behaviour or whether there is an underlying issue. Is it some of this sort of maybe disrupt, maybe the more disruptive behaviour? Is it just because you're looking for attention?</p> <p>Rachel: Because you get all the attention at home? And I'm sorry, you know, and but now you've got to share it between 23 other children? (laughing) Or is there something more.</p>
<p>Superordinate theme not included in analysis section in thesis</p>	
<p>Common sense / instinct Shivani Laura</p>	<p>Shivani: it was just a common sense kind of technique, probably</p> <p>Shivani: Initially, I was just using common sense. And I was feeling... I was to be honest, I was feeling scared, because when children were approaching me, I didn't know how to help them, what to say to them? What's the right thing to tell them?</p> <p><i>Interviewer: What did you do to support him?</i> Laura: Erm... It varied from day to day, depending on how he come in.</p>

	<p>Laura: But some days he'd come in and he'd want to talk some days he'd write down and tell me what was wrong. Some days, I'd know that it wasn't the right thing to do and talk so I'd write it on the whiteboard and say 'morning', and leave it where he could see it.</p> <p>Laura: And it was literally playing it by ear every single day. Just how he's going to approach.</p> <p>Laura: I would approach them I would kind of again, you kind of play it by ear</p> <p>Laura: I think that's important as well, you know, just to be just to be able to use your common sense as well. And be able to implement different strategies, just to, you know, to help across the board, not just because it says on a bit of paper that you should,</p>
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Theme Two: How TAs Support Children's Mental Health

Relationships with children

<p>Caring/ nurturing approach Shivani Joanne Rachel Laura Karen Aisha</p>	<p>Shivani: when they speak to me they feel relaxed</p> <p>Shivani: 'don't worry your mummy's there. Everybody's there. Your grandma is there. Nana is there. So Everything will be fine.'</p> <p>Shivani: she like wants that reassurance all the time</p>
	<p>Joanne: but he's a cuddler. And I just used to go like this. Open my arms and poof he was there. I am very tactile. I know you're not supposed to be but there are some children that need it. They just need it. So I do. That's just me. I know there are some that don't. But they're so young. Still. They're just so young. And they need it.</p>
	<p>Rachel: And because they're at school for so long. So you do almost feel like they're sort of pa, parent, while they're here, because that's it.</p> <p>Rachel: That's your job, it's your job to teach them. But you look after them, make sure my they go home in one piece.</p> <p>because they're younger as well, you have to be a bit more sort of fuzzy around the edges, as it were, and a bit more of a bit softer.</p>

	<p>Rachel: With some, some you have to be very gentle for because as soon as you say, 'Why are you doing that?' Or 'What did you do that for?' They'll cry.</p>
	<p>Laura: He didn't want to be pulled out of class when the other children weren't. So it's kind of trying to implement it. So to other people, it doesn't like he's doing anything different. He just wanted to be part of the group. He didn't want to be any different.</p> <p>Laura: But I think in school when he's doing the same work as Everyone sitting at the same table as everybody that kind of that makes him feel included, and part of our class.</p>
	<p>Karen: you're just there for somebody to, for a child to talk to, even if they just want to talk about you know, how they're feeling that day or that morning, which is fine.</p> <p>Karen: I think I'm quite a calm person. And I think they feel quite, you know, at calm and ease with me</p> <p>Karen: They come in that morning, you know, something's not quite right. They may not have had their breakfast, quite often I will go and get them something to eat if I'm having breakfast. Again, I'm not sure we should be doing that. But yeah, again, it's a supportive role.</p>
	<p>Aisha: All the time she's you know she want to hug. She wants to, just to cuddle, just her face when she did something in her book, just, I, she want me to say, 'well done you did amazing', do you know it's just attention. The feeling, she's loved, and she's important</p> <p>Aisha: because we have one child, his mum is passed away, so 'it's okay mummy's not there, but she's watching you she will be happy if you did well at a school'. Do you know the small talk with the child and the warm talk will be great for them. So they will know there is someone value them, take care of them, understand what they are thinking too, understand our feelings too.</p> <p>Aisha: But, it's a good chance to be with her too because, do you know, sometimes when she miss it, we can support her here. Right? So if this person not in her life. She has a chance to have this person in a school. Yeah, so we can just a little bit. Close these gaps in her... in her mind and her brain.</p> <p>Aisha: I have a kind heart</p>

<p>Developing relationships/ special relationship with TAs Shivani Joanne Rachel Laura Karen</p>	<p>Shivani: the teachers solves them as well. But they have got that rapport with me. They feel comfortable. So they usually come with me, Shivani: he doesn't open up that quickly, it'll take quite a lot of talking or doing something with him. Shivani: We have a good relationship. We have a good time doing things. Shivani: It took a couple of days for me and her to again, come back and sit and speak about that matter that why, you know, Shivani: She came to me, you know, trusting me, Shivani: I had to build her trust up again to come back and speak to me. Shivani: I'm glad that she felt comfortable with me Shivani: They feel comfortable</p>
	<p>Joanne: So you've got to win them over. It takes six weeks, every academic year. It takes six weeks to bond with that class, but I wait for them to come to me. Joanne: I wait for them to approach me unless I see some people that are very, very, very shy. And then I'll sort of approach them and win them over that way.</p>
	<p>Rachel: but you tend to pick that up. As you get to know them, what sort of strategies work best Rachel: But that takes Yeah, that's takes time. I, I know my class now. But back in September, it was very Yeah, it takes a while, probably up till Christmas. And so you can work out how you need to deal with, you know, the approach for everybody.</p>
	<p>Laura: I think you treat all children differently. With, in line with their individual needs. Laura: I suppose when you get to know a child, you do notice them as being a little bit different, or they're doing something different Laura: and it's working with the individual child to know when the right time is to approach them and the right time is or what to say Laura: But it's done his confidence the world of good</p>
	<p>Karen: Catherine calls me the child whisperer sometimes (laughter), but I do, they do seem to come to me. I do seem to attract these children</p>

	<p>Karen: sometimes they come to us rather than the teacher. Erm, maybe they think the teachers too busy or - which a lot of times they are. But other times, I think maybe sometimes we're a little bit more approachable to them. And they often come to us first rather than going to the teacher.</p> <p>Karen: But they seem to think it's easier maybe to talk to us than the teacher.</p> <p>Karen: I would say nine times out of 10 they come to the LSA rather than the teacher if they've got a problem</p> <p>you know, the children very well. I might have gone up with them from, you know, worked with them the year before, so I know them sometimes better than the teacher does.</p> <p>Karen: if you know a child quite well, you know when they're just going to burst into tears or if like I say, if they've had a bad day.</p>
<p>Providing an alternative person to talk to</p> <p>Shivani</p> <p>Karen</p>	<p>Shivani: I told her, you, if... when you get time, you can, you know, go and speak to your mum. You know, when she's putting you to bed or whenever you feel like your mum or dad, whoever you're comfortable with speak to her</p> <p>Shivani: It was kind of a barrier for her to go and speak to her mum or dad. But I think she's close to her mum. So That's why I kind of, you know, told her. Because it was a Friday she told me, so I told her it's a weekend. So [inaudible] try mum and dad both working so I said weekend... you'll get some time. So try to find a time, you know, bedtime, wherever, give your mum a, you know, nice hug and try to speak to her. I told her to like, you know, go and speak to your dad whenever you like, you know, spend some time with your dad or mum. So she did that. And bit by bit</p> <p>Shivani: Children don't approach... Hi... not hide things, but they just don't feel comfortable. I don't know. They think that parents don't understand... or the parents. At this moment they think the parents don't have time for us. Like, you know, they have so many things, their own stress or worry or you know, work. Somebody came and said that, you know, 'when I go and talk to my mum.. just say Later on sometime, I'm busy now come sometime later on' that later never happens. So I usually encourage... Most of the time encourage them to, you know, yeah, speak to somebody Auntie, uncle or whoever they are comfortable with. Go and speak to them.</p> <p>Karen: I did say that I would have, I would have a word with her, because she said 'oh she won't speak to me'.</p>

	<p>she said 'look she won't speak to me would you have a word with her'.</p> <p>And she said, 'I don't think she's eating properly at home I think she might have a problem. But she won't talk to me about it. Do you think she'll talk to you' and I said 'well I could try'.</p> <p>she did literally just open up, which I was quite surprised about because I thought well she hadn't spoken to her mum. I do think, this is a thing when children, and I have had this before when I've said at school 'you need to go home and speak to your mum or your dad about it'. And they, they don't, they don't want to. I think it's because you are completely different to their family. I mean, I know there's lots of things I didn't speak to my mum about. (laughter) But yeah, so I do feel they feel you're impartial</p>
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Ways of helping

<p>Talking as a help</p> <p>Shivani</p> <p>Joanne</p> <p>Laura</p> <p>Karen</p> <p>Aisha</p>	<p>Shivani: but she wanted to, you know, kind of talk to me speak to somebody. So I spoke to her and talked her through,</p> <p>Shivani: encourage them to, you know, come and talk to me. If they have any... if anything's bothering them, even friendship issues, they come and speak to me</p> <p><i>Interviewer: And how, how do you support him?</i> Joanne: I would talk to him.</p> <p>Joanne: I just enjoy talking to children.... You sometimes find, which really ticks me off people talk down to children, which I think is very patronising. But to talk to them is totally different. And there are people that do that. That didn't go down well did it, No I do try really, really hard to talk to them at their level. And, I don't know, they seem to respond. They want to chat.</p> <p>Laura: But some days he'd come in and he'd want to talk some days he'd write down and tell me what was wrong.</p> <p>Laura: Some days, I'd know that it wasn't the right thing to do and talk so I'd write it on the whiteboard and say 'morning', and leave it where he could see it.</p> <p>Karen: I'm just there if I need someone to speak to, that's what, I how I feel at the moment, I think they</p>
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	<p>Karen: And you'll look at them and you take them out and obviously just sit with them for a moment and just talk through things. And you're just there for somebody to, for a child to talk to, even if they just want to talk about you know, how they're feeling that day or that morning, which is fine.</p> <p>Aisha: Just, just we have a chat with them</p>
<p>The importance of a child telling you the problem / opening up</p> <p>Shivani Joanne Rachel Laura Karen Aisha</p>	<p>Shivani: sometimes children don't really open up. You know, they take couple of, you know, sessions after that they can open up but I'm glad that she felt comfortable with me. And then she told me whatever she was going through.</p> <p>Shivani: I found the younger ones a bit trickier to open up. They take a bit of time with this child. I got I found a bit.</p> <p>Shivani: Yeah, he doesn't open up that quickly,</p> <p>Shivani: And then she told me whatever she was going through. And I could kind of guide her or advise her.</p> <p>Joanne: But they don't know if they're sad. Really? Sometimes these children, they're just they're just not happy.</p> <p>Rachel: But then when I said, Well, what makes you feel sad? She couldn't really, She couldn't voice any she couldn't really and we had sort of picture cards and things like that.</p> <p>Rachel: So she'll come and tell you that she's upset, or she's sad. But she can't tell you why. So she'll know something's happened to make her feel, she's, she can't quite describe her feelings. So she says, she's sad. It could be that she's angry, or something's happened, she's hurt. But it always comes out as 'I'm sad'. But it's very hard for her to then go into further detail and tell you what, if something's happened, or why she's,</p> <p>Rachel: If you can't, If they can't sort of voice and say, or, you can't sort of determine what the cause of the anxiety is. Erm, it makes it very hard to try and tackle it</p> <p>Laura: it was difficult when he didn't want to open up. When he didn't kind of want to tell you what was wrong.</p> <p>Laura: some children are really open, and they'll say to you, 'I'm really struggling today', or you know, 'this person doesn't want to play, that person doesn't play' some children kind of, you know, you can see they're struggling, but they don't want, they don't want that kind of attention they don't want.</p> <p>Laura: for him, for a child that age, to feel that way, you know, and not understand why or not, you know,</p>

	<p>Karen: I might actually say to them, 'are you okay?' You know, and sometimes they open up to you, sometimes they don't. But quite often, they will come over and speak to you and say this has happened</p> <p>Karen: But I have been in situations where they have opened up.</p> <p>Karen: And there's some very serious ones that obviously might not have been dealt with if they hadn't opened up to me in the first place?</p> <p>Aisha: So just a small talk with them to understand what happening</p>
<p>Silent Support Joanne Rachel Laura Karen</p>	<p>Joanne: And he'll look at me and he'll smile. So he knows that I'm around.</p> <p>Joanne: You see, sometimes... We are their one consistent thing that they see. All the time. That's why he loves to come to school. Because we're there all the time. So we are their one constant.</p> <p>Joanne: the teacher and myself. He comes in the classroom, we are both there. So we are their one constant</p> <p><i>Interviewer: What do you think has helped him to build that confidence?</i></p> <p>Rachel: I think just being there and knowing that, if he needs help, it's okay to ask for help.</p> <p>Laura: and I'd just kind of sit with him quietly, let him know that I was there.</p> <p>Laura: but I'd just sit very quietly with him not talk to him, not look at him. But just when I was there, you know, I'm here. And we kind of build up from there.</p> <p>Karen: she had, it was a reading exam, I think. So obviously, I couldn't help with it or anything. I was just literally there for support.</p> <p>Karen: I think it's yeah, more of a supportive role so they can talk to you, erm, and just be there for them.</p>
<p>Praise/ building child's confidence/ self-esteem Shivani Joanne Rachel Laura</p>	<p>Shivani: 'Oh, you're so nice at doing this, you're so beautiful at dancing' or whatever she does good, kind of remind her to things that she's done</p> <p>Shivani: these thoughts will be there. But try to you know, push your sh... yourself to do which will make you feel, you know, happier because you got the power with you.</p> <p>Joanne: I go up to him and say (whispering) 'that's a fantastic piece of work you've done there, give me a high 5'. And he'll look at me and he'll smile.</p>

	<p>Joanne: And then we do an assembly, a class assembly, which gives the children that are not very bright, A chance to shine.</p> <p>Rachel: self-esteem. So, they do need, that sort of bolster that ‘yes, you’re fine, you can do this, you know, you're you're okay. You can manage the work.</p> <p>Rachel: And that she's very much needs that extra boost during the day like ‘oh, well done, you've done that really well’. ‘Oh I like your bow in your hair’. You know, those sort of little comments throughout the day that keep her topped up sort of thing.</p> <p>Rachel: It's just you just end up doing it for everyone, which is nice for them. I think it's sort of a bit of a win-win really, everyone (laughs) gets a bit of a boost. They’re happy and those ones that really need it Really, Yeah, it makes a difference.</p> <p>do it in turns, so they're all having a go, they're all get their own little sort of in the spotlight</p> <p>Laura: we’ve helped him there, because his confidence is through the roof now.</p> <p>Laura: we had one that was particularly quiet, very, very anxious, was kind of questioning themselves, their ability to do things, worrying about If they bought their PE kit in. Yes, you. Yeah. You’d offer that reassurance.</p>
<p>Normalising Worries Shivani Joanne Rachel</p>	<p>Shivani: I feel the same but I try to listen to music or do something or speak to a friend or do something which will kind of push those thoughts behind and progress me through my day of make me feel better. negative comments will come on your way we as adults face that as well.</p> <p>Joanne: And that seems to allay quite a few. You know, do you worry about... do you worry about that? So do I, kind of thing?</p> <p>Joanne: I've got this great biiig book, that soon as they come up to year one, because I'm in year one, and it's called huge bag of worries. And It's about a little girl who's really, really upset about everything. And how she can solve these problems. And Joanne: I read it to the children. And I invite comments from them.</p> <p>Rachel: I'm worried about’, you know, ‘the works going to be harder’. That's quite nice, because they get, they’re probably all thinking about it. But maybe ‘I didn't write that in my box’. But, it's quite nice that you then all get to talk about it and you see and actually think. And a lot of them you can actually see ‘em sort of relax a bit and think</p>

	<p>oh it's not just me. and it is you know, I mean, it's like that as an adult when you worry about things and then you find out somebody else is worried about as well. And you think, 'ah it's not just me'</p>
<p>Monitoring / investigating children's mental health problems Shivani Joanne Rachel Laura Karen Aisha</p>	<p>Shivani: I go and check on them if they don't come to me,</p> <p>Joanne: No, I just I looked at, I kept looking at him to see if he was okay.</p> <p>Joanne: I used to say to them, 'That was really good' [touching interviewer on shoulder]. And if they used to go like that [acts flinching]. I know. Something's not right. And I'd say to them, what happens at home, when you're reading to your mummy and you get a word wrong.</p> <p>Rachel: just to keep an eye on them really.</p> <p>Laura: And obviously we'd observe, we'd monitor it, because everyone has off days.</p> <p>Laura: But you know it would be something that would be looked at over a space of time, obviously, not too long. Cause again you don't want to leave it too long the time. But yeah.</p> <p>Karen: then I would obviously just keep an eye on them</p> <p>Karen: we obviously get told in a certain way to keep it and obviously a special eye out for that child</p> <p>Karen: I think we ca... we have the luxury as an LSA, of observing a bit more sometimes than the teacher</p> <p>Aisha: And I think we will watch him more because he start to say 'I have a headache' its, it's happened more than once a week, and all the time he's upset, and sometimes he's crying, and sometimes he doesn't want to just carry on with the work, and when I have the duties outside. I keep my eyes on him, and</p> <p>Aisha: So these small things will make you, there is something there. It's not something, I can't say is normal or not normal. Sometimes normal for me is not normal for you. Right? So, I don't know, just we will carry on watching and we will see what will happen.</p> <p>Aisha: as I told you we are carrying on just watching now.</p>

<p><i>Other things/ strategies used</i></p> <p>Shivani Joanne Rachel Laura Karen Aisha</p>	<p>Shivani: I just do few activities with them, After whatever they feel like doing, I've got a few stuff in here. So I usually let them choose.</p> <p>Shivani: They usually pick either colouring or any craft, or what other things... any games they want to play, those new stuff. Shivani: Yeah, and sometimes I'll ask them what they would like to do. Usually they've got some fidgety things, they usually hold it. Oh, I've got even printed out the relax.... I don't know whether I'm doing it properly, the relaxation techniques, the read through kind of visual visualisation. So I kind of tell them to close their eyes and read a kind of script in a very calm voice.</p> <p>Shivani: That's why I was doing a self-affirmation with her.</p> <p>Shivani: So she was making this one for home. So I said just kind of dice you can do at home, you know, perform a dance with her cousin, Go and do, she likes craft activities a lot. So she's got stuff at home.</p> <p>Shivani: So I'm trying to collect resources as well, you know, not just crafting activities for different things, which will help them kind of go through their day.</p> <p>Shivani: But he hasn't kind of opened up to anybody that much. I still see him every week. do things with him.</p> <p>Shivani: if I have more resources, Then I'll be able to help them</p> <p>Shivani: Maybe any kind of books that I can read them through. Or like I'm saying, I'm setting a kind of sitting area where they can sit and you know, just relax, even if they don't want to come and talk to me, if I'm here, they can just come and you know, kind of have that little moment of space of the room. And then just relax and go back</p> <p>Shivani: I just give him positive.</p> <p>Shivani: you have to kind of think of yourself, what's making you feel you know, good about yourself. What can help me rather than, you know, always dwelling on those thoughts, We need to think and find a way which will help us feel better,</p> <p>Shivani: push those thoughts behind</p> <p>Joanne: I've got this great biiig book, that soon as they come up to year one, because I'm in year one, and it's called huge bag of worries. And It's about a little girl who's really, really upset about everything. And how she can solve these problems. And I read it to the children. And I invite comments from them.</p>
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Rachel: I try and focus on the bigger, you know, where is the, what is the biggest issue, if it's not, like Francesca's it's, you know, making sure she's, looking out for signs that she's anxious about things and then trying to get in there before she starts, you know, before it comes to the point where she starts to cry. Erm, you sort of think that's the biggest area of difficulty for her then.

Rachel: they went through the the bucket where you've got the leaky bucket, and you know what things make you happy to fill your bucket up, and then what sort of things can make, put holes in it. Strategies Like that,

Rachel: if you've got sort of feelings books, and things like that, we go through people's feelings, and we do the jigsaw programme, which are very good, because it goes through to, you know, they all learn so talk about their feelings and how they're feeling they've all done Worry boxes, which they put their worries in about going up to year 2, so that was quite nice.

Laura: So I will kind of maybe try and catch them in the corridor and just say, you know, 'you know, we've got this club going, and we've got that club going'

Laura: Erm movement breaks? Just giving them? It could be something as silly as. I don't know, If we did this slideshow on the computer, just to try and keep them engaged on where we are right, 'you're going to choose. You're going to click my next clip on, You're going to' just to kind of keep them up to where we are. And maybe sitting on a chair? Moving to different part of the carpet to where the adult is just so they can have support? different. Different strategies. We've had erm... a behaviour, like a reward chart

Karen: We were actually, we took her out into a one to one situation because we knew that she would be better in a one to one situation rather than obviously in the class full of children doing her exam

Karen: Basically I don't well, uh, well I actually let her go to the toilet and wrote the time on there and went with her to the toilet and then went back just so she could have five minutes break from the exam. And she did calm down and obviously we did breathing together, and she did calm down.

Karen: But then as time went on, I could see she was getting more and more anxious. Which is why I suggested then that what she had, literally five minutes, walk to the toilet coming back again. And she did calm down. So, and we did some breathing together.

Aisha: I tried to, do you know, make friends with him. Brought another boy. And, okay, 'say hi to him, he is from year two'. He doesn't like all the class, boys in our, in his class. So I bring another boy, I know this boy is d'you know chat chatting, talking a lot. Be positive personality. Then I told him 'please can you help him to just to play with him, talk to him'. Then after, I was watching the playground, after two minutes, three minutes, just he left he doesn't want to go with him anymore.

Aisha: And for, for year one I think the most important thing is the routine when you set up a routine for them. They will be fine, without routine, oh you will lose control of them because I worked with different teachers the three years.

Aisha: So look at children they are learning they are learning what we are saying in the school. So if you're teaching them how to be calm, 'just take deep breath. Release your shoulders', I used to do that all the time with them, they will be fine, because they need it. The brains, fresh they need it.

Aisha: we should start teaching the children how to breathe, how to release your stress. Go with the flow. Do you know, I started from, I think, second term not the first term. So I bought it. I got it. I got this kit, and I will start the activities with them. They love it.

Aisha: I think the last year when we start the calmness activities, I think the classes. Do you know they are calm. When you ask, we never, we used to use our, do you know, lowest voice whisper to them to talk. And I think it's work. When we start with them sometimes you know we clap, just to make sure they are, get their attention. But when we start the activities with them. It's working. When, when they come after a break, especially, then I've noticed they start to breathe, do the breathing by themselves. Just to make sure your heartbeat is slower, countdown, release, and they start to do. Do you know one of the girls. She makes me laugh. She used to do that in her hand (gestures flowing hands). Imagine she's doing and close her eyes, she never opened it. So I think is, this is an improvement we, we noticed last year. The whole group, its not only one child or two. It's the whole class.

	<p>Aisha: I think it clears our emotions even the feelings just focus on one thing, focus on your breathing. It's a good thing. Yeah, because when they come in after a playtime, I used to do it after play time all the time. They get. They come in lots of problems, complaints 'miss this did that to me, miss, miss, miss' At this point, when I start the activity. Silent, calm. Forget all what's happened outside, and just stay focused on one thing only. And it's look like, you're starting fresh, starting new. Open a new page now, forget everything and then they will do it, they will forget everything.</p>
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Theme Three: Working Within the School System

Time

<p>Lack of time Shivani Joanne Rachel Laura Aisha</p>	<p>Shivani: "You know, when you when you're sometimes when you're doing TA and mental health, I feel like I haven't got that much time. That's the one thing. I wish I had more time."</p> <p>Shivani: "when they're coming and talking to me, I don't feel like you know, okay, you're done. Just go now, You know, sometimes I feel so much pressed for time"</p> <p>Shivani: "pressed for time all the time."</p> <p>Joanne: But he's really worth the effort, but I don't know that. It can be given <i>Interviewer: Do you feel you don't have the time to talk to him?</i> Joanne: No, not really, only if he's naughty.</p> <p>Joanne: I have a lot of time for him. I don't have time for him. But I would have a lot of time for him.</p> <p>Joanne: Not enough time to talk to them. You see evening guided reading. You have a group. Before guided reading came on the scene. I had individual readers.</p> <p>Joanne: But we don't have individual readers. It's a group. What can you do in a group?</p>
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	<p>Joanne: because a child would not speak to you in a group, but you'd know that there was something not quite right. And I would try and get them if I was on playground du... (whispering) 'you didn't seem very happy this morning. Why was that, do you think?'</p> <p>Joanne: We don't have time... because of the curriculum? You have to do this. You have to do that. Now. We've got to get that done. There is no time to talk to these children.</p> <p>Rachel: Rather than 'Oh, well, let's get together and have chat'. I know they don't have time. And I know, in an ideal world, we'd all love to do that. And I know, as a TA, you don't always get time, you can't fix it all out.</p> <p>Laura: And then alongside everything else that you do as a TA, trying to fit that all in. Yes, it can be hard, but yeah, I wouldn't. I wouldn't change it.</p> <p>Aisha: I wish I have time to do it with smaller groups, but I think its benefits, the whole, the whole classes, not only groups.</p>
<p>Superordinate theme not included in analysis section in thesis</p>	
<p>It takes time / gradual process Shivani Rachel</p>	<p>Shivani: If I had more time, because I feel like I'm, I'm rushed a little bit towards the end.</p> <p>Shivani: with each child, because I feel like they need to settle down, they can't just open up straight away, they need to settle down to something talking. And then they will probably, you know, come and say something, I feel like those like, half an hour or 20 minutes is not that amount of time... for them to kind of say what they're going through</p> <p>Shivani: They take a bit of time with this child. I got I found a bit. Yeah, he doesn't open up that quickly,</p> <p>Rachel: It's like she stayed outside the classroom. I'll say 'well you wait there until you're ready to come in'. And then she'll calm down and then you can tell me what's wrong. Because if you try and get to the bottom of it while she's angry, You won't get anything but then there's still a lot of denial</p> <p>Rachel: But that takes Yeah, that's takes time. I, I know my class now. But back in September, it was very Yeah, it takes a while, probably up till Christmas. And so you can work out how you need to deal with, you know, the approach for everybody.</p> <p>Rachel: So we are getting a progression. but it yeah, And it's just very slow.</p>

The relationship between learning and mental health

<p>Impact of learning on mental health Laura Karen Aisha</p>	<p>Laura: because his confidence is through the roof now. Yeah, that's nice to see. <i>Interviewer: And was that, do you think it was the improvement in his learning that helped with that? Or were there other factors?</i> Laura: Erm, I think it was. Yeah, it was down to his learning. I think, yeah, I think outside, he has quite a different lifestyle to everybody else as well. So that kind of automatically makes him a little bit different. But I think in school when he's doing the same work as Everyone sitting at the same table as everybody that kind of that makes him feel included, and part of our class. Karen: I think she felt again, she felt pressurised into doing well, because she was quite a bright child. Erm, So she wanted to do well. And I think obviously that made her anxiety worse. You know, she sat down read the questions and then, obviously went panic because maybe there was something on there that she thought 'Oh, I just don't get this' Aisha: They can, you can put lots of things on their brains, it's too much for them. So they need that, that time when you release them from the.. all the ideas, everything.</p>
<p>Impact of mental health on learning Laura Karen Aisha</p>	<p><i>Interviewer: And what if a child wasn't coping? How would you know?</i> Laura: Erm, Body language? Change in mood? Yeah, I just think physically, you'd see I mean, the work that they're producing? Yeah, the way they talk you the way they are with their friends. Karen: I think because she, I think she felt again, she felt pressurised into doing well, because she was quite a bright child. Erm, So she wanted to do well. And I think obviously that made her anxiety worse. You know, she sat down read the questions and then, obviously went panic because maybe there was something on there that she thought 'Oh, I just don't get this' Karen: But I think it probably had some sort of effect on her results, because she probably didn't do as well as she was expected to do. Karen: she did finish it. But like I said, I don't think her results were as good as... they were still good. She's a very clever girl. But I don't think they were as probably as good as she could would have been, had she not had the anxiety attack.</p>

	<p>Aisha: Yeah, it's good, it's good to make the child feel safe. Yeah? So you, so you can get more out of him so he can learn more. He can just express himself, freely. Yeah,</p>
<p>Needing good mental health for learning Shivani Rachel Aisha</p>	<p>Shivani: you have to kind of slow down end it in a calm manner, then they're ready to go and do their learning.</p> <p>Rachel: we can sort of say, well, you can stay and you can do extra reading with me or we can go do some jobs and things like that to take you away so that you're not starting her off at nine o'clock in the morning, all worked up.</p> <p>Rachel: because if they're not happy, they're not going to, If she's worked up in the morning about something, then she's not really going to be focused for the rest of the day, and you've almost got a wasted day of being in school.</p> <p>Aisha: So if the child cry or upset and I am stressed, I am aware. So he's crying, I am upset so we, I need to take care of the child first, then we will not, we will carry on. We will find another challenge in the class.</p>
<p>Learning prioritised over mental health Shivani Joanne Karen</p>	<p>Shivani: in the mornings is usually lesson time. Afternoon usually I devote to this one like, speaking to children pulling children out from the classroom. So, but still in the afternoon, also, I'm doing something or the other helping the kids with their English, maths or handwriting or whatever.</p> <p>Joanne: you don't get a lot of opportunity, because the curriculum doesn't allow it. But if the child is upset, I will take her</p> <p>Karen: but I was worried obviously, the fact that it was a proper exam. And I thought if I don't get her back again (laughing), you know, she won't be able to take this exam.</p>

Safeguarding

<p>Safeguarding is the solution Joanne</p>	<p>Joanne: Because the parents had to be brought in. And that had to be sorted because that's what Mrs Harvey does. She's she's the head, she sorts things out like that, she has to. She's the safe guarding officer here. We have two or three others, but she's the main one. And that was safeguarding.</p>
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<p>Karen Aisha</p>	<p>Karen: So if a child does tell me something, I will obviously, depending on what it is, if it's something very mild, if it's something major, obviously I'd go straight to safeguarding. But it was something very mild about friendship issues. And I'll just tell them that, you know, I've dealt with it and this is what happened. If it's something more serious and obviously they will do yeah, I'll pass it to them to deal with.</p> <p>Karen: So anything like that, obviously I would talk to her about or if it was something worse, obviously go straight to who's in charge of safeguarding.</p> <p>Karen: Sometimes they will tell you something that you really wish you'd hadn't known (laughter). But again, that goes straight to safeguarding.</p> <p><i>Karen:</i> if I know that child's been dealt with and everything's been sorted, they might have, you know, social workers looking into it or, you know, you know it's been passed on to the right places. And hopefully everything will turn out well for that child.</p> <p>Aisha: yes yeah so I am starting to just to pick the notes and we, maybe we will raise a concern about him, Aisha: We will then we will there's erm procedures to follow. So we will raise a concern and obviously it will go to up and up and up.</p> <p><i>Interviewer: Okay. Do you have anyone in the school that specifically supports mental health?</i></p> <p>Aisha: It's safeguarding.</p>
<p>Shivani – safeguarding school priority</p>	<p>Shivani: that safety issue wasn't her priority. Okay. But it kind of was the priority for the school. And that created a misunderstanding between me and the child.</p> <p>Shivani: It's not a misunderstanding, she, her priority was different. But the safety issue was prioritised by the school</p> <p>Shivani: I did my duty in pr[inaudible], you know, putting the safety first. But I was kind of, you know, catering to the other side.</p> <p>Shivani: obviously, you take the you know, point of view of the safety, but if they would have also concentrated on the other bit. Why she came to me, Why did you say all that? Okay, that thing happened at home? Why all</p>

	<p>that happened in the first place? We kind of never concentrated on that. Obviously I spoke to her about that incident, you know, later on after that day.</p> <p>Shivani: That was... like we kind of forgot the main issue. You know, why she came to speak to me. She was, she was saying something happened at home. She was feeling like, really miserable and worthless.</p> <p>Shivani: Whenever something crops up. Usually head teacher will ask me.</p>
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Working with other staff

<p>Other staff have a different role in supporting mental health Joanne Rachel Laura</p>	<p>Joanne: But (hits table) we have two very nice people (looking in notebook). Well, our... we have Louise Smith, she is our learning mentor</p> <p>Joanne: So if I were to have a problem with a child, I would go to Louise and say, blah, blah, blah, blah. Okay, keep an eye open, if you want me I'm here, cause she can do... she takes groups of children or a child for a few sessions</p> <p>Joanne: Yes, that means they need extra help. And I don't, I can't do it.</p> <p>Rachel: So she tends to do erm we have a one of the parent, grandparent, she comes in to volunteer with readers on a Wednesday, but then she'll stay for singing assembly and she takes a little social group of about four girls, just to help them with their social skills. So that's quite good.</p> <p>Laura: [the wellbeing team] also runs Lego therapy, Book of Beasties.</p> <p>Laura: The Book of Beasties is specifically for mental health.</p> <p>Laura: Yeah, there's a couple, they kind of, they don't really speak about it, but they're eager to go. They're eager to, to play the game. I think it's nice, because they're not. It's not erm, there's no pressure. It's just, they're seeing it as just a game. You know? Which is really nice. Yeah. And then the person that's holding the intervention, will take notes after just kind of, you know, just a snippet of what they've seen</p>
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<p>Collaborative working with other staff</p> <p>Shivani Joanne Rachel Laura Karen Aisha</p>	<p>Shivani: So if we are any way stuck, offer advice, we kind of rely upon each other. So we're not the kind of only one.</p> <p>Shivani: I rely from those two other staff. When I get stuck</p> <p>Shivani: if there is problems, sorry, yeah. I go to the SEN teacher as well, If um.. don't know what to advise the children. So I go and ask her kind of, you know, opinion, should I do this? Do you think then? Yeah. Ask her as well. Yeah, staff definitely. Other teaching staff, SEN staff mainly.</p> <p>Joanne: And our Deputy Head and our assistant head, they're very, very good. With children. I could go to... well I do, I'm a person that asks questions, I'm not somebody who thinks well I'm only here for the half a day I'm not going to bother, and I will ask questions, How is it best, this is what this child is doing? How do I turn that child around? They they're great. Because I've known them for a long time. And they're great to say to me 'try this. Get back to me, if it doesn't work'.</p> <p>Rachel: We do. I mean, we did just sort of talk through with this class teacher. Erm, and if we notice, if we're doing something that we've not done before, and we noticed that actually she really enjoys that. So that's a good thing. And that's something we can do more of that,</p> <p>Rachel: I'm confident I can go and suggest something like, 'Oh, I think Francesca might like this. Because she doesn't like this, why don't I do this with her?' Then my teacher, I know, I know that my teacher will think, unless it's a really silly idea, will generally will say, 'yeah, that's fine. If you're happy to do that, then go ahead. And, And do it.'</p> <p>Laura: if there was somebody that I need to support in the classroom, I'd speak to the teacher as well just see what they wanted me to do.</p> <p>Laura: Also, there's other members of staff that I used to work with alongside the particular person and that we was really good at supporting each other as well.</p> <p>Laura: So we've kind of come up with a little plan of what we was gonna do.</p> <p>Karen: I think so. Yeah. I know, between myself and obviously Catherine [pastoral lead], Catherine, would obviously deal with them. And if because they were in my class, then I would obviously just keep an eye on them and speak to them as well. It was like joint effort. A lot of the time. She'd do all the serious stuff and then I'd be there to pick up the pieces a little bit.</p>
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	<p>Aisha: So, starting now I, we, we've had a chat, me and the teacher, yesterday. And I think we will watch him more</p> <p><i>Interviewer: So you talk to the teacher about him?</i></p> <p>Aisha: yes yeah yeah sure she picked some things on him too so we will start to put all these things together, and we will try to find out what's the problem.</p>
<p>Communication with parents – mainly other staff Joanne Laura Karen</p>	<p>Joanne: So we had to get the mother to stop.</p> <p>Joanne: The grandfather says to me, I can't get him out of bread... bed. So I said bring him in his pyjamas... done that before years ago. Bring them in their pyjamas, He won't do it again.</p> <p>Joanne: Louise, if things were really, really bad, she also sees the parents and gives them parenting skills, six sessions of parenting skill. She says I do routine, boundaries, consistency and structure</p> <p>Laura: it's not my role to speak to the parents. But that's kind of then what would happen?</p> <p>Laura: And the parents had approached us and said, that they kind of feel that they're suffering a little bit of anxiety, having trouble out in the playground, so</p> <p>Karen: I don't, that would be something that Catherine would deal with or the teacher. I rarely... apart from that situation where she, I think she approached me because she knew I worked with her, I'd worked with her for a couple of years. And she knew I knew the child, and she, may be the child has said oh, that she likes me or or something but she knew that she'd be able to speak to me and she said 'look she won't speak to me would you have a word with her'. And normally I wouldn't really have much to do with the parents at all.</p>
<p>Superordinate/ subordinate themes not included in analysis section in thesis</p>	
<p>Passing on the problem Karen Joanne Laura</p>	<p>Karen: And they said, 'Oh, I just do this because it, you know, makes me feel better or' and then I then I passed it straight on to somebody else. I don't get to tend to get too involved unless they ask to speak to me specifically. And then obviously I write everything down. You know, normally I would just have a very quick chat and then pass them on.</p> <p>Karen: but again, you know I wrote everything down and then passed it to the right people to deal with.</p>

	<p>Karen: we have a, erm I don't know if you've come across the lady that works here in a pastoral role? So anything like that, obviously I would talk to her about or if it was something worse, obviously go straight to who's in charge of safeguarding.</p> <p>Joanne: And then I can pass anything on that I need to pass on so that we can help.</p> <p>Joanne: And of course I had to come along and had to see Rohini [inaudible] boss because she is, in charge of that kind of thing. And we had to try and sort it out.</p> <p>Laura: went through SENCo and went on to other stages, and they kind of dealt with it from there.</p>
<p><i>Feedback after it's been passed on – Karen</i></p>	<p>Karen: but usually they will feed back to me and tell me what's happened</p> <p>Karen: but I do get a lot of feedback. I'm lucky that I do. I don't know whether everybody does, but I tend to, they do give me a lot of feedback about what's happening with that child, or as much as they can tell me obviously, because sometimes if it's something very serious then obviously, that's it, you know? But quite often, obviously, we if it is something that's serious, we obviously get told in a certain way to keep it and obviously a special eye out for that child and certain safeguarding things are put in place.</p> <p><i>Interviewer: What is it, you think that's helpful about getting the feedback?</i></p> <p>Karen: Erm, I think it puts my mind at ease. And then I don't worry, you know, if I know that child's been dealt with and everything's been sorted, they might have, you know, social workers looking into it or, you know, you know it's been passed on to the right places. And hopefully everything will turn out well for that child.</p>
<p><i>Staff needing mental health support - Aisha</i></p>	<p>Aisha: Okay why the teachers doesn't have mental health counselling in the school? They should have it. They should have it.</p> <p><i>Interviewer: Why do you think?</i></p> <p>Aisha: The stress they face, they need, because the stress they have the amount of work they need it. They need a counsellor, they need a counsellor all the staff, each school, they should have a counsellor for adults, it's not for the children, for adults</p>

	<p>Aisha: if you are supporting someone, you need to be okay, because if you're doing first aid, you can't be injured and doing first aid at the same time.</p> <p><i>Interviewer: Yeah, right. Good point. And what about, do you think with the TPs, they would need it as well?</i></p> <p>Aisha: Yes, yes because they are around the children all the time, they need to need it too, they need it.</p>
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Hierarchy

<p>Evidence of the hierarchy</p> <p>Shivani Joanne Karen</p>	<p>Shivani: They can come out if I take the permission of the teacher</p> <p>Shivani: Whenever something crops up. Usually head teacher will ask me.</p> <p><i>Interviewer: Okay.</i></p> <p>Shivani: Yeah. Because always children don't know that I'm first aider of mental health. So she kinds of tell the teacher to send the child to me. And that's how they come to me. And then from then I take over.</p> <p>Joanne: Well. Now, I've because... I obviously I asked about, and apparently our deputy head. Mrs Murray and Mrs Smith, who's our learning mentor, they went on a two-day course for mental health.</p> <p>Joanne: Knowing that you were asking this. So I asked. What was in place for mental health for children's mental health?</p> <p>Joanne: I don't know. I don't know how they feel, if they feel that they go on a course for two days, and they don't feel it necessary to talk to the TAs about it. Who am I? Who am I to say? I said to Louise, why didn't you have any feedback, there's no need for feedback</p> <p>Joanne: [about learning mentor] Well, she's higher than a TA. Joanne: In fact... she's actually studying to be a teacher.</p> <p>Karen: but you do have to run everything by the teachers. Well, obviously because at the end of the day, it's their class.</p> <p>Karen: But I was worried more that I was doing everything right. Because, you know, I thought am I allowed to take her out for five minutes? Erm, I was, I was.. sure I probably was but I obviously wrote everything down that I had taken her out for five minutes and brought her back again.</p>
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	<p>Karen: you know we're the ones tend to observe, you can look around the class and observe more than a teacher can, it sounds like I'm taking things away from being teacher now (laughter) but but you do, you notice things more.</p>
<p>Impact of the hierarchy</p> <p><i>Not knowing information</i> Rachel Laura</p> <p><i>Not feeling important / recognising contribution</i> Karen Rachel</p>	<p>Rachel: Or is there something more. So which is, which is if you don't know, if there's background that you may not know about as a TA.</p> <p><i>Interviewer: Yeah, and what, with that particular boy, did you think there were other things affecting?</i></p> <p>Laura: Erm, Again, I wasn't so heavily involved, I believe there was, but I wasn't heavily involved as to say, I couldn't sit here and tell you what it was because it wasn't up to me then it kind of went through SENCo and went on to other stages, and they kind of dealt with it from there. But Yeah, there was I think there was a lot going on, it wasn't just an additional need.</p> <p>Karen: but I feel because we're not professionals. As such. Erm, I feel we have to protect ourselves more than maybe a teacher. That's how I feel. It's, probably about the same but I guess teachers obviously have to be careful as well. But erm, I do feel because we're not as important as a teacher may be.</p> <p>Karen: But no when it's a bereavement or, you know, you know, you've helped that child and you've played a very small part in making them better, or putting them on the right path to be made better.</p> <p><i>Interviewer: And are there any experiences you can think of that went particularly well?</i></p> <p>Karen: Erm, only ones I've passed on to Catherine or somebody else that I know is being dealt with.</p> <p>Rachel: I'm confident I can go and suggest something like, 'Oh, I think Francesca might like this. Because she doesn't like this, why don't I do this with her?' Then my teacher, I know, I know that my teacher will think, unless it's a really silly idea, will generally will say, 'yeah, that's fine. If you're happy to do that, then go ahead. And, And do it.'</p>
<p>Exception to hierarchy – Aisha</p>	<p>Aisha: Okay, let's take this a step and I will start to do it with the children, and I am planning actually to do, you know, to make it as a project for the whole school, so they can get this kit, its 50 activities, so they can get the kids, each teacher in her class and they can do it every morning, maybe in the middle of the day, or at the end of the day, so when they go home they will go fresh.</p>

	<p><i>Interviewer: And will the teacher do it?</i> Aisha: No, it's my time to do it (laughter).</p>
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Theme Four: The Emotional Experience

The reward of being helpful

<p>Job enjoyment/ reward Shivani Joanne Rachel Laura Karen Aisha</p>	<p>Shivani: And I was so happy [about helping a child]</p> <p>Joanne: And I just really, really like my job. I hope it comes across. Because I do, I really really do Because I just enjoy doing, what I'm doing.</p> <p>Joanne: And I enjoy coming in every day until she says stop, the moment she says you can't, I'll go (sighs). Yeah, I thoroughly enjoy it,</p> <p>Joanne: But when a child starts to read, it's really nice, (interviewer laughs) really really nice.</p> <p>Joanne: And it was really really, really nice. And it was just lovely to see that that had benefited her,</p> <p>Rachel: But it's lovely when you actually do see them sort of com, you know, if they're very quiet and very sort of shy in the beginning. And then by the end, they're, they're out and they're out there and then turn around to be in front of the noisy one,</p> <p>Rachel: Yeah, it's nice. Nice. Nice, it's lovely. And you just think, Oh, I have made a bit of a difference.</p> <p>Laura: and then we'd have days where we'd have a real breakthrough. And then you feel amazing. You think that we've actually made a difference.</p> <p>Laura: so that I kind of feel like we've helped him there, because his confidence is through the roof now. Yeah, that's nice to see.</p> <p>Laura: but it is rewarding</p>
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	<p>Laura: I just love it. I love it. I really do. I just I enjoy it, I enjoy, I enjoy the challenge I enjoy. Like I said I'm seeing the children achieve Making a diff, or feeling like you're making a difference. Yeah, I couldn't see myself doing anything else I don't think.</p> <p>Karen: I do quite like, yeah. Speaking to children.</p> <p>Aisha: It's a challenge for me, I love it, yeah I love it.</p> <p>Aisha: small activities just do you know they will start to laugh and have fun, sometimes some activities 'take your shoes, lay on the floor just feel your tummy, watch your breathing'. It's amazing.</p> <p>Aisha: I love this time. Yes, I love it, I love it because you know you feel it, you feel the positive energy is there. And all of them doing the same thing, some of them laughing. And some of them find it silly 'what are, what we are doing?'. 'Why are we taking our shoes off?'. You know the children sometimes they react differently. But the thing is, you can feel the smile on their faces afterward. They are, rest, get rest, relieve.</p> <p>Aisha: I come in the morning with biggest smile, I leave with biggest smile.</p>
<p><i>Wanting to be helpful</i> Shivani Joanne Rachel Laura Karen: Aisha</p>	<p><i>how did that feel giving that advice?</i> Shivani: Good. Yeah... Yeah, felt happy. <i>Interviewer: Mmm</i></p> <p>Shivani: Yeah, because I could see the result. And I thought I made a difference there.</p> <p>Shivani: And when I get the results when I get them getting happy, And when they come and tell me even the next day, how they're feeling? That kind of gives me a boost to carry on.</p> <p>Shivani: So If I put ease to somebody stress a little bit, I'd be really happy.</p> <p>Shivani: but I'm always there to help them and it's kind of encourages me</p> <p>Shivani: I've always told them, they can come and talk to me whenever they like. So usually come as and when they feel like</p> <p>Shivani: I'm always there to help them</p> <p>Shivani: Whenever whenever you feel like you come and I'll speak to the teacher, you know, you don't have to ask his permission even, you just walk out and come to me.</p> <p>Joanne: But if I felt that I didn't have anything to contribute, then I wouldn't</p>

Interviewer: You know, you said that. If you didn't have anything to give, you wouldn't be here.

Joanne: Oh, no, I wouldn't, if I felt that I wasn't making a difference.

Rachel: Because you want to help, but you can't, and it's, you think that's what I'm here for, and I can't do it. And I can't, you know, you know, you can't make everything perfect for all of them.

Rachel: We're here to help and support you get gets through it

Rachel: I think it's sort of a bit of a win-win really, everyone (laughs) gets a bit of a boost. They're happy and those ones that really need it Really, Yeah, it makes a difference.

Rachel: Yeah, it's nice. Nice. Nice, it's lovely. And you just think, Oh, I have made a bit of a difference.

Laura: picking those ones that you feel just need a little bit of extra, of extra help.

Laura: There's sometimes when you think, you know, you're not making any progress. It's, it's hard. Yeah. But then there's, you know, like with the particular child that couldn't read or write, we kind of got to the end of the year.

And it's, it's, it is very rewarding

Karen: But no when it's a bereavement or, you know, you know, you've helped that child and you've played a very small part in making them better, or putting them on the right path to be made better.

Karen: And there's some very serious ones that obviously might not have been dealt with if they hadn't opened up to me in the first place? So that's good. And also ones where I know, well I see children now who now teenagers are even in their 20s. Who I worked with here, and will always come up and give me a hug because they remembered that I might have helped them through a bereavement or helped them if they were getting bullied here. Which is really nice and that makes the job very rewarding, actually.

Aisha: I feel I want to know what's happening, do you know, and I feel he needs help to know the feelings. It's, it's a voice in your head 'this child needs help'

The difficulties about the experience

<p>Helplessness Rachel Karen Aisha</p>	<p>Rachel: And you do feel a bit helpless, because there's nothing presenting in school other than I'm sad. So you try to get to the bottom of it and try and help her to, so that she feels happy. But it's it doesn't always, it doesn't always work.</p> <p>Rachel: she just started to cry. 'I'm really upset'. And It's like, well 'is it because we're all together? Is it too loud?' And it was like, 'I don't know. I don't know'. And it's yeah, you sort of try and think of the obvious things. And then hopefully by the 'No, no, I don't think it's that'. Or, you might, that she might be able to then tell you what it what it is.</p> <p>Rachel: But then when I said, Well, what makes you feel sad? She couldn't really, She couldn't voice any she couldn't really and we had sort of picture cards and things like that. And yeah so, it was very difficult, because you're thinking that you're trying a strategy that's there that should help sort of target areas that you can then maybe work on. But if you can't get those areas in the first place, you're still very much sort of back at square one with nothing to, nothing to focus on.</p> <p>Rachel: it's it's been quite, quite frustrating. Because you want to help, but you can't, and it's, you think that's what I'm here for, and I can't do it. And I can't, you know, you know, you can't make everything perfect for all of them.</p> <p>Rachel: And that they're gonna come out having a nice day. And yeah, not want it, because the last thing you want is from them to turn around and say, 'I don't want to go to school'. Because it's Horrible. So I fi, really, that one's really frustrating, that one. I sort of feel like you've done lots and I've done,</p> <p>Rachel: And then you and you do sort of think ah you know, cause you just think if there's something else going on and then there's you being mean but you know, the rules are there to keep everybody safe.</p> <p>Karen: But if the teacher, sometimes is too busy or they can't deal with that for the moment. Erm, these children sometimes get forgotten. Whereas you might look at a child and think well this needs dealing with now, you know, we can't wait. I think that's probably the main barrier is the, the training. Yeah, the guidance.</p>
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	<p>Aisha: He doesn't want to play with anyone, do you know sometimes when you said, 'Do you want to play with these girls?' 'oh no I don't want to play with girls' okay now boys comes. 'Boy' 'no I don't want to play with anyone'. So these small things will make you, there is something there. It's not something, I can't say is normal or not normal. Sometimes normal for me is not normal for you. Right?</p> <p>Aisha: In the classroom he's get with his work sometimes, or sometimes just he refused to do it. 'I don't want to do it anymore'. Yeah, when I talked to him, he said 'just I have headache I don't want to do it', he will say it straight, straight away.</p> <p>Aisha: I feel I want to know what's happening, do you know, and I feel he needs help to know the feelings. It's, it's a voice in your head 'this child needs help'</p> <p>Aisha: Unfortunately, I feel sorry some parents they say, horrible things to the children, horrible things. And I don't know why.</p> <p>Aisha: They are busy with their jobs, collecting money, and what's the point? You're bringing up a child to this community, full of stress. Lots of mental problems, and what's the point, what's the point?</p>
<p>Fear <i>Fear of getting things wrong</i> Shivani Karen</p> <p><i>Fear of SATs procedures</i> Karen</p>	<p>Shivani: I didn't know how to help them, what to say to them? What's the right thing to tell them?</p> <p>Shivani: I don't know whether I'm doing it properly, the relaxation techniques,</p> <p>Shivani: Initially, I was just using common sense. And I was feeling... I was to be honest, I was feeling scared, because when children were approaching me, I didn't know how to help them</p> <p>Shivani: What's the right thing to tell them? You know, you can go wrong sometimes when you're giving advice</p> <p>Karen: Because I've not been trained to deal with a situation like that. I'd rather pass it on if I can then yeah, go into too much detail.</p> <p>Karen: So obviously... she sh.. she passed fine. But like I say she probably should have done better. But I was worried more that I was doing everything right. Because, you know, I thought am I allowed to take her out for five minutes? Erm, I was, I was.. sure I probably was but I obviously wrote everything down that I had taken her out for five minutes and brought her back again.</p>

<p><i>Fear of getting it wrong & repercussions for self</i> Karen</p>	<p>Karen: I think so I think so they've been properly trained, erm, also I wouldn't want to say something wrong. I know I'm not meant to put words in the child's mouth but you're always worried that you're gonna influence that child, not that I would. But you are worried that if it, god for sake, if it was a court case or something, then obviously, you know, you've written that, those details down they've got your name on. So I'd rather obviously although it would start off with my name, I'd then pass it to somebody else to deal with properly.</p> <p>Karen: We have, as LSAs, we have to be very very careful about what we say and what we do, just to safeguard ourselves.</p> <p><i>Interviewer: Yeah, in terms of like you're saying before about if it went to court?</i></p> <p>Karen: Yeah, if, if it was, if it was a situation where that child had been abused, then obviously that would go to court and our statement would obviously, possibly be used in a court situation.</p> <p>Karen: I think we have to protect ourselves, I mean teachers obviously as well but I feel because we're not professionals. As such. Erm, I feel we have to protect ourselves more than maybe a teacher. That's how I feel.</p>
<p>Difficulties with/ fear about the topic of mental health Rachel Karen Joanne</p>	<p>Rachel: Erm, And I think that... has sort of... erm sort of gets reflected to him, you know, her, Anx, Maybe her anxiety and things is, is then sort of put down on him as well.</p> <p>Rachel: It's quite a but, it's very, He's a very hard area to try and to try and... erm... to try and deal with I think.</p> <p>Rachel: ooh... erm... I don't know really. I think cause, I suppose other than the one that, the very anx, the girl that suffers with anxiety. We don't really know, if they have, if there are any, erm, There isn't any that it's not like, erm, the ones we've got the diagnosis for ASD and things like that, ADHD, we know those ones.</p> <p>Rachel: And it's it's very difficult because you're you're almost you are helpless because you can't really do anything. Because it is an emotional thing rather than a physical thing that you can sort of get your teeth into and actually try and work out for them.</p> <p>Karen: And just you know, I don't know if depression is the right word, but you know, very, very down yeah.</p> <p>Joanne: Yes, that means they need extra help. And I don't, I can't do it.</p> <p>Joanne: So that's all to do with their well being, I'm gonna use that word instead of mental health.</p>

A difficult emotional experience

Shivani
Joanne
Laura
Karen

Shivani: She wasn't even looking at me. So yeah, sorry, I'm crying now. (laughing)

Shivani: And I was really shocked to, you know, read those two lines,

Joanne: Sometimes we get them straight off the plane. And how sad is that, suddenly being dumped, in a school. Not knowing where the hell they are? You know, I sort of take them under my wing. I'm kind, but firm.

Joanne: Can you imagine being dumped in a? Ah... It's just so sad. But you can't show your sadness. 'Come on, you need to try this. Yes you can do it.' And she's doing very well. She's doing very well. But it's... it's... sad for these little ones, they've only been on the earth five years when we get them. It's not long is it?

Laura: I went through every emotion. From sort of feeling so upset for him for a child that age, to feel that way, you know, and not understand why or not, you know, and then we'd have days where we'd have a real breakthrough. And then you feel amazing. You think that we've actually made a difference. So, I think I experienced every emotion (laughing) over the time that we worked together.

Laura: I think emotionally It's hard work. It's, erm, I think sometimes just their behaviour can be quite full on. And you know, you it's, Yeah, it can just be full on.

Karen: I think I don't think if you didn't work in a school, I don't think people would realise quite the role that an LSA has, in supporting children. I do quite often go home and feel like I've been a social worker for that day. Not just an LSA.

Karen: You know, I have been shocked quite a few times.

Karen: Yeah, I'm always quite shocked. I always do quite... and I do get quite upset when, you know, I see things like this because it is upsetting

Karen: But I do find it upsetting.

Karen: Obviously I couldn't guide her into anything, she told me, I was still shocked. I think, even when you have an idea, something's going on, you're still shocked when somebody does open up and tells you exactly what has been going on.

	<p>Karen: I do worry a lot. I'm a bit of a worrier. And I do go home and and quite often worry about certain children or particularly if it's something I have had a situation where somebody's told me something that I've had to pass on to safeguarding. Yes, it does. You know, it plays on your mind.</p> <p>Karen: But one day I came in, and he had literally a scarf wrapped around his neck and he was pulling it tight. Again, that scared me.</p> <p>Karen: It scared me. Because I thought he was pulling it so tight.</p> <p>Karen: I just took him straight outside and said what are you doing, take that off your neck did that and then obviously marched him off to someone else to deal with.</p> <p>Karen: Because I thought he was pulling it so tight. That, you know, had he had a scarf around his neck and just was... But he seemed to know what he was doing. It literally was a matter of seconds. It wasn't longer than that. I literally walked in at the right time.</p>
<p>Difficulty talking about negative experiences or mental health</p> <p>Shivani Joanne Karen</p>	<p>Shivani: It's not nice for me (laughing), <i>Interviewer: What's that like for you when she says that?</i></p> <p>Shivani: I know, obviously fine, but I've been in her situation, I would be you know, going mad like that.</p> <p>Joanne: It's, it's quite hard. But it's quite rewarding by the end of the year, like now the end of our academic year. He will struggle he needs to be kept down. But he can't be kept down because he's an early baby. It's hard. Isn't it? <i>Interviewer: It is hard.</i></p> <p>Joanne: But here we have loads of interventions in place</p> <p>Karen: It wasn't longer than that. I literally walked in at the right time. <i>Interviewer: That does sound scary.</i> Karen: I know (Karen laughs)</p> <p>Karen: And then then you'd notice obviously, then they'd be making actually a mark on their arm. And then it would be quite, quite a big mark (laughter).</p> <p>Karen: Again, that scared me. He was, yeah, in Year 5... Again, whether he meant to... he... I think he knew what he was doing personally (laughter). But whether... yeah, he was pulling it very tight erm...</p>

	<p>Karen: I've had situations where a parent has hit a child and they've, they've told me and then again that's been dealt with, but it can be various situations, but it's usually the one is it's divorce, or, erm, that comes up a lot (laughter).</p> <p>Karen: Sometimes they will tell you something that you really wish you'd hadn't known (laughter).</p> <p>Karen: I don't tend to worry about myself too much because it seems a bit selfish doesn't it (laughter). But Yeah, I'm more worried about the child then myself. It just worries me. 'Oh, I hope that child's ok'</p>
<p>Superordinate/ subordinate themes not included in analysis section in thesis</p>	
<p>Guilt – wanting to get it right Shivani Rachel</p>	<p>Shivani: And that makes me really, really guilty. Because I wanted to help her Shivani: I try to tell her that, you know, I had to do it Shivani: I don't think she can for... she's told me she can't forgive for me that. So, yeah, that was difficult Shivani: (sigh) I don't know what, probably I would do the same thing again. You know? There's, there's no other option in that situation. Shivani: So... she always says 'you ditched me'. 'You stuck a knife at my back'</p> <p>Rachel: And I think that's why I found it so frustrating with the little one, because she's really she's such a lovely little girl. And It's hard. It's heartbreaking to think that she goes home, so upset and full of... sort of... anxious feelings and worry, that it then stops her from sleeping properly at night. And you just think, ooh, It's awful because it's, it's um... and you want that when you when they go to school, You want them to be happy in school, and to want to know that they're happy and that they're they're okay. And that they're gonna come out having a nice day. And yeah, not want it, because the last thing you want is from them to turn around and say, 'I don't want to go to school'. Because it's Horrible.</p>
<p>Difficult job Rachel Laura</p>	<p>Rachel: That's your job, it's your job to teach them. But you look after them, make sure my they go home in one piece. Yeah... (quietly) it's difficult. Laura: And then alongside everything else that you do as a TA, trying to fit that all in. Yes, it can be hard, but yeah, I wouldn't. I wouldn't change it.</p>
<p>Uninformed decisions - Rachel</p>	<p>Rachel: You can't, you have to make a decision on what's happening then and there and try and deal with it.</p>

Appendix L – A Mapping of Tina’s Themes and Quotes on to the Overarching Themes.

Overarching Themes

<p><u>Theme One:</u> Perception and Knowledge of Children’s Mental Health</p>	<ul style="list-style-type: none"> • How TAs talked about the mental health problems that children experience • The perceived cause of poor mental health • The source of TAs’ knowledge
<p><u>Theme Two:</u> How TAs Support Children's Mental Health</p>	<ul style="list-style-type: none"> • Relationships with children • Ways of helping
<p><u>Theme Three:</u> Working Within the School System</p>	<ul style="list-style-type: none"> • Lack of time • The relationship between learning and mental health • Safeguarding as a solution • Working with other staff • Hierarchy
<p><u>Theme Four:</u> The Emotional Experience</p>	<ul style="list-style-type: none"> • The reward of being helpful • Difficulties about the experience

In this appendix, the overarching theme is listed. Tina’s corresponding subordinate and emergent themes (with quotes) are then included to demonstrate how her themes mapped on to the overarching themes.

Theme 1: Knowledge and Perception of Children's Mental Health

Description of mental health problems

<p>Description of mental health problems</p> <p>Tummy ache p1 / Severely panicked p1 / Anxiety issues p1 / awareness of emotions p1</p> <p>Anxious and feeling sick p2</p> <p>Anxiety p3, p5</p> <p>Lonely children p5</p> <p>Behaviours you might notice p4,</p> <p>Constant cryer p5 / Behaviours you might notice p5</p> <p>Mental health problems apparent in juniors p1</p> <p>Spotting anxiety p3</p>	<p>um, there is a constant like they've got tummy ache all the time, they're sick all the time. They've got one child that had tummy problems. So he was constantly going to the hospital because of tummy issues. We had to call an ambulance for him once because he was severely panicked. But I mean, he's, he's not been too bad this year. So there's issues, And obviously going to high school, we've had to do a letter, because of his anxiety issues and his worry, But he, you know, he is not a child that will sit down and talk to you. He says he's fine. But you know, he's not.</p> <p>So, you know, I can pick up if a child's feeling anxious or they're feeling sick a lot of the time, or they got tummy ache all the time, we can pick out through things like that.</p> <p>So if somebody comes in, you know, anxiety, it's all noted, sort of got a running record of what's going on Erm but yeah, it's just anxiety. Our main issue here, I think, at the moment is anxiety, some of them are quite lonely, some children.</p> <p>you'll be looking out for different little bits and pieces, like the constant tummy ache, constant wanting to go out to the you know, the classroom to go to the toilet, constantly wasting time. Tears, but you know, all of those things, definitely.</p> <p>, I can't pinpoint what his issue is. But he is, erm, a constant cryer when he comes into school doesn't want to come into school. Another one that wants to go to the toilet all the time. So he's constantly saying 'can I go to the toilet?'. Erm, say he's got a tummy ache, not ve, he doesn't say very much in class, just one of those that just sits there and gets on with his work, won't put his hand up.</p> <p>Yeah, they're um, as they, when they were like Year 1 and 2 they were okay. Going through the school there is more pressure...</p> <p>because I can spot, you know, if somebody's anxious</p>
<p>How mental health difficulties were talked about</p>	<p>Tina: Yeah, obviously, I don't like to see it in children. Umm, But I can see that there is a need for us as a school to be able to, you know, cope with the children help, help the children.</p>

<p>Need to support mental health p1</p> <p>Mental health only just coming through p1</p> <p>Mental health filtering through p2</p> <p>Mental health is new at this school p3</p> <p>Untreated mental health difficulties get worse p3</p> <p>Language use for mental health problems p2</p> <p>Mental health not getting better p3</p> <p>More mental health problems in the future p4</p> <p>Mental health getting worse p7</p> <p>Minimising mental health problems p1 x 2, p6</p> <p>Minimising anxiety as. Mental health problem p5</p>	<p>Tina: I don't know how much help I'm going to be to you because we haven't really got any... we've got a few children. It's only just started to come through, mental health issues.</p> <p>As I say, I can't give you a specific because it's literally just filtering through now. We're seeing things come through.</p> <p>Tina: Erm... Like... uh, I think... it's coming to the forefront now. So, I think things will start moving at the moment. Erm, it's, you know, it's very new here. I've only been on a course in May, another one in October. So that's like six months? Which is, you know, from one to the other is quite a long period of time.</p> <p>. I think that needs to be sorted out quickly, As a priority to make sure that these children have got the help that they need quickly. And not a year or two years down the line where things could be 10 times worse. You know, that's not right.</p> <p>So the services are there for the for children. So they're caught early. And then obviously, because I understand that they've got health issues now. And they're not dealt with now, it obviously goes into adulthood.</p> <p>And I don't think it's going to get any better. Which is worrying.</p> <p>. I think that's going to become more and more, unfortunately. Which is a shame</p> <p>but yeah, I hope that we, er, I just hope that it doesn't get worse, But I think unfortunately, I think it's going to.</p> <p>yeah we've obviously got bit of anxiety, but nothing major as in mental health. As such, at the moment I wouldn't say it's a common theme with our school, it's ju... you know, we've got maybe four or five of that have got anxiety issues really and worries, but not nothing as mental health as such.</p> <p>my daughter's quite an anxious person</p> <p>Erm but yeah, it's just anxiety. Our main issue here, I think, at the moment is anxiety, and not, sort of, up a bit. Not, you know, a Bit more, I think, at the moment. Erm, But I'm sure that will increase over time</p> <p><i>Interviewer: What the amount of anxiety or...?</i></p> <p>Tina: or other issues, other mental health issues may be coming through. But hopefully not</p>
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Perceived Cause of Mental Health

<p>Causes of mental health problems</p>	<p>Because obviously, there's something troubling them, whether it be... I don't know, the amount of work, whether it's the adult in the classroom, whether it's children in the classroom. Yeah, it's tricky. It's a huge, huge umbrella, isn't it?</p>
<p>Things that can trouble children p2 Changes in society, family influence, abuse, long days at school p2</p>	<p>Tina: I think society's changed a lot. Bringing my children up, had strict boundaries, routines, secure family unit, whereas a lot of family units aren't... They're not your typical anymore, are they? You know, you've got all different... Sometimes that doesn't help, step parents You know, there's lots of issues, abuse at home. So many different things. So many, just things have changed so much. Just, I can't tell you how much it's changed. You know, when I first started here, it was very much, the children were very, um, very grounded, very well looked after. I think because parents have to work. You know, breakfast club/ afterschool club is very busy. So they have a long school day. Yeah, I think there's lots of factors. So much has changed over the last 10 years maybe, probably less than that. I don't know, but so many, yeah, a lot of things have changed.</p>
<p>Neglect p2</p>	<p>you see children come in to school, they're hungry. You've got children coming to school they look grubby. They don't look like they've slept. You know, when you ask them what they've done at the weekend they've done nothing, you know, they've literally just been at home, so they've not been out anywhere. Um, So they're not getting the chance to experience, you know, some of the things that we did as children.</p>
<p>School pressure p1</p>	<p>Going through the school there is more pressure</p>
<p>Pressures on child p4</p>	<p>Tina: The pressure of SATs, you know, you've got to reach your expected target, by the end of the year, you know, parents are putting pressure on their children, you've got to do your 11 Plus, and you've got to do this, and you've got to do that. And then you've got other parents that are not doing anything. So, it's a combination of lots of different things.</p>
<p>Not knowing issue p5</p>	<p>I can't pinpoint what his issue is.</p>

The source of knowledge

<p>Knowledge of mental health</p> <p>Training p1,</p> <p>p2,</p> <p>p3,</p> <p>p6,</p> <p>p7 x 2</p> <p>Course p3</p>	<p>I went on the mental health course in May, which was really interesting. But I'm also going on um, on a course in October mental health designated lead training for a day. (pointing at letter) umm so I think my role will get bigger and bigger.</p> <p>And then obviously, I have to refer to my safeguarding lead, I haven't got that role at the moment where I can do that myself. Which is why I think that course is going to bring me further up the line a little bit more to deal with things.</p> <p>we need to be able to support them now. And help them now. And we need ways which, I think this course is meant to help me, of ways how to actually provide that help basically, as first aid in school, because I can spot, you know, if somebody's anxious or... but it's the the paperwork.</p> <p>Yeah, training is a great thing. I mean the course was great. Two-day course was really good. Very knowledgeable. Made you think about things in a different way? Yeah..... I think.... training's great, erm, I don't know what else they can offer though. Because mental health's quite tricky. I'm not really sure what else they can offer.</p> <p>You know, that course, two days, it was a bit long. I think it could have been condensed down a little bit. I think sometimes they just talked for the sake of talking (laughter). But yeah, definitely be training, especially with people that have had the experience of got the experience of dealing with with that. So they can give you a different viewpoint.</p> <p><i>Interviewer: What do you mean by had the experience?</i></p> <p>Tina: Well, maybe, I mean my tutor for that was a head teacher. So, he's just been trained the same as what I've been trained, whereas the course I'm going on in October is actually people that are in that environment. So they, they've actually dealt with children with mental health issues. So you know, they'll have a different way, and explain things a bit more, a bit more of an understanding, than somebody that's a head teacher, that's just been trained, the same as me, because I can say, what I've been taught on my course, But I haven't got that experience, erm, of someone like a nurse, or, erm, I can't remember the other lady that's on there. Erm, they're actually working in mental health service. So they'll be able to give a different, different perspective. Hopefully some more interesting and helpful ways of dealing with a child.</p>
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Experience as a mother p6	Erm, it's, you know, it's very new here. I've only been on a course in May, another one in October. So that's like six months? Which is, you know, from one to the other is quite a long period of time.
Experience p6	Tina: Probably my experience is the main thing, being a mum of two, erm, my daughter's quite an anxious person. Erm, I think that's probably the main thing to be fair at the moment Erm so I think probably the experience that I've picked up along the way for being a parent and working here probably is the main thing. Not not, you know, courses or anything like that.
Instinct p6 / training p6	Yeah, because your instinct, instinct, as a parent, as somebody that's worked in education for a long time, you know, I think your instincts a big, big thing. Training is great, because it obviously helps you focus other ways as well, because you have different view. But I think a lot of it is your instinct as well. Yeah, definitely.
Wanting more info and resources p6	I'm hoping that as things start to develop a bit more, more information, more resources will become available to help.
Wanting support and advice p4	but having that support from somewhere, that you can get that support quickly, or that advice, and then they move it on quickly. That is definitely the frustrating part, is not being able to help them.
Interest in the topic p4	Yeah. I mean, I was interested in it before anyway. But now, definitely, I'm seeing more, I guess. I would... You know, I'm a nurturing person.
Specific support would be good p3	And I know 2025 when they're bringing all of this in, and they're on about having a mental health, like person outside of school that we can directly deal with? I think that would be good. I think that would be a good id...

Theme Two: How TAs Support Children's Mental Health

Relationships with children – caring approach/ developing relationships

<p>A nurturing approach Nurturing school p3 Mothering children p3 Nurturing p4 Available to talk p5 Relaxed style p5 Patience p6 Hugging p6 Approachable and available p1</p>	<p>we're a good nurturing school. Which is what we're known for, which is good. You just want to take them all home with you, give them a good bath, you know, feed them, give them a cuddle, because some of them don't get that. – helplessness? You know, I'm a nurturing person. Children always want to come up and give me hugs and stuff. They know they can come and talk to me anytime I'm quite relaxed. But you just have to have patience with them. some of them are huggy, and he's very much a, you know, 'no', which is fine. my doors always open. They know, they can come and see me whenever they want to. They come see me at break time, at lunch time</p>
<p>Relationships with children Children spend a lot of time at school p1 Building relationships p5 Child being dependent p5 Each child is different p6 Getting to know children p6</p>	<p>they spend a lot of time with us. . Erm, he, he talks to me a lot more now than he first did. Cause itt was like, nothing, I'm fine, I'm fine. But, you know, if you break it down a little bit, he will, he will say, what is worrying him or what's bothering him. And, you know, he had, he was sitting next to a girl that apparently was not very nice to him, was you know, they were not having great conversations, erm, but that came out, but it did take a while for him to come out and say it. you know, unfortunately, I'm not with him in year 6. So that's not worrying him. But I think that will play on his mind a little bit, because I'm not constantly in that, with him, whereas at the moment I am. I'm sort of in and out. So, yeah, I'll have to make sure that I make that effort In September, first day back, to support him. Be there? And their understanding, and different ways of dealing with each child because each child's different. You know, some of them are huggy, and he's very much a, you know, 'no', which is fine. So yeah, each child's different, you deal with each child on an individual basis. you know, you know a child. If you seen a child from nursery or reception, and they come in through school, you, you, you get to know a child, we're quite a small school. So You know, we see children most of the time all day, you know, every day pass them in the corridor, playground, wherever.</p>

Ways of helping

<p>Supporting children Here to help p1</p>	<p>But I can see that there is a need for us as a school to be able to, you know, cope with the children help, help the children. That's what we're here for.</p>
<p>Need to help them p4</p>	<p>we need to be able to help them, as best we can.</p>
<p>Love for children p4</p>	<p><i>Do you think, has your thinking changed at all? About working with children with mental health problems?</i> Tina: Yeah. I definitely want to do it. You know, that's why I'm here. I work with children. I love children. Erm, and I, you know, all children should be able to thrive and reach their potential whether whatever they, whatever their issues are.</p>
<p>Support children p2 School supporting early intervention p2</p>	<p>So we can support that child as best as we can. Make them feel safe in school. So the services are there for the for children. So they're caught early. And then obviously, because I understand that they've got health issues now. And they're not dealt with now, it obviously goes into adulthood. And things like that can be just, yeah, I've seen that. So it's not nice. That needs to be dealt with early, early stage. So it's important that as a school, you know, we do everything we can for them?</p>
<p>Children needing support p5</p>	<p>If I can see, if I see a child that's not in more trouble, particularly, but you know, I needs a bit of support, then. That's where I'll be.</p>
<p>Support/ Friendships p5</p>	<p>I will go into the classroom, make sure they're okay. Check in with them whenever I can. Make sure they're okay at lunchtime, make sure they're playing with, you know, got people to play with, some of them are quite lonely, some children. Erm, or they will come see me, they know where I am in the medical room, and then they'll just pop in and say hi. So Yeah, you know, I'm constantly about.[inaudible] That support's there. They know they can come and talk to me anytime, which is, you know, some do, some don't. But yeah</p>
<p>Sorted problem p6</p>	<p>But, you know, they're things that you can sort quickly, and they were sorted quickly he was moved from her, and he seemed a bit happier. So things like that.</p>
<p>Checking on them p1 Monitoring p3</p>	<p>I generally go into the classroom to see them as well. Make sure they're okay. All children monitored.</p>

Talking p5,	my conversations, I'm quite relaxed. You know, I'll see how it's going, or what he's been doing at home, just general conversation, not sort of sit down and say, right, tell me what's worrying you, you know, I'm quite beat around the bush a little bit. I try and draw it out from them that way, Otherwise, they just close. Erm, he, he talks to me a lot more now than he first did. Cause itt was like, nothing, I'm fine, I'm fine.
p6	Tina: I talk to them at the moment, but I have got different things that we can. You know, erm there's lots of different, I've got a booklet with my erm, the course that I went on, which gives different. You know, lot's of information here about what you can do. There's different videos that they can watch as well, which are really good. Yeah, so, but at the moment, no, mainly it's talking, to be fair at the minute.

Theme Three: Working Within the School System

Frustration with the system Referrals p1 / Money for services p2	advise them sometimes go see their GP, maybe they'll get some sort of referral. But because everything is so long. It's not a quick fix. You know, it's not... we can make the referral. The paperwork, and everything else, and cost and money is just not great, is it? So hopefully that will improve. I know they're on about increasing that. I just hope that they do.
Referrals take a long time p3	Tina: Erm, probably the fact that everything takes so long to you know, everything is paperwork, referring a child, and if you go to a GP, to, and they refer you on, it takes weeks, months. So that's frustrating I think. I think that needs to be sorted out quickly, As a priority to make sure that these children have got the help that they need quickly.
Everything takes forever p3	You know, we need support. Civic Centre is, hasn't got a lot of staff. So they're bogged under, everything just takes forever. and that's not right, it's not fair, not fair on the child, we need to be able to support them now.
Government funding p4	. But you know, now that they're bringing it to the forefront a bit more, bringing it into the curriculum. Erm, And, you know, the government hopefully will spend some money, But, again, so many people are on a waiting list. It's just taking forever. Erm, So I just hope he doesn't deteriorate anymore.

<p>Referral – waiting list p5</p> <p>Lack of money p6,</p> <p>p7 / Frustration at the system p7</p>	<p>And money as well is a big issue. Budget restraints are very tight.</p> <p><i>Interviewer: in the school?</i></p> <p>Tina: Yeah. So yeah, I'm sure that will have to be looked into as well. Yeah. Hopefully some more funds will come available. So yeah, but at the moment it's quite tight.</p> <p>getting the training that I need, to be able to bring it to surface in school, obviously money is a big issue. Because I know it's not cheap. Paperwork. And it just the frustration, really, of those combination of things which take forever for a child to get to access the services that they need. I know it's not just mental health is, you know, when they've got SEN issues, it's just, you know, trying to get any ECHP takes a good year. Erm, It's just frustrating. I think that's the main thing is very frustrating trying to do your part to help the children as much as you can. And then you get the red tape all the time where you can't do anything. Because hands are tied, and there's no money</p>
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Safeguarding as a solution

Working with other staff

<p>Liaising with other adults and services</p> <p>Communication with parents p1 x 2,</p> <p>Communication with parents p5</p> <p>Communication with other adults p2</p>	<p>And obviously, contact with their parents, quite, there's good communication between parents as well... it's important too.</p> <p><i>Interviewer: What sort of..</i></p> <p>Tina: You know, if there's been some sort of issue during the day, I make sure that I phone them, you know, talk to them, um, advise them sometimes go see their GP, maybe they'll get some sort of referral.</p> <p>But Mum's great. I have a good Relationship with mum, Mum's been to the GP and asked for a referral for CAMHS.</p> <p>But yeah, it's just, just tryna keep that communication going between me or the teacher as well. And the parents just that communication going around the whole way. So we can support that child as best as we can.</p> <p>. So the services are there for the for children. So they're caught early.</p>
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<p>Services for children p2 Referring to safeguarding p2 Safeguarding p3</p>	<p>And then obviously, I have to refer to my safeguarding lead, I haven't got that role at the moment where I can do that myself. we've got a great SLT leads. So any problems, that's safeguarding, You know, we just report straight there, then they take it over. All children monitored. So if somebody comes in, you know, anxiety, it's all noted, sort of got a running record of what's going on.</p>
<p>Speaking to school nurse p3 x 2 / Speaking to teachers and parents p3/ Referral to GP p3</p>	<p>erm I've got a school nurse who I can speak to as well, She's really good. So she can give me lots of advice, about, you know, I'll sit and discuss with teachers, but mainly parents. You know, maybe it would be good idea to just have a trip down to the doctors and have a chat with them. And see, but yeah, my school nurse is really helpful as well. She'd be probably my first port of call.</p>
<p>Transition to secondary school p1</p>	<p>And obviously going to high school, we've had to do a letter, because of his anxiety issues and his worry,</p>

Theme Four: The Experience

The reward of being helpful

<p>Supporting children Here to help p1</p>	<p>But I can see that there is a need for us as a school to be able to, you know, cope with the children help, help the children. That's what we're here for.</p>
<p>Need to help them p4</p>	<p>we need to be able to help them, as best we can.</p>
<p>Love for children p4</p>	<p><i>Do you think, has your thinking changed at all? About working with children with mental health problems?</i></p>

Support children p2	<p>Tina: Yeah. I definitely want to do it. You know, that's why I'm here. I work with children. I love children. Erm, and I, you know, all children should be able to thrive and reach their potential whether whatever they, whatever their issues are.</p> <p>So we can support that child as best as we can. Make them feel safe in school.</p>
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Difficulties about the experience

Helplessness

<p>Helplessness Won't talk to you p1 Available to talk p5</p> <p>Helplessness p3,</p> <p>P4</p> <p>p5,</p> <p>p6,</p> <p>p7</p>	<p>But he, you know, he is not a child that will sit down and talk to you. He says he's fine. But you know, he's not. So You know, this ... uhh... he's, he's the main one really that's come to our school</p> <p>They know they can come and talk to me anytime, which is, you know, some do, some don't. But yeah</p> <p>I think that would be a good id... You know, we need support. Civic Centre is, hasn't got a lot of staff. So they're bogged under, everything just takes forever. and that's not right, it's not fair, not fair on the child, we need to be able to support them now. And help them now.</p> <p>But, again, so many people are on a waiting list. It's just taking forever. Erm, So I just hope he doesn't deteriorate anymore. Which is worrying. But yeah, I mean, we're trying to do everything we can in school to make sure he's okay.</p> <p>That is definitely the frustrating part, is not being able to help them.</p> <p>I think.... training's great, erm, I don't know what else they can offer though. Because mental health's quite tricky. I'm not really sure what else they can offer.</p> <p>obviously money is a big issue. Because I know it's not cheap. Paperwork. And it just the frustration, really, of those combination of things which take forever for a child to get to access the services that they need. I know it's not just mental health is, you know, when they've got SEN issues, it's just, you know, trying to get any ECHP takes a good year. Erm, It's just frustrating. I think that's the main thing is very frustrating trying to do your part to help the children as much as you</p>
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	can. And then you get the red tape all the time where you can't do anything. Because hands are tied, and there's no money. So, I think that's the main thing.
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Fear

Difficult emotional experience

<p>Children having mental health problems is unpleasant</p> <p>Don't like seeing children's mental health problems p1</p> <p>Not nice p2</p> <p>Scary and sad p2</p> <p>Sad and worrying p3</p>	<p>Yeah, obviously, I don't like to see it in children. Umm, But I can see that there is a need for us as a school to be able to, you know, cope with the children help, help the children.</p> <p>Not great, it's not nice to see. You know, you come, you see children come in to school, they're hungry.</p> <p>So they're not getting the chance to experience, you know, some of the things that we did as children. And it's scary, And it's just sad.</p> <p>I think there's lots of factors, lots of factors, and it's sad, very sad. And I don't think it's going to get any better. Which is worrying. So yeah...</p>
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Appendix M – Excerpts from Research Diary

Reflections after Interview 2 – 12/07/19

“The interviewee mentioned that the only barrier for her supporting children’s mental health was a lack of time. I found myself surprised about this and upon reflection, feel I unnecessarily repeated the question to see if she would give me another answer that I was expecting (e.g. knowledge). From this experience, I have realised that I need to let the participant lead the interview and not impose my own ideas or ask questions that might lead a participant to answering what I expect them to.”

“After the interview, while waiting to speak to the SENCo, I was placed in the medical room. There was a TA in the room, and we spoke about my research. She had been on MHFA training and spoke about being scared about supporting children’s mental health before the training and that the training alleviated her fears. The idea of TAs being scared/ not knowing how to support children with mental health difficulties was a preconceived idea that I had (based on my own experience and on the literature with teachers), but I noticed that the research participant had not mentioned it specifically and I made a note that I needed to bracket off this idea.”

Reflections during the Analysis Process – 10/01/20

“I am finding that discussing things with my peers is really helpful to ensure that I am not being biased in my analysis. I was concerned about the generation of a superordinate theme of ‘fear’ due to my earlier recognition of a need to bracket off my own preconceptions. After discussing my interpretation with a peer who is conducting IPA, and with my supervisor, I feel confident that it is a sound interpretation that was generated from the data, rather than my own beliefs.”