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

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Abstract

The prevalence of mental health disorders in children and young people has increased and Child, Adolescent and Mental Health Services (CAMHSs) are struggling to respond to the current need. Pressure is therefore being placed on schools to provide support for children's mental health. Previous research has focussed on teachers' experiences of supporting children's mental health and little is known about other school staff's experiences, such as teaching assistants (TAs).

This thesis explored how seven primary school TAs experienced their role in supporting children's mental health. Interviews were recorded, transcribed and analysed using Interpretative Phenomenological Analysis (IPA). Four main themes were generated to summarise the TAs' experiences: (1) Perception and Knowledge of Children's Mental Health; (2) How TAs Support Children's Mental Health; (3) Working Within the School System; (4) The Emotional Experience.

The participants believed that they supported children's mental health and particularly referenced the close relationships that they formed with children. Throughout their experiences, the TAs referenced benefits (e.g. staff support) and challenges (e.g. a lack of time) within the school system; and their position in the school hierarchy also impacted their role. Supporting children's mental health was an emotional experience for the TAs; they discussed the rewarding element, however, the topic also elicited fear in TAs.

In the discussion of the findings, the TAs' accounts are linked to various psychological theories to help explore their experiences. The findings provide several implications for EPs and schools as well as outlining directions for future research.

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1. Introduction

1.1 Chapter Overview

The present study aimed to explore the lived experiences of teaching assistants (TAs) in mainstream primary schools regarding their role in supporting children's mental health. The purpose of this chapter is to outline the global and national context of children's mental health, in addition to an examination of legislation and policy regarding mental health in education. It will also state the research rationale and aims. Finally, definitions will be provided for the key terms in this research: 'mental health' and 'teaching assistants'.

1.2 Background to the Research

To describe the researcher's background and provide some context for the research, for this section, the first person will be used. Prior to beginning the Educational, Child, and Community Psychology doctorate, I worked in mainstream primary schools as a teacher. During my teaching career, I recognised the lack of knowledge among the staff team about mental health and how to integrate this into school life. While in this role, I struggled with managing the educational, emotional and social needs of all the children in my class and relied upon support staff to assist with this. I witnessed close relationships form between children and TAs. My interest in mental health within the education context grew in my role as a trainee educational psychologist (TEP). I became further interested in the differing levels of support that school staff offer children and staff's perspectives on the variety of roles they may have.

1.3 Context

1.3.1 The Terminology of 'Mental Health Disorders'

Mental health difficulties or conditions are commonly referred to as 'disorders' in diagnostic manuals (e.g. American Psychiatric Association, 2013) and in research that considers their prevalence. Some have argued that the use of 'disorder' is stigmatising (e.g. in 'autism spectrum disorder'; Baron-Cohen et al., 2009) and that 'condition' is a more

appropriate term. Other organisations, such as the Mental Health Foundation (n.d.) opt to use ‘mental ill health’. While these views have been considered, ‘disorder’ is currently used most commonly to refer to diagnoses of mental health difficulties; therefore, when discussing their prevalence, the term ‘mental health disorders’ will be used.

1.3.2 Global Context

To situate this research, its wider context was considered. The mental health of children and young people (CAYP) has global and national relevance as mental health disorders are prevalent in children of all ages (Belfer, 2008). There is a rise in the occurrence of mental health disorders in adolescence (National Health Service [NHS] Digital, 2018), however many people experience symptoms in childhood. For instance, ‘impulse-control disorders’ have the earliest age of onset, with symptoms often developing between ages 7 and 15 (Kessler et al., 2007). Similarly, most anxiety disorders start in childhood. Kessler et al. (2005) found that in the United States (U.S.), the median age of onset for anxiety disorders was 11, with the earliest onset reported at age six. Specifically, research suggests that separation anxiety disorder and some phobias have the earliest ages of onset, before age 12 (Beesdo et al., 2009). It is widely accepted that early intervention is essential because early onset of mental health disorders leads to greater severity, or comorbidity with other disorders, later in adulthood (Kessler et al., 2005; Ramsawh et al., 2011).

1.3.3 National Context

In the United Kingdom (U.K.), data commissioned by NHS Digital (2018) provided information on the prevalence of mental health disorders in children. With a sample of 18,029 CAYP, this report provides the most recent and generalisable data produced in England. It demonstrated that 4.1% of 5- to 10-year-olds and 9% of 11- to 16-year-olds have an emotional disorder. Behaviour (or conduct) disorders were prevalent in 5% of 5- to 10-year-olds, and 6.2% of 11- to 16-year-olds.

This research also suggested an increase in mental health disorders in children over the past 13 years. Green et al. (2005) demonstrated that 1 in 10 children in England had a mental health disorder in 2004, while NHS Digital (2018) suggest that this is now 1 in 8. NHS Digital (2018) particularly highlighted the increase in emotional disorders. Whereas behavioural and other types of disorders have remained of similar prevalence, in 5- to 15-year-olds, emotional disorders have risen from 3.9% in 2004 to 5.8% in 2017. Humphrey (2018), however, acknowledged the societal change around talking about mental health disorders, which encourages CAYP to discuss their mental health. This shift may have contributed to the rise in prevalence rates, as CAYP speak more openly about their symptoms.

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

1.3.4 Mental Health and Education

Schools are named as being an optimal setting for early intervention for CAYP's mental health (Durlak et al., 2011) and guidance stresses the importance of a whole school approach (Weare, 2015). NHS Digital (2018) reported that when parents had concerns about their child's wellbeing, almost half contacted a teacher for help, indicating that many parents also believe that schools have a role to support children's mental health.

The subject of mental health has become an area of importance for the Department for Education (DfE) over the past 20 years. In 1997, the Labour government introduced policy changes to promote the inclusion of children with SEND in mainstream schools, with

an emphasis on children with emotional and behavioural difficulties (Department for Education and Employment, 1997). Subsequently, the ‘Every Child Matters’ document detailed the importance of professionals working together to support children’s welfare and highlighted that ‘frontline staff often lack awareness of specialist issues like mental health’ (Department for Education and Skills [DfES], 2003, p.22). Later initiatives encouraged schools to directly tackle CAYP’s mental health; for instance, ‘Social and Emotional Aspects of Learning’ (SEAL) which focussed on schools teaching social, emotional and behavioural skills to children (DfE, 2007).

With a change in government party, the SEAL initiative is no longer promoted by the DfE. Since then, and following papers from the Department of Health and NHS England (2015), the DfE has placed even more of an emphasis on supporting CAYP’s mental health in schools. For instance, the government has recommended that at least one member of school staff participate in ‘Mental Health First Aid’ (MHFA) training; initially in secondary schools (Prime Minister's Office, 10 Downing Street, et al., 2017). It has since been stated that by the end of parliament, one staff member in each primary school in England will also receive the training (Department of Health and Social Care [DHSC], 2018) following suggestions that schools and colleges should appoint a designated lead for mental health and have close links with new mental health support teams (DHSC & DfE, 2017). Additionally, it was announced that teaching children about ‘good… mental health’ would become a compulsory part of the curriculum from September 2020 (DfE, 2018d, para 1).

Despite these recent reforms, some recommendations have been met with criticism from the Health and Social Care Committee (2018) who stated that they were not ambitious enough and that some suggestions, for instance the designated lead, could cause extra stress for school staff. Additionally, within the recommendations, there is limited information about the role of support staff or TAs in relation to mental health in schools. A pledge for MHFA training in primary schools is positive as previously the focus was on secondary

schools. However, the secondary school funding has since been absorbed by another mental health initiative, ‘Every Mind Matters’ (Powell & Bellis, 2019), suggesting that the funding allocated for the training in primary schools could be used elsewhere.

Regarding currently available support, NHS Digital (2018) stated that two thirds of children with a mental health disorder had contact with a ‘professional service’ in the past year because of concerns about their mental health; teachers were the most frequently named source (48.5%). Only one quarter of children received help from a mental health specialist. With long waits for CAMHSs (Care Quality Commission, 2018), it is likely that teachers are supporting children’s mental health in their absence. Indeed, research suggests that teachers describe a societal expectation that they will support students’ wellbeing (Shelemy et al., 2019). It seems that both the government and families are asking, and to some extent relying upon, school staff to support CAYP’s mental health. It is therefore timely and important to consider research into school staff’s experiences of addressing mental health in the classroom to better understand this phenomenon.

1.4 Rationale

Recent government reforms have demonstrated an emphasis on both primary and secondary schools to promote the mental health of CAYP; this has become a priority for the DfE (2018c). Past research has focussed on the experience of teachers approaching the mental health needs of CAYP and there is a lack of research into the perspectives of other staff members, such as TAs, on this topic. Importantly, TAs are often designated to work with children with SEND (Skipp & Hopwood, 2019). This group of children are more likely to have mental health difficulties; 35.6% of children with a mental health disorder have SEND (NHS Digital, 2018). TAs may therefore be required to work directly with children with mental health needs. Moreover, 35% of the primary school workforce are TAs (DfE, 2019a); representing a large proportion of the adults that children come into contact with at school. This highlights the importance of exploring TAs’ experiences relating to children’s mental health.

Although there is a higher rate of mental health disorders in adolescents, the prevalence of disorders in younger children in England seems to be increasing (NHS Digital, 2018). There are now 1 in 10 children with a mental health disorder in primary schools; which statistically suggests there could be approximately three in every classroom. As schools should be involved in prevention and early support for all pupils, including those at risk of developing mental health difficulties (DfE, 2018b), it seems appropriate that this support should begin in primary school.

This research aims to provide knowledge about the lived experiences of TAs working at a time where primary schools are expected to support the mental health of CAYP. It aims to do this through the research question:

> *How do primary school TAs understand their role in supporting children's mental health?*

The research aimed to explore primary school TAs' experiences of working with children who could be considered to have mental health difficulties, by exploring their individual perspectives. When the mental health of CAYP is of increasing concern, this information could be useful for schools to better support the mental health of children in primary schools; for instance, through school policy development. It could also provide key information for external professionals, such as Educational Psychologists (EPs), so that schools, teachers, and TAs can be better supported in this area.

1.5 Definitions

1.5.1 Mental Health

There have been numerous terms used to refer to the mental health of CAYP in Great Britain, for example: 'emotional intelligence', 'emotional and social competence', and 'wellbeing' (Weare & Gray, 2003, p.5), however the DfE has now begun to use 'mental health' more commonly than other terms (DHSC & DfE, 2017). The SEND code of practice (DfE, 2015) saw its addition within the 'social, emotional and mental health' (SEMH) section and the term 'mental health' is widely used by the DfE in policies (2018a; 2018c; 2018d).

When defining mental health, the World Health Organisation (WHO) is often cited. They argue that mental health is 'an integral part of health, mental health is more than the absence of illness' (WHO, 2004, p. 12). The WHO acknowledge that it is difficult to agree on a single definition for mental health due to cultural differences. They propose that:

> Mental health is defined as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO, 2014, para. 1).

The DfE has not produced an official definition however they provide an explanation of 'mental health problems' within documents. Within advice for school staff, they write:

> Short term stress and worry is a normal part of life and many issues can be experienced as mild or transitory challenges for some children and their families. Others will experience more serious and longer lasting effects. The same experience can have different effects on different children depending on other factors in their life. For example, it is normal for children to feel nervous or under stress around exam times, but other factors can make such stress part of an enduring and persistent mental health problem for some children. When a problem is particularly severe or persistent over time, or when a number of these difficulties are experienced at the same time, children are often described as experiencing mental health problems. (DfE, 2018b, p.11)

The DfE explanation was deemed appropriate for this research as it was written specifically for school staff. It considers the WHO (2004) definition, which was referenced by the DfE prior to their explanation of mental health. The DfE's paragraph seemed more relevant for use with school staff as some elements of the WHO definition could be considered abstract (e.g. 'can work productively and fruitfully') whereas the DfE provide examples that relate specifically to children at school.

1.5.2 Teaching Assistants

Another key term is teaching assistant (TA). ‘Teaching assistants’ is a term used by the DfE when describing the school workforce in England (2019a). There is limited information produced by the DfE on an explanation of this role. A document originally drafted by the DfE but eventually published by UNISON et al. states that the term ‘includes staff based in the classroom for learning and pupil support’ and that they should ‘work with teachers to raise the learning and attainment of pupils while also promoting their independence, self esteem and social inclusion’ (2016, p. 5). Research suggests that the role of TAs is unclear with senior leaders having varying opinions; this leads to a range of deployment strategies across schools (Blatchford et al., 2009).

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

2. Available Research

2.1 Chapter Overview

There has been limited research investigating TAs' experiences or role in promoting children's mental health. This section will therefore approach an overview of the literature in various ways. There will first be a discussion of literature on teachers' experiences supporting children's mental health in the U.K. This will be followed by a discussion of literature that discusses the TA role in U.K. primary schools. Although not closely linked to the research topic, by exploring this literature, it helps to contextualise the current research. The purpose of these sections is to give an overview of research into these areas. The final section will detail research that has looked specifically at TAs' experiences of supporting children's mental health; the systematic search conducted to obtain this research will be explained.

2.2 Teachers Supporting Mental Health

TAs work closely with teachers, and in the same environment. By exploring teachers' experiences of supporting children's mental health, it may provide an insight into the context that TAs are placed within. The following section outlines the themes that emerged in literature that explored teachers in the U.K. supporting children's mental health.

2.2.1 Confidence and Attitude Towards Supporting Mental Health

A prevalent area regarding teachers' experiences was their confidence dealing with CAYP's mental health problems. Gowers et al. reported that 56% of primary school teachers indicated that their confidence in understanding mental health problems was 'inadequate' or 'fairly inadequate' (2004, p.422). More recently, Bostock et al. (2011) found that 26% of experienced teachers had a 'total lack of confidence' in detecting early signs of mental health problems in children (p.109). Rothi et al. (2008) mirrored these findings, as in their research, teachers expressed concern at their ability to recognise children with mental

health difficulties. Similarly, Shelemy et al. (2019) found that teachers wanted more advice on how to identify children who are at risk of, or have, mental health difficulties.

This lack of confidence may be underpinned by other emotions. Cooke et al. (2016) suggested that the topic of 'mental health' creates fear in teachers; teachers are afraid of triggering behaviours in children, giving children the wrong information, and receiving resistance from parents. Similarly, teachers in Shelemy et al. (2019) stated that they would use their instincts and common sense to respond to a child who was struggling with their mental health but raised concerns about their lack of knowledge worsening the situation.

Cooke et al. (2016) also suggested that teachers' beliefs about mental health could be unhelpful. They described that teachers believed that mental health only affects adults, that mental health labels are unhelpful, and that mental health is both difficult to teach and for children to understand. Similarly, in Rothi et al.'s (2008) research, teachers expressed discomfort with the term 'mental health'. Cooke et al. suggested that teachers' anxieties, beliefs and lack of knowledge resulted in communication about mental health with children being 'almost completely absent from the classroom' (2016, p.7). This demonstrates that teachers' attitudes, beliefs, and emotions may hinder their ability to approach mental health in the classroom and therefore limit children's access to mental health support.

The negative associations with approaching CAYP's mental health were apparent in some teachers' accounts of their experiences. Connelly et al. demonstrated that teachers in Scotland described many difficulties when working with a child with 'emotional, behavioural or mental health problems' (2008, p.8), stating that the experience is frustrating and overwhelming. Many of the teachers in their research struggled to describe a satisfactory experience of working with a child with these needs. Due to the questionnaire approach of this research, these experiences were not explored in detail with the participants; an exploration may have provided further information on teachers' perceptions of a satisfactory experience. Nevertheless, this research provides us with some insight into how the experiences were viewed by the teachers.

2.2.2 Training

The desire for training on children's mental health problems was mentioned by several studies. Rothi et al. (2008) stated that teachers wanted training to increase their knowledge of services available locally and improve their ability to recognise mental health difficulties. Teachers in Shelemy et al. (2019) expressed a desire for training that provided resources applicable to the classroom. Some participants in this research described that previously attended mental health training was too descriptive, when they wished for more strategies to use with children.

Connelly et al. (2008) discovered that teachers in Scotland felt that they had received a lack of training in dealing with mental health problems. Similarly, Gowers et al. reported that of their participants, "virtually every teacher… had received 'no' or 'very little' training on child mental health during their initial teacher training" (2004, p.421). Generally, teacher training in England has appeared to focus on teaching a general approach to children's health and wellbeing, rather than teaching specific areas of mental health (Byrne et al., 2015).

Kearns and Hart (2017) researched an initiative by the Scottish government that prioritised teaching attachment theory to trainee teachers. Trainees were subsequently able to link their understanding of attachment theory to pupils' behaviour and emotional wellbeing; demonstrating the potential benefit of providing teachers with training on theories of mental health. Unfortunately, the research did not follow the trainees into their teaching career, so it is not known whether this learning was embedded into their practice while they handled the other pressures of being a teacher. This critique is a theme across research in this area; Shepherd et al. (2016), who conducted a systematic review of initial teacher training on supporting the well-being of children, found that only short-term impact was measured. However, Bostock et al. (2011), whose research was included in this review, found that trainee teachers who had received training on mental health demonstrated increased confidence at an 18-month follow up. This suggests that training can have a

somewhat lasting impact on teachers' attitudes towards supporting the mental health of CAYP.

2.2.3 Positivity Towards Supporting CAYP's Mental Health

Teachers' views in the research seem to have quite negative undertones when considering supporting children's mental health; for instance teachers found it difficult to work with children with mental health problems (Connelly et al., 2008); had discomfort with the term 'mental health' (Rothi et al., 2008); and described needing more support to identify children with mental health needs (Rothi et al., 2008; Shelemy et al., 2019). Nevertheless, there were some positives mentioned in the research. Teachers recognised their role in supporting mental health (Rothi et al., 2008) and viewed themselves as role models (Ford & Nikapota, 2000). Connelly et al. also referenced the 'close supportive relationships' that teachers have with children (2008, p.12). Additionally, Shelemy et al. suggested that many schools had clear communication strategies for signposting students to further support. These findings suggest that teachers recognise the support they can provide and that they are potentially in a position to identify needs and act accordingly.

2.2.4 Conclusion

The research investigating teachers' experiences suggests that many teachers lack the confidence, understanding, beliefs, and skills needed to effectively support children's mental health (Bostock et al., 2011; Cooke et al., 2016; Gowers et al., 2004; Rothi et al., 2008; Shelemy et al., 2019). However, teachers recognise that they can have a role in supporting children's mental health (Rothi et al., 2008). These studies suggest that with training and support to increase teachers' understanding and develop their skills and confidence, they may be able to successfully support children's mental health.

2.3 TA Role

Before considering research into TAs supporting children's mental health, exploring the role more generally further helps to contextualise the research. The following section

outlines the themes that emerged in literature that explored the TA role in mainstream primary schools in the U.K.

2.3.1 Clarity of Role

A prominent idea in research into the TA role was the lack of clarity of the role (Tucker, 2009); with some researchers claiming that the role and responsibilities can be substantially different across schools (Hammersley-Fletcher & Lowe, 2011; McVittie, 2005) while others suggested that, although the staff may have different titles (e.g. Mathematics TA or Special Needs Assistant), their responsibilities do not differ greatly (Roffey-Barentsen & Watt, 2014). Hammersley-Fletcher and Lowe (2011) and Cockroft and Atkinson (2015) also suggested that the TA role has changed over recent years; however, neither articles elaborate on these changes in detail. These discrepancies and uncertainties could lead to TAs having a wide range of responsibilities, and staff across schools having quite different experiences.

2.3.2 TAs' Responsibilities

The research suggested that TAs enjoyed their roles and undertook a range of responsibilities (Hammersley-Fletcher & Lowe, 2011; McVittie, 2005). All of the articles mentioned the role that TAs have regarding children's learning. It was acknowledged that TAs can undertake work such as planning, teaching and assessing (Graves, 2014) and working with both individual pupils and groups (Hammersley-Fletcher & Lowe, 2011; McVittie, 2005). TAs supporting academic achievement was seen as their primary role by children (Wren, 2017). Although TAs enjoyed their role, some TAs in Cockroft and Atkinson's (2015) research expressed concern about being accountable for children's progress. Other discomfort was expressed when TAs were asked to complete roles that were more in-line with teachers' responsibilities, such as teaching whole classes (Graves, 2014; Roffey-Barentsen & Watt, 2014).

In addition to learning support, some research mentioned support for social and emotional development as well as behaviour. TAs and children in Wren's (2017) research

suggested that TAs support social skills; including individual support at playtimes and specific social skills interventions. Wren found that the most common role mentioned by TAs was behavioural support such as, ‘keeping pupils on task in the classroom and avoiding disruption to other pupils’ (p.16). Emotional support was mentioned elsewhere, for instance Graves (2014) discussed the caring and mothering nature of the TA role. Other research referenced this aspect of the TA and child relationship, writing about the ‘positive’ (Cockroft & Atkinson, 2015, p. 98) and ‘close’ (Hammersley-Fletcher & Lowe, 2011, p.80) relationships that TAs had with children. Additionally, a number of the studies referenced TAs believing that they had a very good understanding of the children they worked with (Cockroft & Atkinson, 2015; Hammersley-Fletcher & Lowe, 2011; Roffey-Barentsen & Watt, 2014). With some (e.g. Roffey-Barentsen & Watt, 2014) stating that TAs felt that they had a better understanding of the children than teachers did.

The research therefore suggests two main roles for the primary school TA. It appears that TAs have an important role in supporting children’s learning, both in one-to-one and group situations. Additionally, TAs form relationships with children that allow them to understand and support their social and emotional development. In the research, the focus tended to be on supporting learning; however, although not directly addressed in the literature, it is likely that the relationships that TAs form with children will impact on their learning experience. The TA-child relationship may therefore include multiple dimensions.

2.3.3 Role Development

2.3.3.1 Previous Experience as a Mother

A salient theme when considering TAs’ professional development was the experience of being a mother. Roffey-Barentsen and Watt (2014) claimed that the 14 TAs in their research had all become TAs because they were mothers. Graves (2014) also found that TAs were often mothers, with many starting their careers as parent helpers. The TAs in Cockroft and Atkinson’s (2015) research believed that being mothers helped them in their role, as they were accustomed to working with children and could empathise with parents,

as well as having developed skills such as patience and flexibility. The specific views of male TAs were not explored in the research.

2.3.3.2 Training

The importance of training was referenced by some researchers. McVittie (2005) stated that most TAs in his case studies had attended training on various topics; although, there was no data indicating the impact of this training. Alternatively, Cockroft and Atkinson (2015) discussed TAs' lack of knowledge and skills. They described that TAs often support children with complex needs and they lack the knowledge to address some of these needs. This research also referenced TAs identifying that courses they completed were not helpful or relevant to their role. The researchers used a quote where a TA stated that the role involves 'muddling our way through' (p.98). This research, however, used a case study with one focus group which may have resulted in skewed data and opinions. Taken together, the research on training for TAs is limited and mixed. Bearing this in mind, it is difficult to fully understand this experience for TAs and it is possible that, similar to the TA role, the training opportunities for TAs may differ across schools.

2.3.4 Relationships with Teachers

An additional idea that appeared across the research was TAs' relationships with teachers. Docherty (2014), for instance, highlighted the importance of communication between TAs and teachers. She described that this fostered better support for the children's learning and enabled teachers to act on TAs' feedback. By TAs and teachers communicating well, it encouraged a better understanding of the children. Similarly, the importance of good communication and collaborative working was highlighted by other researchers (Cockroft & Atkinson, 2015; Roffey-Barentson & Watt, 2014).

2.3.5 Feeling Undervalued

Many of the TAs in the literature referenced feeling undervalued. For instance, in Hammersley-Fletcher and Lowe's (2011) research, TAs described not being invited to staff

meetings and being treated with varying levels of respect by different teachers. Additionally, Higher Level TAs (HLTAs) felt that their role was ‘abused’ (Graves, 2014, p. 261) and that the ambiguous nature of their responsibilities put them in a weak position within their school. Graves suggested that HLTAs were defined as “not a teacher” which led to them being seen as the ‘other’ (p. 265). A TA in Roffey-Barentsen and Watt’s (2014) study expressed a desire to attend review meetings, to share their in-depth knowledge of a child; they explained that this did not happen and that they ‘know [their] place’ (p. 28) and had no ‘right to voice opinions’ (p. 26). In other research, TAs wanted more recognition for what they did, stating that they had a lot of responsibility and often worked in excess of their contracted hours (Cockroft & Atkinson, 2015; Roffey-Barentsen & Watt, 2014).

2.3.6 Conclusion

In conclusion, the TA role is unclear and TAs’ experiences are likely to vary between schools. Some aspects of the role appeared to be shared across schools, particularly the notion of TAs supporting children’s learning which was referenced in all of the research. Additionally, TAs’ role in supporting children’s social and emotional development emerged, for instance through social, behavioural or emotional support (Graves, 2014; Wren, 2017); however, this was not explored in detail.

Generally, in the literature, TAs reported being happy with their role and enjoying their jobs (Hammersley-Fletcher & Lowe, 2011; McVittie, 2005). In some research, TAs were concerned about their increasing responsibilities; which was emphasised when TAs were expected to go beyond their normal duties (Graves, 2014; Roffey-Barentsen & Watt, 2014). Furthermore, TAs shared beliefs about feeling undervalued (Cockroft & Atkinson, 2015; Hammersley-Fletcher & Lowe, 2011; Roffey-Barentsen & Watt, 2014).

The literature suggests that TAs acquire knowledge through experience; such as being a mother (Cockroft & Atkinson, 2015; Graves, 2014). Although Cockroft and Atkinson suggested that TAs had undergone training, this did not appear to be valued by the TAs. Instead, elsewhere, researchers illustrated the importance of TAs relationships with their

colleagues and this was discussed in relation to promoting outcomes for children (Docherty, 2014).

2.4 Literature Review

2.4.1 Systematic Literature Search

A literature review was conducted on 4/7/19. The first literature search attempted to obtain research about TAs and mental health, therefore the following search terms were used:

Table 1

Search Terms Used in the First Literature Search.

Terms for Mental Health (searched in all text)	Terms for TAs (searched in abstract or title)
"mental health" "social emotional" SEMH* wellbeing well-being well being SEBD** "mental illness" emotional	"teaching assistant" "learning support" "support staff"

*social, emotional and mental health

*social, emotional and behavioural difficulties

The search originally produced 1,277 results; many of these being articles about health professionals. To obtain more relevant articles, several steps were taken. The key term 'school' was added to reduce the number of articles that involved health professionals. Additionally, some synonyms for TA were added to include terms used in other Western countries (e.g. paraprofessionals). Finally, the 'mental health' criterion was reduced from being in the whole text to specific areas (see Table 2), so that articles produced would have more of a mental health focus. The new search terms are listed below:

Table 2

Search Terms Used in the Second Literature Search.

Terms for Mental Health (searched in subject, keyword, abstract, or title)	Terms for TAs (searched in abstract or title)	School (Searched for in subject, keyword, abstract, or title).
"mental health" "social emotional" SEMH wellbeing well-being well being SEBD "mental illness" emotional	"teaching assistant" "learning support" "support staff" paraprofessional aides	

This search produced 225 journals. The abstracts were read to find relevant articles based on the following exclusion and inclusion criteria:

- Research had to be conducted in an English speaking, Western country
- There needed to be a discussion about TAs (or a synonym for TA)
- Higher education provisions were not included (due to developmental differences in CAYP as well as potential differences between the TA role across provisions)
- There needed to be some mention of mental health/ emotional wellbeing of children (e.g. some articles focussed on targeting behaviour, for example of children with ASD)
- The authors needed to have conducted the research, rather than be reviewing a book or other literature

Based on this exclusion and inclusion criteria, 29 articles were identified. Of these 29, 10 were based in the U.K. and 19 were conducted in other Western countries (U.S., Australia, and Republic of Ireland). Many of the articles retrieved from outside of the U.K. focussed on teacher aides delivering an intervention (8 articles) and three of these articles were from

1972 or 1973. Others focussed more on the outcome of TA input, rather than the TAs' experiences. Based on the focus of the articles, and as there are many differences between the school systems across countries, the researcher felt that it would be most beneficial to consider only the articles that were conducted in the U.K.

It was therefore decided that the literature review would answer the question:

> *What does the current UK literature suggest about TAs' experiences of supporting children's mental health?*

Of the 10 articles identified, one was found not to be relevant as it did not focus on TAs' role, it instead explored placing social workers in schools (Vulliamy & Webb, 2003). An additional article (Kidger et al., 2009) was found through reading the research produced in the literature review. Moreover, the researcher conducted an additional search of theses and found Bracewell (2011). Although Bracewell's research was a doctoral thesis, and not published in a peer-reviewed journal, due to the similar topic being researched and after reading the thesis to determine its quality, it was felt that it would add some valuable contributions. Consequently, 11 pieces of research were included in the literature review. The qualitative research was reviewed using Long and Godfrey (2004) and the mixed methods research with Long et al. (2002). See Appendix A for a simplified outline of the researcher's notes from evaluating the literature.

2.4.2 Thematic Content

2.4.2.1 Language

The language used in the research to describe mental health varied considerably. The older research tended to use the terms 'emotional difficulties' (Moran & Abbott, 2002); 'emotional and behavioural difficulties' (EBD) (Shearman, 2003); 'behavioural, emotional and social difficulties' (BESD) (Burton & Goodman, 2011); or 'social, emotional and behavioural difficulties' (SEBD) (Groom & Rose, 2005). Whereas Burton (2008) and Kendal et al. (2011) opted for 'emotional wellbeing' and Kidger et al. (2009) chose 'emotional health'. More recently, Wood (2018) and Littlecott et al. (2018) used 'well-being'. The only journal article

that used the term ‘mental health’ regularly was Lee (2016) who specifically focussed on self-harm.

The terms used in the research were likely impacted by the political influences at the time. For instance, alongside ‘mental health’, SEBD was a term used in the SEN code of practice in 2001 (DfES, 2001) which will have therefore influenced the research that used SEBD or similar terms (i.e. Burton & Goodman, 2011; Groom & Rose, 2005; Moran & Abbott, 2002; Shearman, 2003). Similarly, Littlecott et al. (2018), whose research was conducted in Wales, provided rationale for their use of ‘well-being’ by referencing government documents (e.g. Welsh Government, 2015). Kendal et al. (2011) explained their use of language by suggesting that ‘emotional wellbeing’ is a precursor for positive mental health. They also referred to national guidelines on promoting emotional wellbeing by using the SEAL approach (National Institute for Health and Care Excellence, 2009).

Despite the use of government documents, confusion remains in the terms used in the literature. For instance, Burton (2008), whose research was based around emotional literacy support assistants (ELSAs), appeared to use ‘emotional wellbeing’, ‘emotional literacy’, and other phrases, interchangeably. Wood (2018), who positioned ‘well-being’ within social and emotional learning (SEL) schemes, referred to the ‘well-being agenda’ in his research, that he suggested is posited by the government. However, the source he cited for this, details Theresa May (then Prime Minister) explicitly referring to improving ‘mental health’ with no mention of a ‘well-being agenda’ (Prime Minister's Office, 10 Downing Street, et al., 2017).

Bracewell (2011) specifically explored mainstream primary school teachers’ and TAs’ use and understanding of the language ‘mental health’ and ‘emotional wellbeing’. She reported a lack of clarity around the terms and described that staff found them difficult to define. When explored, the two terms were seen by school staff as similar however ‘mental health’ had more negative connotations than ‘emotional wellbeing’. In Bracewell’s research,

participants associated mental health with illness, whereas emotional wellbeing produced ideas of happiness.

Although some of the terminology used in the research has sound rationales based on government advice, it is noticeable that the only article that refers to ‘mental health’ (besides Bracewell, 2011), was the research into self-harm (Lee, 2016), which is more fitting with a mental illness than the other research topics. It is possible that in the literature produced, the researchers themselves had an aversion to, or held biases about, the term ‘mental health’; or that it was thought to be a counter-productive term to use with school staff. The reason for the absence of ‘mental health’ in the literature is unknown. Nevertheless, for clarity and coherence of this literature review, where ‘mental health’ is used in the subsequent themes, it refers to an umbrella term that encompasses the terminology used in the literature that links to ‘a state of well-being’ (WHO, 2014, para. 1).

2.4.2.2 The Perception of TAs’ Role in Supporting Children’s Mental Health

The research recognised that TAs had a role in supporting children’s mental health, although this role often varied between schools (Littlecott et al., 2018). Groom and Rose wrote that there was ‘an overwhelming perception that the work of TAs directly supports the process of inclusion for pupils with SEBD’ (2005, p.24) with ‘offering pastoral support to individual pupils’ (p.25) listed by line managers as the second key successful area of the role. This was echoed by research that explored TAs’ views. Kidger et al. (2009) found that school staff acknowledged their role in supporting children’s mental health. Unfortunately, in Kidger et al., there is a lack of distinction between the roles of different staff members, however, they quote a TA who stated that ‘90% of my time is listening to a child it could be something going on at home, at school, anything’ (p.11).

Bracewell’s (2011) interview data suggested that her participants (teachers and TAs) viewed their role positively and believed ‘they had great responsibility for promoting wellbeing’ (p.108). However, her anonymous quantitative data revealed that some staff raised concerns over the appropriateness of the role. Although not significantly different,

TAs' overall scores for appropriateness in this data set were lower than teachers. This suggests that TAs may view some parts of their role in supporting mental health as inappropriate. Contrastingly, Groom and Rose (2011) did not make suggestions about the appropriateness of the role but suggested that Special Educational Needs Co-ordinators (SENCos) and support staff are highly skilled in supporting children with BESD. It is difficult to compare these two findings, however, as Groom and Rose's suggestion represents their own view of the staff whereas Bracewell's denotes the TAs' perceptions. Additionally, Bracewell's research was conducted in primary schools and Groom and Rose's in secondary schools.

The appropriateness of the role was not explored elsewhere; however, it is recognised by numerous studies that the TA role is challenging, particularly in the context of supporting children's mental health or wellbeing (e.g. Lee, 2016; Moran & Abbott, 2002). For instance, Shearman (2003) posited that it can be exceptionally difficult for TAs to support children with EBD. Similarly, Burton and Goodman highlight that the role can be 'extremely stressful' which therefore could affect the staff members' mental health (2011, p. 140). Although these examples did not explore TAs' perceptions of the appropriateness of the role, they highlight the difficulties that TAs may face.

Overall, the research suggests that school staff perceive TAs to have a role in supporting children's mental health. This role is recognised as challenging and there is a possibility that TAs themselves may hold some concerns about their role. This theme emphasises the gap in the literature of TAs' own views of their experiences.

2.4.2.3 Relationships with Children

TAs' relationships with children was a prominent theme in the research. The literature suggested that relationship building was an important aspect of the TA role, being identified by TAs and other staff members (Bracewell, 2011; Groom & Rose, 2005; Moran & Abbott, 2002). Additionally, staff in Burton and Goodman's (2011) research believed that having a nurturing environment with caring adults was important for children with BESD.

Other aspects of the role related to establishing and maintaining relationships were, motivating pupils (Moran & Abbott, 2002); mentoring (Groom & Rose, 2005); and developing confidence and self-esteem (Burton, 2008; Groom & Rose, 2005). The importance of listening, and children having someone to talk to, was also referred to in the literature (Bracewell, 2011; Burton 2008; Groom & Rose, 2005; Kidger et al., 2009).

Additionally, 'building trust' was mentioned alongside relationships. This was highlighted in research about TAs conducting mental health interventions. For instance, Burton (2008) stated that the TA role facilitated trust. Similarly, Kendal et al. (2011) described that, because of their reputation for trustworthiness, the choice of pastoral and support staff for their intervention reassured students about attending. Finally, Littlecott et al. (2018) suggested that support staff building trust and rapport with students was valued in schools. However, although Littlecott et al. aimed to research relationships between staff and students, the findings seemed to focus on school systems generally, providing little information about the nuances of relationships.

In summary, TAs valued relationship building with children and considered it a key aspect of their role. The research suggests that TAs' roles and responsibilities in the school position them as appropriate people for children to develop close trusting relationships with. These conclusions are based on participant views, rather than research that has measured the effectiveness of these relationships. Therefore, based on perceptions, relationships are an important element in TAs supporting children's mental health.

2.4.2.4 Liaising with Parents

A number of studies described that staff valued communicating with parents however TAs' roles in this either varied or were unclear. For instance, Burton (2008) described one example of an ELSA helping a child to communicate with his parents, but the ELSA's role in this was not explored. Groom and Rose (2005) stated that, of the survey responses from 20 TA line managers, approximately half (quantitative data was not described in detail) responded that TAs were involved in both formal and informal meetings with parents. Groom

and Rose suggested that parental involvement is important for including pupils with SEBD but do not specifically name TAs' role in this.

Burton and Goodman (2011) described in detail the role of support staff in liaising with parents. In this research (conducted in secondary schools) the staff's knowledge of the community reportedly facilitated their relationships with parents. Support staff believed that they were more approachable than teaching staff who might be considered intimidating. Contrastingly, Bracewell's research (in primary schools) found that speaking to parents was a role that was attributed to teachers rather than TAs. It is possible, therefore, that TAs' roles with parents may differ between primary and secondary schools; with this limited research, however, this would be difficult to determine.

2.4.2.5 Influence of a Child's Background

A child's family or their background impacting their mental health was mentioned in the research. For example, TAs in Groom and Rose's (2005) research acknowledged that understanding *why* a pupil was behaving in a certain way was important for identifying how to support them. Some staff in Littlecott et al. (2018) also stressed this, with one participant suggesting that pastoral staff were more likely to know about a student's background. Similarly, Burton and Goodman (2011) found that SENCos and TAs highlighted the underlying factors that can impact behaviour and mental health (e.g. social deprivation).

Contrastingly, Shearman (2003) suggested that staff were not well trained enough to consider underlying factors for behaviour and that this needed to be further emphasised. A difficulty with Shearman's research is that, because it was based on observational data (with some appearing to be from memory), the conclusions that Shearman arrived at were likely to be biased. However, if we were to accept Shearman's suggestion, it is possible that changes in policy and societal beliefs since 2003 (for instance, with the production of the government's green paper on CAYP's mental health [DHSC & DfE, 2017]) have made staff more aware of these underlying factors. This would explain the difference between Shearman's finding compared to more recent research.

Despite being more aware of background influences, Bracewell (2011) found that staff would only take action if a child presented as struggling with their emotional wellbeing. When a child appeared emotionally well, staff in Bracewell's research were generally only able to describe what actions they would take, in response to social deprivation for example, if it warranted a safeguarding concern. Staff did not tend to discuss taking action if a child lived in poverty or experienced a lack of adult attention, despite these factors being known to influence wellbeing (NHS Digital, 2018). Bracewell suggested that if staff are only focussed on children who present with difficulties, this will hinder their ability to help pupils who may be emotionally vulnerable but not presenting this difficulty in a stereotypical way. There is no exploration from Bracewell about whether there was any difference between TAs' and teachers' responses to this.

Additionally, Wood (2018) discussed that the acknowledgement of background influences is not always helpful; instead, he identified existing prejudices belonging to primary school staff. School staff recognised the negative impact of socio-economic hardship on social, emotional and behavioural skills but parents were blamed for this perceived lack of skills. The families mentioned by participants in this research were described as 'Asian' and the school staff felt that the Asian community did not hold the same values as them. Wood described how these children and families were 'othered' by the participants (p. 259); being seen as different or difficult to understand (Paechter, 1998). Additionally, Wood wrote that there was a belief that the school, not the family, taught the 'right way' (p. 260). By Wood highlighting this, it is apparent to the reader that this will have a negative impact on the children and will ultimately create a barrier for the staff in supporting those children. Wood's research focussed on one theme from a larger data set; therefore, it is possible that this focus meant that the article did not provide a balanced reflection of the views expressed. Nevertheless, an important consideration when exploring the experiences of TAs supporting children's mental health is that the staff may hold underlying prejudices that they are unaware of.

It is worth considering that these views may vary depending on the school location, the demographics of the community and the staff, and the staff's previous experiences. For instance, Burton and Goodman (2011) contrastingly suggested that support staff in their research were from the same community as the children and thus had a good understanding of the issues in the community.

The recent research available therefore suggests that school staff have an awareness of the potential underlying reasons for children's behaviour and emotional wellbeing. It is possible that staff may need further support to link this knowledge to their practice, in terms of supporting all vulnerable children. School staff and external professionals may also need to consider staff's beliefs and previous experiences, as this will likely impact the quality of support for mental health that they are offering.

2.4.2.6 Systemic Considerations

Some systemic influences on TAs' ability to support mental health were mentioned in the literature. Kendal et al. (2011) found that the support of the senior management team (SMT) was imperative for intervention success in secondary schools. They described an example where a member of SMT reportedly limited the publicity about an emotional wellbeing intervention to uphold the school image. Kendal et al. write that the lack of status that pastoral staff held, meant that it was difficult for them to implement interventions without the complete support of SMT. Similarly, in Burton and Goodman's (2011) research, SENCOs and support staff were seen to have a low status and felt that they did not receive recognition for their work. Interestingly, this hierarchy was mentioned less in research conducted in primary schools, despite primary school TAs referencing hierarchical issues in research into the TA role (e.g. Graves, 2014; Hammersley-Fletcher & Lowe's, 2011; Roffey-Barentsen & Watt, 2014). There may be some difference between the way that hierarchical systems present (in relation to support staff's role in promoting mental health) in primary and secondary schools.

The systemic pressures that exist in the national education system were referenced by Groom and Rose (2005) where a SENCo was quoted discussing the balance of supporting children with SEBD while also considering the pressure of league tables. Across the research though, the government pressures on schools were mentioned more in reference to teachers than TAs (e.g. Burton & Goodman, 2011; Sherman, 2003). Furthermore, Bracewell (2011), who compared the views of teachers and TAs, argued that teachers were more aware of judgement from others due to their higher accountability and responsibility. Nevertheless, Burton and Goodman (2011) claimed that although teachers are under pressure from government targets, the responsibility of including children with BESD lies with SENCos and support staff. This suggests that although teachers may be the apparent choice for those most under pressure from government targets, this pressure inevitably reaches TAs. Systemic influences from both national agendas and within schools, may therefore have an impact on TAs' ability to support students' mental health.

2.4.2.7 Time

Time was an additional theme generated across the literature; for example, with Groom and Rose identifying 'time for establishing positive relationships with pupils' (2005, p. 29) as a key aspect of the TA role. It was felt that due to the limited time available in school, TAs provided an additional resource to support children's mental health. Littlecott et al. (2018) gave an example where a staff member identified that, because of teacher time pressures, they would not be able to meet pupils' well-being needs without support staff.

Research suggested that TAs had more time to spend working one-to-one with children than teachers did (Bracewell, 2011; Burton and Goodman, 2011; Littlecott et al., 2018). It was further highlighted that having flexibility with their time allowed TAs to develop strong relationships with children. For instance, Burton and Goodman described that support staff believed that spending more one-to-one time with children allowed them to get to know the children well and therefore notice subtle changes in their mood or behaviour. Bracewell also suggested that due to the different pressures on teachers and TAs, TAs were more

focussed on developing relationships with children in response to supporting their mental health.

Alternatively, Kendal et al.'s (2011) participants struggled with time. Kendal et al. described that support staff had difficulty implementing their intervention while maintaining their other roles in school; the staff felt there was not enough time to conduct sessions and complete notes. Similarly, students in this research felt that the 15- to 30-minute appointment slots (dictated by the design of the initiative) did not allow them to have in-depth discussions about their problems.

Kendal et al.'s (2011) research was the only paper to describe time as a hindrance to the TA role. It may be that due to the varied nature of the role, the time that TAs have varies across schools. For instance, in Littlecott et al.'s (2018) research, some schools mentioned having specific time designated to promoting wellbeing; whereas the support staff in Kendal et al.'s research did not appear to have this.

2.4.2.8 Staff Support

Support for TAs was mentioned mostly in the literature that considered TAs implementing a specific intervention. For instance, ELSAs in Burton (2008) received 2-hour supervision sessions every half term with an EP and optional direct contact with an EP should they require additional support; ELSAs commented that this experience was empowering. Kendal et al. (2011) also reported that staff received supervision for conducting their intervention, however details of this supervision were limited. In agreement with providing support, Lee suggested that having a 'safe, reflective, containing thinking space' (2016, p.114) was helpful for support staff that received training on supporting pupils who self-harm. However, this suggestion was the author's own postulation, rather than the TAs' view. Similarly, based on her experience as a behaviour support teacher, Shearman (2003) also suggested that teachers and TAs cannot work effectively to include pupils with EBD without sufficient support. Shearman's position as a behaviour support teacher does, however, place her in a biased position when considering support for school staff.

General support for TAs was seldom mentioned in the literature when it did not specifically involve an intervention, however, Bracewell (2011) suggested that TAs receive support from their colleagues and that, in primary schools, TAs will often liaise with class teachers about a child's mental health. Elsewhere, SENCos and support staff in Burton and Goodman (2011) raised concerns over the lack of formal support they received. In the other literature, TAs' own opinions of the support they have were missing.

The ideas about support suggested in many articles (e.g. Kendal et al., 2011; Lee, 2016; Shearman, 2003) were based on the authors' perceptions, rather than the participants. Although this was a theme generated in the literature, for some articles it was only mentioned in one sentence (e.g. Kendal et al., 2011) or it was mentioned implicitly (e.g. Groom and Rose, 2005, discuss the importance of collaborative working); and in others, it was not highlighted at all. Considering that the literature recognises the demands of the job, this seems an apparent omission. Bearing in mind recent questionnaire data, Walker et al. (2019) suggested that only 51% of teachers and middle leaders agreed with the statement 'The senior leadership team support staff well-being across the school'; this implies that almost half of respondents may think that there is a need for more staff support in schools in England.

2.4.2.9 Training

Finally, it seemed important to consider the discussion of training for TAs. In many articles, training was not explored and in others, the nature of the training lacked detail. For instance, only brief information is offered about the training provided for TAs who ran interventions in Kendal et al.'s (2011) and Burton's (2008) research.

Lee (2016) specifically researched the experience of school staff receiving training on self-harm. Lee reported that staff were committed to enhancing their knowledge and providing interventions for students. However, despite using Interpretative Phenomenological Analysis, which focusses on individuals' experiences, there is little information provided about the TAs' experiences of the training. Some themes, (e.g.

connectedness to role) were not explored in the article which limits the reader's understanding of the findings.

It could be argued that there is an apparent need for TAs to receive training for supporting children's mental health. Shearman (2003) suggested that as TAs were often people from the local community (e.g. parents), they did not necessarily have the skills to cope with the demands of working with children with complex difficulties and they did not always receive training to do this. Some research suggested that senior leaders and line managers value training for TAs (Groom & Rose, 2005; Moran & Abbott, 2002), however, this data relied on self-report and is not necessarily indicative of the training that TAs receive. Furthermore, Moran and Abbott's research was conducted with specialist provisions, where there may be more of a focus on training staff to meet children's needs. Moran and Abbott also highlighted that although schools may provide general training for staff, there was limited opportunity for TAs to follow their own professional development routes. Similarly, other research suggested that TAs were not aware of potential professional development routes available to them (Burton & Goodman, 2011).

Generally, in the research, the lack of acknowledgment of training for TAs when supporting children's mental health is salient. When mentioned, it was brief and not specific to supporting mental health unless TAs were delivering an intervention. As it is acknowledged elsewhere in the literature that supporting children's mental health is part of the TA role, there may therefore be an assumption that a TA should instinctively know what to do in response to a child raising a mental health issue.

2.4.3 Summary of Literature Review

In conclusion, it is widely recognised that TAs have a key role in supporting children's mental health. There are, however, discrepancies about TAs' responsibilities and experiences of this role. In contrast to the literature on teachers' experiences supporting mental health, TAs' experiences appeared to be more positive. TAs seemed to accept and acknowledge their role in supporting children's mental health and identified their unique

contributions, such as having close relationships with children (e.g. Bracewell, 2011; Burton & Goodman, 2011). These contributions were also valued by other staff in schools (Moran & Abbott, 2002). It was nevertheless acknowledged that this role is challenging (Groom & Rose, 2005).

The research suggested that TAs had developed key skills and knowledge to support children (Groom & Rose, 2011). It appeared that TAs used their experiences (e.g. living in the community) to facilitate their role (Burton & Goodman, 2011), but that their beliefs and biases could also be a hindrance (Wood, 2018). TAs were aware of how a child's background and experiences can impact their mental health and that it is important to acknowledge and understand these influences (Bracewell, 2011; Burton & Goodman, 2011; Groom & Rose, 2005). The research suggested that TAs may require more input on how to support vulnerable children and little is known about the mental health training opportunities for TAs.

The TA role can be influenced by systemic pressures both in the education system as a whole, and in individual schools (Groom & Rose, 2005). When conducting interventions, it appeared that the support of senior leaders may be important for these interventions to be successful (Kendal et al., 2011). Additionally, TAs may have more time available than teachers to work in small groups and one-to-one settings with children, which facilitates their relationships with the children (Bracewell, 2011; Burton and Goodman, 2011; Littlecott et al., 2018). TAs' tendency to have positive relationships with children therefore places them in an appropriate position to further support children's mental health. There was little exploration in the literature about the support offered to TAs. TAs may receive support from colleagues (Bracewell, 2011) and, in some instances, external professionals (Burton, 2008); however, the effectiveness and regularity of this support was not determined.

The literature therefore suggests that TAs are supporting children's mental health, both explicitly (e.g. through interventions) and implicitly (e.g. by developing positive relationships with children). TAs experiences of this have not been widely explored; for

instance, some research placed significance on other staff members' perspectives, such as line managers (Groom & Rose, 2005) or head teachers (Moran & Abbott, 2002); or TAs' perspectives were collated within a group of staff's views (e.g. Wood, 2018). The only research to consider TAs' views exclusively was Lee (2016), whose research was on self-harm training in secondary schools. Bracewell (2011) also placed more of an emphasis on TAs by providing an interpretation of the difference between primary school teachers' and TAs' views in her research. Overall, this literature review illustrates the lack of research into primary school TAs' experiences, highlighting that their views are often not given great prominence.

The current research aimed to give an in-depth exploration of primary school TAs' experiences in relation to supporting children's mental health. By concentrating on this participant group, it aimed to produce knowledge that has not been explored elsewhere. Furthermore, it was hoped that focussing on individuals' experiences would provide a detailed account of these experiences, in contrast to research that has produced general themes.

3. Methodology

3.1 Chapter Overview

This chapter will outline the rationale for the methodological approach chosen to address the question:

> *How do primary school TAs understand their role in supporting children's mental health?*

This section will outline the epistemological and ontological position of the research as well as the corresponding data analysis approach. Details of the procedural aspects of the research process will then be provided, including participant information, the method of data collection and of data analysis. The chapter will conclude with attention to quality and validity in the research as well as ethical considerations.

3.2 Ontology and Epistemology

The language used to describe epistemology and ontology varies, for instance different authors opt to use paradigm or worldview (Creswell, 2009). Regardless of the label used, by acknowledging the researcher's beliefs and views of the world, both the reader and researcher can establish a better understanding of why the research took place and was conducted in certain ways. It also provides further information about why the researcher may have come to specific conclusions in their research (Heaviside, 2017).

Ontology refers to reality and truths; it considers 'what is' (Crotty, 1998/2015, p.10) and is defined as 'the nature and relations of being' (Merriam-Webster, n.d.-b). The polar views of ontology are realism and relativism. Realism describes a truth or reality that is independent of the individual; it is objective and knowable (Cohen et al., 2018). Alternatively, relativism describes a subjective understanding; emphasising that individuals attach meaning to their world, and reality is therefore understood and constructed by the individuals living it (Robson & McCartan, 2016). In contrast to ontology, epistemology describes how an individual acquires their understanding of reality and what it means to know (Crotty,

1998/2015). It considers the study of knowledge and how knowledge can be obtained (Heaviside, 2017).

3.2.1 Constructivism and Relativism

A constructivist stance was adopted as the epistemological position for this research. Constructivism is founded in the premise that an individual's understanding is based on their life, which affects the meanings that they ascribe (Creswell, 2009). Individuals construct their own understanding of the world through interactions between their existing beliefs and experiences (Ültanir, 2012).

The aim of this stance is to explore personal perspectives rather than a general, universal view (Cohen et al., 2018). Creswell and Plano Clark explain that researchers with a constructivist worldview aim to understand a phenomenon 'through participants and their subjective views' (2007, p.22). Further, they state that 'When participants provide their understandings, they speak from meanings shaped by social interaction with others and from their own personal histories.' (p.22). This highlights that constructivist researchers do not believe in a shared, universal understanding of phenomena.

As a constructivist stance reasons that individuals create their own meanings, for this research a relativist ontology was therefore adopted. Constructivists argue that within research, there are many participants (and a researcher) therefore there are many realities (Robson & McCartan, 2016). It is the researcher's task to make sense of these many realities.

The individual nature of a constructivist view was appropriate to answer the research question as the purpose was to understand TAs' individual experiences. The research aimed to explore the phenomenon of the TA role in supporting children's mental health as it is understood by the people experiencing it. With this constructivist stance, the individuals' (the TAs') own beliefs, as well as their current and past experiences, were considered.

Regarding relativism, the participants (and subsequently the researcher and reader) each have their own understanding of a reality of the TA role and of mental health that is

based on their beliefs, relationships, and environment. The research question does not assume one, measurable reality, it considers and encourages an exploration of the multiple realities of all those involved in the research.

3.3 Overview of IPA

It is important to choose an analysis method that is well-suited to the epistemological and ontological positions of the research. The analysis method chosen for this research was Interpretative Phenomenological Analysis (IPA). The following section outlines an introduction to IPA and explains how it corresponds with the epistemological and ontological position of the researcher.

3.3.1 Introduction to IPA

IPA is a qualitative research approach that explores the experiences of a small number of participants, in rich detail (Smith et al., 2009). Participants are given the 'opportunity to tell their stories, to speak freely and reflectively, and to develop their ideas and express their concerns at some length.' (Smith et al., 2009, p. 56). IPA uses an inductive approach, therefore not testing hypotheses or prior assumptions (Reid et al., 2005).

The principal of IPA is that it focusses on understanding a topic of study from the perspective of individuals (Eatough & Smith, 2017). IPA aims to understand a person's experience of a phenomenon, and the sense they make of it, rather than understanding the phenomenon itself. Reid et al. state that it provides the researcher with an 'insider's perspective' (2005, p. 22) that they can interpret and contextualise.

Historically, IPA was introduced to encompass an experiential and qualitative approach to psychology (Smith et al., 2009). IPA was first used in health psychology but has since been used in clinical, social, and educational psychology (Reid et al., 2005). The potential contribution of IPA to educational psychology is recognised by researchers, with Oxley writing that IPA is 'an opportunity for educational psychologists to delve into individual

experiences in more depth, enabling tailored and holistic support to be offered to pupils, schools and families' (2016, p. 60).

In summary, IPA aims to provide an insight into the lived experiences of a particular group. Due to the small sample size and the nature of the methodology, the findings are not generalisable however IPA provides a detailed understanding of the experiences of individuals. This approach is important in the education field as IPA provides the opportunity of 'understanding the part to illuminate the whole' (Oxley, 2016, p. 60).

The rationale for choosing IPA for this research is that it aimed to explore the experiences of primary school TAs and their role in supporting children's mental health. This is an under-researched area therefore an exploratory approach was necessary. IPA provided the opportunity for participants to speak freely about their experiences. Furthermore, IPA is complementary to the epistemological and ontological positions of this research. Through exploring and interpreting TAs' views in this way, it allowed for a constructivist approach which considers that the individuals' experience of their role in supporting children's mental health is based on their own previous experiences. This also acknowledges relativism, identifying that multiple realities exist around the phenomena.

3.3.2 Theoretical Underpinnings of IPA

Since IPA has been identified as an appropriate methodology, greater attention will now be given to the theoretical underpinnings of this approach. IPA is underpinned by three theoretical ideas: phenomenology, hermeneutics, and idiography.

3.3.2.1 Phenomenology

Phenomenology refers to a philosophical approach that is concerned with the study of experience. Phenomenologists are interested in what it is like to be human in our lived world. Many phenomenologists have also been interested in how we develop our understanding of individuals' experiences of the world. Smith et al. stated that for psychologists, phenomenological philosophy 'provides us with a rich source of ideas about how to examine and comprehend lived experience' (2009, p.11).

Husserl first argued that to examine human experience, the individual experiences need to be examined with careful consideration. As Smith et al. (2009) explain, humans have a tendency to fit ideas into pre-existing categorisation systems. To be phenomenological, one needs to remove themselves from the tendency to take things for granted; there is a requirement to notice and reflect on each aspect of an experience (Smith, et al., 2009). It is described that Husserl depicted separating the taken-for-granted experiences as 'bracketing' (Smith et al., 2009). He developed a series of steps called 'reductions' that involved bracketing preconceptions to obtain an understanding of the root of a phenomenon (Oxley, 2016).

Since Husserl introduced this concept, it has been developed by others such as Heidegger, Merleau-Ponty and Sartre (Smith et al., 2009). For instance, Heidegger argued that a removal of oneself (or bracketing) from an inner world is not possible as humans are always related to the world (Smith et al., 2009). Similarly, Merleau-Ponty argued that a person's perception of 'other' is always based on their perspective of themselves. As described by Smith et al., Sartre added to these concepts by suggesting that 'things that are absent are as important as things that are present in defining who we are and how we see the world' (Smith et al., 2009, p.19). Husserl's concept has therefore evolved to consider that a person is part of a world that includes relationships, language, culture, concerns, and their expectations. Heidegger, Merleau-Ponty and Sartre's contributions have led to an understanding of an individuals' involvement in the world that is personal but also a result of their interactions with others and their environment (Smith et al., 2009).

Established from the perspectives of these key figures, phenomenology now describes the concept that "the complex understanding of 'experience' invokes a lived process, an unfurling of perspectives and meanings which are unique to the person's embodied and situated relationship to the world." (Smith et al., 2009, p. 21). Based on this principal, IPA aims to interpret experiences and make sense of the meanings that individuals

make. This research aimed to interpret the experiences of TAs and the meanings they made of their experiences supporting children's mental health.

3.3.2.2 Hermeneutics

Hermeneutics describes the theory of interpretation; considering the methods and purposes of it (Smith et al., 2009). It is concerned with the interpretation of a phenomenon with an emphasis on contextual meanings (Oxley, 2016). There are three theorists who have contributed to the consideration of hermeneutics in IPA: Schleiermacher, Heidegger and Gadamer (Smith et al., 2009).

Schleiermacher's approach to interpretation involved grammatical and psychological interpretation (Smith et al., 2009). Grammatical interpretation describes objective meaning while psychological considers the individual speaker or author. Schleiermacher believed that interpretation required a range of skills, including intuition, and that interpretation is an art (Smith et al., 2009). He posited that the interpretative analyst can provide a perspective in addition to that provided by the speaker (Smith et al., 2009).

Heidegger distinguished between visible meanings and hidden meanings. Heidegger was concerned with how something appears on the surface and what it is disguising (Smith et al., 2009). Heidegger further describes 'fore-conception' where the reader, analyst or listener brings their assumptions and preconceptions to their experience (Heidegger, 1926/1962). With interpretation, it is the challenge of the analyst to identify their fore-conceptions, which often happens during or after the process, and attempt to remove these from their interpretation.

Gadamer echoed ideas suggested by Heidegger about the complexity between the interpreter and the interpreted writing that 'A person who is trying to understand a text is always projecting' (Gadamer, 1989/2004, p. 269). He also emphasised that a researcher is likely to discover preconceptions once their interpretation has started. Therefore, an interpretation can influence an analyst's preconceptions which can influence their interpretation, and so on (Smith et al., 2009). In response to Schleiermacher's ideas,

Gadamer agreed that the researcher can provide an additional interpretation, however, argued that the focus should be on understanding the content of what is said, rather than understanding the person (1989/2004).

A final influential concept in hermeneutic theory is the hermeneutic circle. The hermeneutic circle describes the relationship between the part and the whole. 'To understand any given part, you look to the whole; to understand the whole, you look to the parts.' (Smith et al., 2009, p.28). Within IPA, the hermeneutic circle is applicable as data can be considered at various levels that relate to each other. Data analysis can be approached by moving between different ways of thinking about the data, considering both the part and the whole. The hermeneutic circle encourages researchers to approach analysis in a dynamic and non-linear manner (Willig & Stainton-Rogers, 2017). The steps taken to apply the hermeneutic circle to this research will be further illustrated in the Data Analysis section.

3.3.2.3 Idiography

The third theoretical underpinning of IPA is idiography. In contrast to most psychology, idiography focusses on the particular, rather than generalising ideas at a group or population level (Smith et al., 2009). Because of this, IPA is concerned with detail and depth of analysis. Analysis is therefore thorough and systematic. Additionally, IPA is interested in how particular phenomena have been understood by those who have experienced it. IPA therefore typically involves small, select samples. To answer the research question in an idiographic way, a small select sample of TAs was needed which would allow for an in-depth analysis of each interview.

3.3.2.4 Theoretical Underpinnings of IPA in this Research

This research adopted a phenomenological and idiographic approach to exploring the lived experience of TAs working with children in a national context where emphasis is placed on children's mental health and wellbeing. This topic encompasses a description of experience that involves complex interplay between the individuals, their relationships, their environment, and wider systems; therefore, consideration of phenomenological ideas was

imperative. Both locally and nationally, the education system is multifaceted and widespread. If one were to apply the concept of the hermeneutic circle to this phenomenon, to understand the whole education system, it is essential to explore the parts. Using the principles of IPA, this research helps to explore the nationally relevant concept of children's mental health; specifically, the role of TAs in supporting this.

3.3.3 Critique of IPA

Willig (2013) outlines three limitations of IPA; the role of language, the suitability of accounts and explanation versus description. Additionally, Giorgi (2010) critiques some suggestions from the developers of IPA. These ideas will be discussed in further detail below.

3.3.3.1 Language

The first critique suggested by Willig (2013) considers the role of language in IPA studies. Willig argued that by using methods such as interviews, there is an assumption that participants will be able to communicate their experiences by language. Willig raised concerns about the representational validity of language and that words add their own meaning. Further, she suggested that language provides an understanding of how someone is constructing their experience, rather than of the experience itself.

This critique could be made of any research that involves a qualitative aspect, as through the use of interviews, journals, or focus groups for example, experiences and opinions are communicated through language. The researcher aimed to address this through remaining curious and not making assumptions about a perceived shared understanding during interviews. Furthermore, through bracketing off preconceptions, it was hoped to limit the assumptions that could be made about participants' language choice. As highlighted by Starks and Trinidad, to investigate the experience of a phenomenon, the IPA researcher 'asks probing questions to encourage the participant to elaborate on the details to achieve clarity and to stay close to the lived experience.' (2007, p.1375).

3.3.3.2 Suitability of Accounts

Secondly, Willig (2013) articulated concerns about how suitable participants' accounts of an experience are. Willig posits that when phenomenological approaches aim to explore the experiences and meanings attributed to a phenomenon, rather than someone's opinion of it, 'to what extent do participants' accounts constitute suitable material for phenomenological analysis?' (2013, p.95). Willig argues that IPA could be considered an unsuitable approach for individuals who would struggle to articulate their experiences in a sophisticated manner.

As the researcher has worked professionally in a similar environment to the participants and regularly comes into contact with the participant population it was felt that this group generally were suitable for an IPA study. Through the researcher's role as a TEP, she regularly consults with TAs who are required to speak about the support they provide for children. These experiences led the researcher to believe that this participant group would be able to articulate their experiences. Smith et al. (2009) identify that 'access to experience is always dependent on what participants tell us about that experience' (p.3); it is therefore the role of the researcher to interpret that account to form an understanding of a phenomenon.

3.3.3.3 Explanation Versus Description

Willig's third critique of IPA is that it describes phenomenon rather than explains it (2013). She explained that phenomenological approaches aim to explore how individuals experience the world, they do not make claims about the world itself. This provides detailed descriptions of how the world is interpreted but does not explain why there are differences between experiences. She therefore suggested that IPA research can be criticised as it focusses on appearances, rather than cause, which can limit the understanding of a phenomenon.

The hermeneutic circle provides an answer to this critique as one cannot claim to understand the whole without understanding the smaller parts. By exploring and describing

the experiences of individuals, it helps to provide a context for larger more widespread phenomena. Through comparing IPA research with other types of research, it provides a fuller understanding of a concept. Additionally, the interpretative nature of IPA allows a researcher to explore an experience in further detail than is initially presented by the participant; which may involve exploring the cause. Although the findings from IPA are not generalisable, Smith et al. describe the potential for theoretical transferability where 'the reader makes links between the analysis in an IPA study, their own personal and professional experience, and the claims in the extant literature' (2009, p.51).

3.3.3.4 Prescription

An alternative critique of IPA is provided by Giorgi (2010) who referenced the development of IPA and the way it has been written about. He suggested that the claim from the developers that IPA is not prescriptive 'is an example of poor science' (2010, p.7) and that the writers contradict themselves within their work by, as Giorgi claimed, making prescriptions about the IPA procedure. In response to Giorgi's claims, Smith (2010) stated that, through the IPA process, there are steps that need to be taken however there is flexibility within these steps. Smith described that the guidance written on IPA encourages a balance between stricture and flexibility. The way that the steps have been followed in this research will be clearly outlined.

3.4 Participants

3.4.1 Purposive Sampling and Homogeneity

The sampling method adopted in this research was purposive. This is appropriate for the practice of IPA, the research question, and the epistemological and ontological position of the research. Participants were recruited based on the premise that they could provide a perspective on the particular phenomenon being studied (Smith et al., 2009); namely, the lived experience of being a TA. Additionally, Smith et al. suggest finding a 'fairly homogenous' sample so that the research question is meaningful (2009, p.49). This

homogeneity, and by providing ‘a rich, transparent and contextualized analysis of the accounts of the participants’, supports the theoretical transferability of the findings (Smith et al., 2009, p.51).

3.4.2 Inclusion and Exclusion Criteria

The participants chosen were TAs in mainstream primary schools. As aforementioned, a TA can be referred to by various role titles, therefore participants could include those working in a supporting classroom role but under a different job title. The TAs must have worked for at least one year prior to interviewing so that they had experience to reflect on and be working in a role that involved supporting multiple children in the classroom (see Appendix B for the information sent to head teachers and Appendix C for the participant information and consent form).

As the experience of TAs differs across schools, schools were asked to provide one TA from their staff. This approach was taken to explore different perspectives across the borough. Furthermore, it was considered by the researcher that should one school (with a particular interest in mental health for example) provide a large portion of the sample, this could result in particular weighting on certain themes. With this method of participant selection, the homogeneity was upkept as the similarities between participants were in their job role, rather than the specific school environment. Although there were inevitable differences between the roles of participants, the group remained fairly homogenous; a more detailed explanation of the differences between participants is in Chapter 4.

3.4.3 Participant Information

Participant information is presented in the table below. In total, seven TAs were interviewed for the research. This sample size is in keeping with Smith et al.’s (2009) guidance who state that the optimal number of participants for doctoral research is between four and ten. All TAs were recruited from schools in the researcher’s placement local authority, which was located in Greater London.

Table 3

Demographic Information for the Participants

Participant Pseudonym	Job Title	Number of years in role	Type of school	Month of interview in 2019	Received training on mental health
Shivani	TA	3 years part time 2 years full time	Primary	July	Mental Health First Aid course
Joanne	TA	20+ years	Infant	July	None
Rachel	LSA	4 years	Infant	July	ASD & Anxiety (personal interest)
Tina	HLTA & welfare	10 years	Primary	July	Mental Health First Aid Course (partial completion)
Laura	LSA	18 months	Junior	July	None
Karen	LSA	20 years	Primary	October	None
Aisha	TA	3 years	Primary	November	Counselling course Level 2

3.5 Data Collection

3.5.1 Semi-Structured Interviews

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

It can be said that the quality of data produced in semi-structured interviews depends on the rapport that is established between the interviewer and interviewee. Willig (2013) states that the ambiguous nature of semi-structured interviews can disrupt the rapport that is

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

3.5.2 Developing an Interview Schedule

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

Following this guidance, an interview schedule was created to elicit participants' views. Initially, the schedule was designed to start with one main question to elicit experiences of the phenomenon and then use prompt questions to explore the participants' experiences in more detail. Following a pilot interview with someone from the teaching profession, the researcher felt that it was necessary to develop a more structured schedule that allowed various ideas to be discussed in further detail.

The revised interview schedule began by sharing the DfE (2018b) definition of ‘mental health problems’ and asking the participant whether they had any reflections about the definition relative to their experience. Although it could be argued that providing participants with a definition is leading, the researcher wanted the transparency around definitions (that is communicated to the reader) to also be experienced by the participants. By asking the participant for their reflections on this definition in relation to their experiences, it allowed for an exploration of both their experiences and the impact of the definition on their responses. The subsequent questions helped to further elicit the TAs’ experiences, asking first generally about their experiences before becoming more specific. The interview schedule provided the interviewer with a tool to help the participant explore their experiences in a structured but flexible conversational manner (see Appendix D for a copy of the interview schedule).

3.5.3 Conducting Interviews

TAs were recruited by information being sent to primary schools in the local authority. EPs in the service emailed contacts at schools (typically SENCos) to inform them about the research and to ask if there was a TA at their school who would like to volunteer to be involved. The schools were given the researcher’s contact information and asked to make contact if there was a TA that wished to participate. At the beginning of the interview, TAs were reminded that their involvement was voluntary and that they had the option to remove their data from the research for six weeks following the interview. All interviews were held at the participant’s place of work (school).

The interviews were planned to last for approximately 1 hour, with 45 minutes dedicated to collecting participant views. The final 15 minutes were spent debriefing the participant about who they could speak to if they had a concern and signposting them to further information about children’s mental health. During the interview, the researcher used skills acquired from her role as a TEP to remain aware of participants’ emotional states. When participants shared difficult experiences, the researcher adopted an empathetic

stance and gave the participants an opportunity to process their experiences. Research suggests that qualitative research interviews can be therapeutic for participants and help them make sense of their experiences (Rossetto, 2014). It was not necessary to stop the interviews at any point however, throughout the process, the researcher remained aware of this option should any of the participants have needed it. Following the interview, transcriptions were made from the audio files.

3.6 Data Analysis

The data was analysed following the guidance outlined in Smith et al. (2009). Smith et al. highlight that IPA is not a linear process, it is flexible and cyclical. Through analysis it was important to consider the hermeneutic circle and the researcher was required to move 'between the part and the whole' (p. 81). Smith et al. describe various stages for analysis, the researcher's approach to these steps is detailed below:

1. Reading and re-reading
2. Initial noting
3. Developing emergent themes
4. Searching for connections across emergent themes (subordinate themes)
5. Refining into superordinate themes
6. Moving to the next case (completing steps 1 to 5)
7. Looking for patterns across cases (overarching themes).

3.6.1 Stage 1: Reading and Re-Reading

This first stage of IPA involves immersing oneself in the data. The emphasis at this stage is on centring the analysis around the participant. The researcher first read the transcript (that was generated by an application programme) while listening to the audio, checking and amending the transcript as necessary. By listening, reading, and re-reading, the researcher was able to immerse themselves in the data. Throughout this process, initial thoughts and observations were recorded in a research diary in an attempt to address preconceptions.

3.6.2 Stage 2: Initial Noting

As Smith et al. (2009) describe, stage two often merges with stage one. This stage involved exploring the semantic content and language used in the interview. The researcher made notes on the data, providing a commentary for the transcript. Notes were made in three categories. Initially, descriptive notes were made, this adopted a 'taking things at face value' approach (Smith et al., 2009, p. 84). Linguistic comments were also made which focussed on the language that was used by the participant (including pauses, laughter, etc.) to explore the way the content was depicted by participants. Finally, conceptual comments were made on the transcript. This level of coding involves attempting to understand the overview of the participant's understanding of the concept. It involves questioning the participant's account and adds a layer of depth to the analysis.

3.6.3 Stage 3: Developing Emergent Themes

The purpose of this stage is to reduce the data that the analyst has developed by drawing links between the exploratory notes, while maintaining the complexity of the data set. Themes were identified by analysing comments while considering the learning from the whole note-taking process (Smith et al., 2009). Themes were added to the transcript and noting pages (see Appendix E for an example of stages 2 and 3).

3.6.4 Stage 4: Searching for Connections across Emergent Themes

As themes have been established in the previous stage, stage 4 involves the analyst 'charting, or mapping' how the themes fit together (Smith et al., 2009, p. 96). To begin this process, the researcher represented each theme on an individual piece of paper and moved the paper to explore relations between themes spatially (see Appendix F). The researcher also used more specific ways to make connections between emergent themes that are described by Smith et al., these were:

- Abstraction – creating a subordinate theme that incorporated a cluster of emergent themes.

- Subsumption –an emergent theme became a subordinate theme as it could help to summarise multiple emergent themes.
- Numeration – this considers the frequency that a theme is supported.

This process resulted in subordinate themes being generated. The researcher created a document with themes and quotes which further helped to refine themes (see Appendix G for an example).

3.6.5 Stage 5: Refining into Superordinate Themes

In this stage, superordinate themes were created to reduce the number of overall themes (see Appendix H for an example). Similar processes to stage 4 (e.g. abstraction) were used to achieve this.

3.6.6 Stage 6: Moving to the Next Case

After this process had been completed for the first participant, it was repeated for the subsequent transcripts (see Appendix I for the subordinate and superordinate themes for the other participants). Smith et al. (2009) highlight the importance of treating each case as an individual and bracketing off ideas generated from previous analyses. To achieve this, a research diary was kept for recording ideas and thoughts, and the steps described were rigorously followed.

3.6.7 Stage 7: Looking for Patterns Across Cases

This final stage involved comparing each participant's themes. This was achieved by simultaneously considering the data produced from each transcript. The table of themes generated for each participant were laid out next to each other so that the researcher could draw links between them. The researcher also found it helpful to compare quotes across participants. This process led to some 'reconfiguring and relabelling of themes' (Smith et al., 2009, p. 101) and the production of overarching themes. During this process, the researcher received support through supervision and through discussions with peers that were also

completing IPA. The researcher's analysis and interpretation were given the most significance.

3.7 Quality in Qualitative Research

The criteria and definitions applied to assess quality and validity in research need to be appropriate for the type of research that is being assessed (namely, quantitative or qualitative) (Smith et al., 2009). Leung (2015) states that reliability in qualitative research refers to data being interpreted and presented consistently, with the same ontological position. By following the steps outlined by Smith et al. it was ensured that all data was analysed in the same way. Additionally, stating the ontological position of the researcher (relativism) facilitates transparency about the way the data were analysed.

To consider the reliability of the data in more detail, the researcher considered the four principles outlined by Yardley (2000) for producing reliable qualitative research: sensitivity to context; commitment and rigour; transparency and coherence; and impact and importance.

3.7.1 Sensitivity to Context

Yardley (2000) described that the first consideration, sensitivity to context, is comprised of awareness of relevant literature and theoretical grounding, awareness of the socio-cultural setting for the research, consideration of the social nature of research, and consideration of the power imbalance. To address these principles, the researcher considered the following:

- A thorough review of relevant literature was conducted on the research topic. Due to the limited research in this area, other relevant literature was sought to obtain a broad understanding of the topic.
- As outlined by Smith et al. (2009), the researcher should have an understanding of the theoretical grounding for this analysis; for instance, considering phenomenology and idiography.

- The researcher had an awareness of the socio-cultural setting of the research from TEP work in similar settings. The researcher had worked in the borough where the research took place, as well as working in school environments.
- By keeping a research diary, the researcher attempted to acknowledge the impact of themselves in the research (e.g. their age and gender) and how the social nature of an interview may impact the participants' responses.
- The researcher was able to use the skills they had developed in their professional roles (e.g. empathy and building rapport) as well as explaining about their previous role as a primary school teacher in an attempt to reduce the power imbalance in the interview. It was further explained to participants that the research aimed to provide a platform for the voice of TAs because the researcher believed that they held an important role in schools.
- Despite these attempts to reduce the power imbalance, the impact of power was nevertheless something that the researcher held in mind throughout the analysis process and the research diary was used to reflect on this. Authors who have discussed the power dynamics in qualitative research interviews suggest that power can shift between the interviewer and interviewee throughout the research process and that it is not possible to create a totally equal power relationship (Anyan, 2013; Edwards & Holland, 2013).

3.7.2 Commitment and Rigour

Yardley described that 'commitment encompasses prolonged engagement with the topic…the development of competence and skill in the methods used, and immersion in the relevant data' (2000, p. 221). Through the process of IPA, prolonged engagement and immersion with the data is necessary to complete a thorough analysis. Thus, these aspects were achieved through following the outlined steps. Throughout the data analysis and research project, the researcher developed skill and competence in IPA as a methodology.

Yardley (2000) described rigour as 'resulting completeness of the data collection and analysis' (p. 221) and 'the completeness of the interpretation' (p. 222). The researcher

planned to achieve this through considering each participant in depth (beginning with interview transcription by the researcher, through to analysis) as well as within the context of the other participants and amending and adapting their analysis as required. Yardley also discussed the adequacy of the sample, this can be achieved in IPA by selecting a homogenous group that matches the research question (Smith et al., 2009).

3.7.3 Transparency and Coherence

Transparency is described by Yardley as 'detailing every aspect of the data collection process and the rules used to code data, by presenting excerpts of the textual data … and/or by making detailed records of the data' (2000, p. 222). The data collection process is clearly outlined in this research, as well as details about analysis and coding. The researcher also provided participant quotes to illustrate ideas and themes generated during analysis.

Yardley (2000) described coherence as providing a narrative for the investigated area, that is produced by perspectives from participants that are appropriate to the research question. As outlined in the research question, the researcher aimed to provide a narrative for TAs on their experiences of their role in supporting children's mental health. The research was therefore conducted with TAs with the aim of eliciting their views.

3.7.4 Impact and Importance

When describing impact and importance, Yardley stated that 'the ultimate value of a piece of research can only be assessed in relation to the objectives of the analysis, the applications it was intended for, and the community for whom the findings were deemed relevant' (2000, p. 223). This research aimed to provide new information on a topic that has relevance for all those working in the education field. Although the findings are not generalisable, in the sense that the results could not be replicated elsewhere, qualitative research provides the opportunity for insights that would be useful for other similar contexts (Yardley, 2015). This research provides an important beginning into considering the role of TAs in relation to children's mental health.

3.7.5 Validity

'As in qualitative research itself, summary judgments about the quality of qualitative studies depend not on the number of criteria met but on the importance and balance of multiple criteria' (Stiles, 1999, p. 100). To ensure the validity of the research, the researcher considered the criteria of reflexivity, the audit trail, and peer review.

3.7.6 Reflexivity

Reflexivity is considered by researchers when discussing the validity of qualitative research (Creswell & Miller, 2000). Stiles (1999) described reflexivity as the researcher's ability to change and develop their ideas. Yardley (2000) also referenced the idea of reflexivity and suggested that researchers may want to consider how their beliefs and assumptions have resulted in them carrying out research. Similarly, Elliott et al. (1999) described that researchers need to own their perspective.

To be transparent to both the reader and participants, this researcher described their previous role as a primary school teacher. Before beginning the research, it was considered what prior assumptions and beliefs may have led to an interest in this topic. While completing the research, in an attempt to be reflexive, a research journal was kept. By acknowledging preconceptions when they became apparent and keeping notes during analysis and transcription, it facilitated an ability to bracket off and think reflexively throughout the research process.

In a further attempt to produce reliable and valid data, the researcher attempted to be reflexive and provide credibility checks while in role as interviewer to verify the understanding of a participant's account (Elliott et al., 1999). To reduce biases, where possible, the participants' understanding was checked with them during interviews.

While being reflexive, the researcher was influenced by systemic theory and considered how Burnham's (1993) 'Social GRRAACCES' (gender, race, religion, age, ability, culture, class, ethnicity and sexual orientation) may have impacted on the interviews and on the interpretation. These ideas were reflected on in the research journal and in supervision.

3.7.8 The Audit Trail

Smith et al. stated that 'the independent audit is a really powerful way of thinking about validity in qualitative research' (2009, p. 183). The independent audit describes recording data so that it can be followed, with the trail of data and analysis being accessible for other researchers. To facilitate this process for the readers of this research, documentation relating to the analysis (for example, transcript quotes and initial noting of themes) are included in the appendices.

3.7.9 Peer Review

The final consideration made about the validity of the research was the use of peer review. Peer review is 'the review of the data and research process by someone who is familiar with the research or the phenomenon being explored' (Creswell & Miller, 2000, p. 129). This was achieved through supervision where the researcher was able to discuss their analysis, interpretation, and findings. Additionally, the researcher attended groups at the Tavistock and Portman NHS Trust with peers who were also conducting IPA studies with the purpose of ensuring validity across all studies.

3.8 Ethical Considerations

This research was conducted according to the Code of Human Research Ethics by the BPS (British Psychological Society, 2014). Ethical approval was also received from the Tavistock and Portman Trust Research Ethics Committee (see Appendix J). The BPS outline four key areas for ethical consideration; how the researcher met these principles is described in this section.

3.8.1 Respect for the Autonomy, Privacy and Dignity of Individuals and Communities

The BPS (2014) outlines that psychologists must have respect for individuals and within research, participants' knowledge and insights should be respected. This should include:

- Explaining the nature of research

- Avoiding unfair or discriminatory practice in participation selection
- Individuals having the opportunity to opt out of research or have their data destroyed
- Psychologists avoiding any process or procedures that may have long-term negative impact on individuals
- The privacy and confidentiality of individuals should be protected

Before agreeing to participate, all schools and participants were given information relating to the nature of the study. This information detailed the topic of enquiry. It also informed participants that their participation was voluntary and that they could refrain from answering questions should they choose to. Participants were chosen on a voluntary basis and selected by schools, so the researcher was not involved in specific participants being chosen. Participants were further informed that their data would be confidential and that pseudonyms would be used in the research. Participants were given the option to remove their data from the research for up to six weeks following the interview.

The interviews were audio recorded and digital recordings were stored securely until being transcribed, after which the digital recordings were deleted. A coding system was used to anonymise the data to ensure that participants (and children or staff members that they may have discussed) were not identifiable from the transcriptions. The researcher was the only person to have access to the audio recordings prior to transcription.

Participants were made aware that the research may be submitted for publication in journals and may be presented at conferences. The researcher attempted to produce the data so that participants were not identifiable. Nevertheless, participants were informed that due to the small sample size, this may have implications regarding anonymity (BPS, 2014).

3.8.2 Scientific Integrity

The BPS states that ‘Research should be designed, reviewed and conducted in a way that ensures its quality, integrity and contribution to the development of knowledge and

understanding' (2014, p. 9). Prior to designing the research, a literature review was conducted to determine whether the research would provide a new understanding for the field of education. As outlined by the BPS, the researcher communicated transparently the intentions of the research to the ethics committee and those involved in the research. Furthermore, for the reader, the researcher has explained in detail the steps taken to ensure the quality, reliability and validity of the research.

3.8.3 Social Responsibility

The aim of the current research was to support beneficial outcomes for the field of education (BPS, 2014). It was the researcher's intention to provide knowledge about the experience of TAs regarding the support they provide for children's mental health; this is an area where little research has been conducted. Research in this area could benefit TAs, those who work with them (including EPs), as well as children. The researcher followed the recommendations from the BPS to be self-reflective and work in partnership with others.

3.8.4 Maximising Benefit and Minimising Harm

As participants were being asked to talk about their daily practice, it was unlikely that harm would be caused. Nevertheless, as mental health is an emotive topic, it was considered that by talking about these experiences, TAs might have varying degrees of emotional responses. Furthermore, it was acknowledged that by discussing children, it could elicit realisations about children's mental health that had not otherwise been thought about.

To address these concerns, a 15 minute debrief was conducted at the end of the interview. During this debrief, participants were offered a sheet which signposted them to information about how to assist children with mental health needs. It further included advice for adults to support their own mental health. Furthermore, TAs were reminded to speak to a key member of staff (such as the SENCo) if they felt there were issues relating to a child's mental health that warranted further action. Finally, participants were informed that they could contact the researcher, or the school's link EP, should they have any concerns and were unsure what to do, who would then be able to further signpost them.

Additionally, it was hoped that the interview process would be beneficial for the participants. The interviews provided TAs with the opportunity to talk about concerns they may have had relating to the mental health of children that they work with. School staff can experience stress and are unlikely to receive supervision (Education Support Partnership, 2018) therefore TAs could benefit from talking through some of their thoughts and feelings with someone external to the school. Additionally, TAs were given 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.

4. Analysis

4.1 Chapter Overview

This chapter aims to describe a detailed idiographic account of the experiences of seven TAs in relation to the research question:

> *How do primary school TAs understand their role in supporting children's mental health?*

Before describing the analysis, contextual information for each participant will be provided to assist the reader's understanding of the data, the interpretation, and the findings. It was discovered during an interview that one participant (Tina) did not meet an element of the inclusion and exclusion criteria (her role did not involve supporting children in the classroom). Ethically, a decision was made to include the analysis of her interview; however, the overarching themes were developed through analysis of the other six participants. The rationale for this was twofold. Primarily, Tina gave up her time to be involved in the research and could provide useful insights. Nevertheless, the researcher hoped to obtain the views of an under-researched participant group and did not want to dilute the views of this group.

Upon comparing Tina's themes to the main participant themes, the researcher decided that there was enough similarity to present the ideas together. The findings will therefore be presented as overarching themes that were relevant for all participants. These themes are: Perception and Knowledge of Children's Mental Health; How TAs Support Children's Mental Health; Working Within the School System; and The Emotional Experience.

To maintain the phenomenological aspect of IPA, extracts from the transcripts will be provided. Extracts also provide transparent evidence of the researcher's interpretation (Smith et al., 2009). Additional participant quotes for each theme can be found in Appendices K and L. Appendix L provides an overview of Tina's themes and quotes mapped onto the overarching themes generated from the main participant group.

4.2 Contextual Information About Participants

4.2.1 Shivani[1]

Shivani, a TA in a primary school, had supported children and teachers in the classroom for five years (three years part-time and two years full-time). She had also held a role as the mental health first aider (MHFA) for the past year. Shivani seemed to open up throughout the interview as rapport was built. She commented that she did not know what to expect from the interview.

4.2.2 Joanne

Joanne, who worked in an infant school, stated that she had worked as a TA for over 20 years. Joanne had not received any training on supporting children's mental health. Joanne appeared to have a nurturing approach or personality, and the interviewer felt as if the age difference between them facilitated Joanne adopting this nurturing approach during the interview.

4.2.3 Rachel

Rachel had been an LSA in an infant school for four years. She had received training on autism spectrum disorder (ASD) and anxiety; this training was organised by Rachel due to her daughter having ASD, rather than connected to her school role. Rapport seemed to build quickly with Rachel, and she appeared eager to help with the research.

4.2.4 Laura

Laura had worked as an LSA in a junior school for 18 months. Laura was initially hesitant about the audio recording of the interview, concerned she would get things wrong. The interviewer reassured Laura that the interview was about her experience and there were no wrong answers.

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[1] All names used in this thesis are pseudonyms to protect the anonymity of participants.

4.2.5 Karen

Karen worked as a cover supervisor and an LSA, she had been in her role at the primary school for 20 years. She had not received any training on mental health but commented that she had received other training (e.g. on learning and ASD). Karen appeared nervous at the beginning of the interview however it seemed easy for the interviewer to build a rapport with her. Karen commented at the end of the interview that it had been helpful to talk through her experiences.

4.2.6 Aisha

Aisha had worked in a primary school for three years as a TA. Aisha was completing a mental health counselling course in her own time. For Aisha, English was an additional language, and, at times, the interviewer was concerned that some meaning in questions and responses was lost due to this language difference. Nonetheless, Aisha seemed keen to talk about her experiences and the researcher felt that there was enough understanding between them for an adequate analysis of her interview to be conducted.

4.2.7 Tina

Tina was a HLTA with a responsibility for ‘welfare’, she had been working at the primary school for 10 years. It was discovered during the interview that Tina’s role did not involve supporting children in the classroom. Tina had been on mental health courses (such as a MHFA course) and was intending to have a key role supporting mental health in the school in the future.

4.3 Overarching Themes

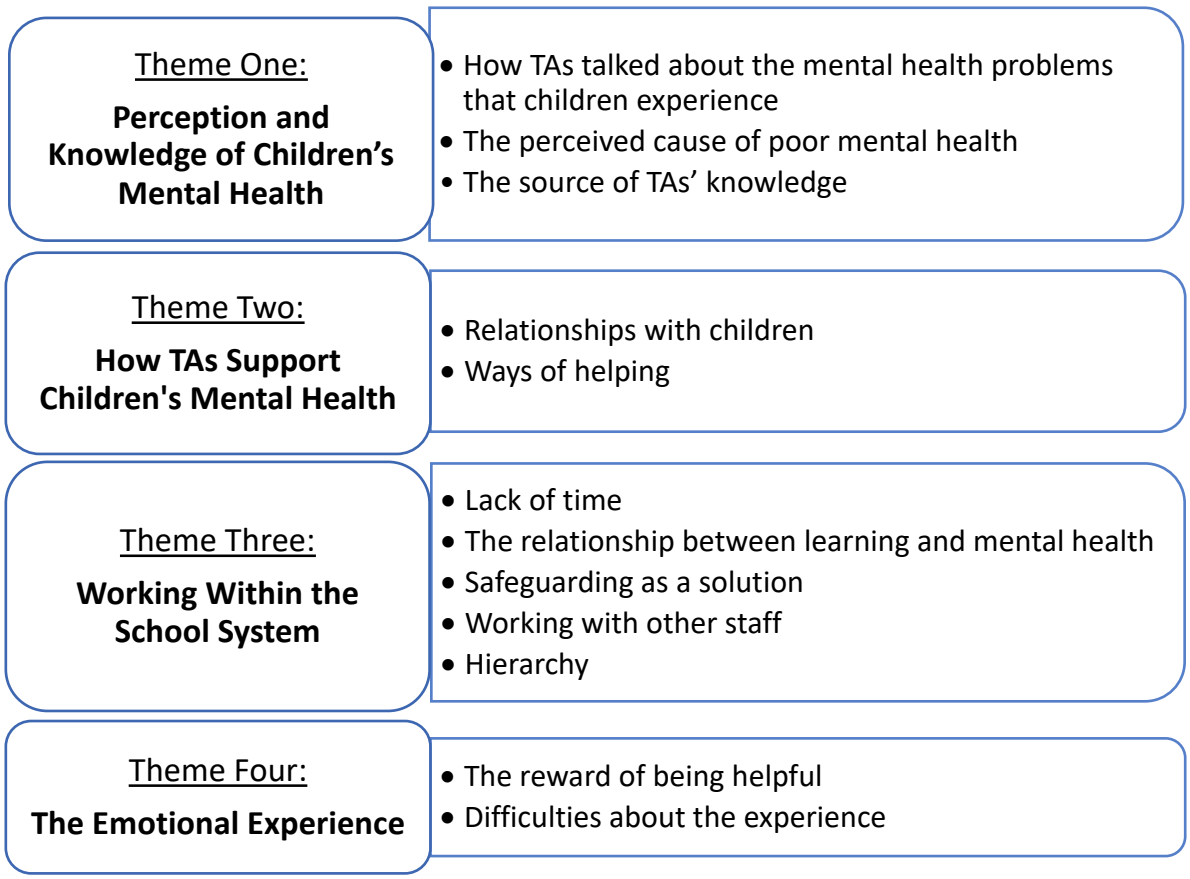
The analysis will be presented in a ‘case within theme’ approach (themes presented with evidence from participants to support each theme), instead of a ‘theme within case’ approach (ideas presented from each participant in turn). Smith et al. (2009) describe that a ‘case within theme’ approach provides the most orderly sequence. Overarching themes will be described that were present for all participants. Within overarching themes, the evidence

will be organised into superordinate themes. The inclusion of superordinate themes was based on the requirement that they were present for at least three (of the seven) participants to strengthen conclusions and practice implications. Smith et al. explain that a researcher can choose a number of necessary participants to determine a theme as recurrent and applying this process can be considered to enhance the validity of the findings.

The overarching themes cover four areas of the TAs' experiences (see Figure 1 for an overview). The first theme 'Perception and Knowledge of Children's Mental Health' includes how TAs talked about and perceived mental health problems in children; it also considers the source of their knowledge base. Theme Two, 'How TAs Support Children's Mental Health' encompasses the practical ideas shared by TAs about how they believed they supported children. The third theme 'Working Within the School System' describes the systemic influences on the TAs' roles supporting children's mental health. Finally, Theme Four, 'The Emotional Experience' covers the rewards and the emotional challenges that emerged from the TAs' accounts.

Figure 1

An Overview of the Overarching and Superordinate Themes.



An additional superordinate theme ('Frustration with the system') that was only present for Tina was not included in the figure but will also be discussed within Theme Three.

4.4 Theme One: Perception and Knowledge of Children's Mental Health

This theme was generated from how the participants talked about children's mental health and the types of mental health problems that they described. Participants also talked about what they believed to be the causes of these mental health problems. Finally, it encompasses their thoughts about their knowledge of supporting children's mental health and where this has come from. The superordinate themes within this overarching theme were:

- How TAs talked about the mental health problems that children experience
- The perceived cause of poor mental health

- The source of TAs' knowledge

4.4.1 How TAs Talked about the Mental Health Problems that Children Experience

4.4.1.2 Anxiety

All participants talked about the mental health problems they had witnessed in children. The theme of anxiety was prevalent in the interviews, with some participants directly naming anxiety and others describing it as worries.

> …severe anxiety during a SATs exam. (Karen)

> [The] child was overly worried. (Shivani)

The portrayals from these participants, describing the anxiety as 'severe' and stating that the child was 'overly worried', indicated that they believed the anxiety was concerning or significant. Contrastingly, others appeared to minimise the impact or severity of the anxiety.

> Children are children and they have little worries, which are not worries to us, but it's huge to them. (Joanne)

Joanne's quote highlights that for her, children's worries should perhaps not be considered a mental health problem and are a normal part of childhood; despite them seeming a 'huge' problem to the child themselves. Joanne's dismissal of children's worries may also have been driven by discomfort about discussing mental health problems in children. This could also be interpreted in a comment from Laura.

> …the parents […] kind of feel that they're suffering a little bit of anxiety. (Laura)

By describing the anxiety as 'a little bit', it suggests that Laura did not want it to appear as if these children had anxiety that was of concern. Tina also portrayed anxiety as a minimal difficulty, even implying that anxiety is not 'mental health'.

> It's ju… you know, we've got maybe four or five that have got anxiety issues really and worries, but not nothing as mental health as such. (Tina)

Tina's minimising of anxiety may have been driven by her own discomfort with talking about or recognising mental health difficulties in children. She may also have perceived anxiety to be a normal emotion rather than a mental health label.

4.4.1.3 Depression or Low Mood

Participants seemed less comfortable naming depression or low mood in children; symptoms which could be considered as evidence of low mood were described in other ways.

> She was really, really down that day, like, really down. (Shivani)

> She was feeling like, really miserable and worthless. And, you know, all those feelings of worthlessness, useless, good at nothing (Shivani)

Shivani's description of a child feeling worthless and useless indicate the severity of the child's mental health needs, yet she does not name a specific mental health label. One participant, Karen, named her discomfort with using the word 'depression'.

> And just, you know, I don't know if depression is the right word, but, you know, very, very down. (Karen)

Karen may have come across children with depression as she had experienced children with significant mental health needs (e.g. suicidal thoughts and self-harm), yet she did not want to use a 'depression' label.

> I've come across lots of different things from children feeling, feeling suicidal; even at this age. (Karen)

> … then they'd be making actually a mark on their arm. (Karen)

Karen appeared more comfortable naming the children's behaviour (which could be considered as evidence of low mood or depression) rather than describing the children as having a specific mental health label.

4.4.1.4 Anger

The notion of anger as a mental health problem was also mentioned by three participants. For example, Laura:

> …he had quite a lot of aggression. And he would kind of tip tables, chairs, rip things off the wall. (Laura)

This highlights that the participants were noticing children's emotional states, and when children were angry, some TAs were relating this to poor mental health.

4.4.2 The Perceived Cause of Poor Mental Health in Children

4.4.2.1 Homelife

For all participants, the child's family background or homelife was seen as being the main contributor to children having poor mental health.

> 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. (Laura)

Laura emphasised that the child's outside life impacts their behaviour at school. Shivani mentioned the influence of homelife, suggesting that the impact of a financial situation can play on children's minds.

> And there was financial stress at home. So, she was like, couldn't sleep that night. (Shivani)

Rachel highlighted multiple homelife factors that can impact children's mental health and their presentation in school.

> …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)

For Rachel, the main implication of these changes seemed to be that the child would receive less attention. Rachel mentioned divorce impacting on children, this was a view shared by many participants; such as Shivani.

> There was a child who thought her parents were going to be separated, she was really tormented with the thoughts. (Shivani)

Shivani illustrated that the child was significantly impacted by the potential separation of her parents. By saying ‘tormented’ she highlighted how encompassing it had become for the child. Karen also discussed divorce as an influence, as well as other influences, such as physical abuse.

> 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. (Karen)

Karen acknowledged that there can be many contributors at home to children’s poor mental health; she emphasised that she believed the main cause to be divorce. Parental separation was mentioned by 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. (Aisha)

Aisha seemed to imply that parental separation inevitably led to the child having difficulties. Aisha might also have felt that the child living with her father, without her mother, could have an additional impact on her mental health. Aisha’s frustration with parenting was apparent at other times.

> 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)

By stating that she ‘can’t say all the mothers’ Aisha may have been attempting to be balanced. Nevertheless, it seemed that she felt it was common for mothers at the school to be too busy to look after their children. Tina also named parents as negatively impacting a child’s mental health and appeared to blame non-traditional family structures.

> 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? (Tina)

As well as a traditional family structure, Tina implied that her parenting style (with strict boundaries) was better than the experience that ‘a lot’ of children had. It seemed that both Tina and Aisha felt that some parents at their schools were negatively impacting children’s mental health. This was also suggested by 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 for some years. (Joanne)

By directly naming the parenting styles as ‘bad’, Joanne made her views clear that parents were negatively impacting children. Describing the children as wallpaper may suggest that Joanne felt that children were ignored, specifying that this continues for years. In a similar way to Aisha, by repeating ‘not all’, it indicates that Joanne stopped herself from making a generalised statement about all the parents. Almost making this statement and describing that ‘there is quite a lot of bad parenting’ indicates that she felt she had witnessed ‘bad parenting’ quite often. Joanne’s views seemed to be influenced by her perception of the cultural differences between the families and the school.

> …all their mummies and daddies are foreign. And their culture is totally different. (Joanne)

> …because of where they have come from, most probably the parents don't speak to them and ask them questions. (Joanne)

Joanne therefore attributed some aspects of the poor parenting to cultural differences. By suggesting that the parents do not speak to their children due to cultural differences, it reiterates her comparison of children to wallpaper.

4.4.2.2 Other Contributors to Poor Mental Health

4.4.2.2.1 Bereavement

In addition to the parenting aspects of children's homelife, bereavement was also considered, and some participants felt that they had a key role in supporting children who had experienced bereavements. For instance, Karen:

> We've had children […] 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. (Karen)

Karen seemed to have difficulty recognising her contribution to supporting children who had experienced bereavements; for instance, her reluctance to say that she got close to children. Despite this, she described supporting these children, particularly on occasions in the classroom, outside of the specific support they may receive.

4.4.2.2.2 Friendship Issues

The main influence at school, rather than at home, discussed was friendship issues. For instance, Karen mentioned the prevalence of friendship problems.

> Lots of friendship issues. Which, to us seems very, you know, mild and silly. But to them is such a big thing. (Karen)

Karen highlighted that friendship problems are perceived differently by children and adults; and although they might seem insignificant to adults, they can greatly impact children. Shivani spoke about the varying degrees of friendship issues.

> 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. (Shivani)

Shivani demonstrated an awareness that there was a difference between friendship problems and mental health problems, although these can be linked. Shivani's insight into this difference may reflect her role as the MHFA.

4.4.2.2.3 Other School Influences

The impact of schoolwork was mentioned by some participants, and Tina mentioned that other factors at school may impact children's mental health.

> 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. (Tina)

Tina indicated that there could be several school factors impacting children such as staff, children, or academic pressures.

4.4.2.2.3 Technology

The final contributor mentioned was the impact of technology. Aisha talked about the inappropriateness of young children playing on games that are rated for adults.

> Some children they play games, 18 […] 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. (Aisha)

Aisha felt that children being exposed to these games was impacting their mental health. Karen also mentioned video games, amongst other forms of technology.

> 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. (Karen)

As well as video games, Karen felt that social media and internet access were exposing children to inappropriate content. Additionally, she described that because of this, children's mental health would continue to worsen. Joanne also mentioned the impact of technology.

> 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. (Joanne)

In contrast to others, Joanne felt that the negative impact technology had was the resulting lack of experiences for children. This links to Joanne's perception of the bad parenting in her school. Due to Joanne discussing the introduction of technology, it is likely that her 'we' statement referred to previous generations having opportunities that the children she worked with did not.

4.4.2.3 Wanting to Know Reasons

From the participants' discussions of the underlying reasons for children's poor mental health, it was apparent that they believed it was important to know and understand the cause of poor mental health.

> …and you think, 'oh why are they doing that?'. But there's always a reason behind it. (Karen)

Karen emphasised her belief that there was always a reason for children's poor mental health and her desire to find out the reason. This was also discussed by Rachel.

> So, it does help, I think, if you do know what's going on. It definitely, definitely does, yeah, help. (Rachel)

Rachel's repetition of 'definitely' highlighted her belief that it helps to know a child's background.

4.4.3 The Source of TAs' Knowledge

4.4.3.1 Experience

When asked what helps them in their role, participants most frequently discussed their experiences. For Shivani, this included experiences of successfully supporting children's mental health in her role. When considering what had given her confidence, Shivani stated:

> The experience as and when, I know, I'm dealing with the issues. I now kind of know what to say to them. (Shivani)

This suggested that Shivani was working things out for herself and, at the point of interviewing, had developed more confidence from past successes. For others, their experience as a mother was most helpful for them. For instance, Laura felt that this had helped her to have more empathy and understanding of other children.

> 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. (Laura)

Others mentioned both their TA experience and their experience of being a mother as helpful. Tina stated that this was more helpful than training courses she had attended.

> Erm so I think probably the experience that I've picked up along the way from being a parent and working here probably is the main thing. Not, not, you know, courses or anything like that. (Tina)

Karen also talked about her experiences being a mother and working as a TA, as well as linking to her experiences of mental health in her family.

> 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. (Karen)

Karen highlighted that her experience had resulted in her ability to cope with situations. Karen's description of her ability as 'OK' and her laughter following could demonstrate her uncomfortableness with dealing with situations or a lack of confidence in her ability. Karen also described that she felt lucky to have had these experiences because she was better equipped to support children's mental health. This could illustrate that she felt it is a difficult area to support and that she believed that, due to the reliance on staff members' own knowledge and experiences, some staff would not know how to support children's mental health.

The impact of personal experiences facilitating an ability to support children's mental health was also referenced by Aisha.

> …because my background is related with this, because in my family there is a lot of stress… problems between my mum and dad. So that's why I think I reflect on how I doing, how I did in school. (Aisha)

Aisha felt that, as a child, her mental health was negatively impacted by her family situation. She believed that this had resulted in her assigning importance to supporting children's mental health. In addition to personal experiences, many participants mentioned having a personal interest in mental health. As involvement was voluntary, it is likely that the research

attracted TAs who were interested in mental health. Many participants talked about their interest and some, such as Shivani, also mentioned doing additional reading around the topic:

> 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? (Shivani)

4.4.3.2 Desire for Knowledge

Many participants expressed a desire for more knowledge and there were times when they alluded to their lack of knowledge. For example, Rachel talked about struggling to determine whether something was a mental health difficulty or not.

> It's very hard to tell whether it's sort of learned behaviour or whether there is an underlying issue. (Rachel)

Laura felt that training was needed to help staff to recognise mental health difficulties and understand that they need to be supported.

> 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. (Laura)

Laura highlighted the stigma about mental health, suggesting that training may help to combat this. As well as recognising mental health difficulties, it was suggested by some participants that they wanted training to help them understand how to support children’s mental health. When asked what they would want from training, Karen and Joanne answered:

> I think maybe just to support children that might need help or how to deal with certain situations. (Karen)

> Just to know, what you should and shouldn't be doing. (Joanne)

This illustrates that Karen and Joanne wanted confirmation that they were appropriately supporting children's mental health and would appreciate advice on how to do this better. Karen suggested that advice could be given through feedback about training from other staff members.

> 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. (Karen)

Karen demonstrated reluctance to suggest that everyone should receive training which may be indicative of the school pressures and the opportunities for whole staff training. She instead suggested that school staff could be given feedback. Interestingly, Joanne talked about asking for feedback from some staff members that had been on mental health training and not being given any. In the following quote, Joanne's frustration with not being given feedback is apparent.

> 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. (Joanne)

Of those participants that had received training (either through their job or personally) most talked about it being helpful for their role. Shivani discussed how the course, as well as her own reading, had helped her support children's mental health.

> 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. (Shivani)

Additionally, Tina recognised the importance of training but stated that she wanted training to be delivered by mental health professionals rather than educational professionals.

> …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. (Tina)

However, although recognising that training can be helpful, she described that training only makes some difference and she was not sure how much further training would help her.

> Yeah… (pause) 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.

This indicates that Tina wanted additional help, that was not necessarily training, but was unsure what other help she could access. This was also alluded to by Rachel who wanted to better understand a child's emotions.

> 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. (Rachel)

Rachel suggested that she would want extra help, but she was not sure if there was training that would help her. Additionally, the way that mental health was talked about by participants might suggest that training is not the solely the best way to provide support. Tina, who had received training, still held some potentially unhelpful beliefs about mental health.

> It's ju… you know, we've got maybe four or five that have got anxiety issues really and worries, but not nothing as mental health as such. (Tina)

Tina's phrasing suggests that she viewed the term 'mental health' as synonymous with 'poor mental health', as it can be assumed that she meant that there were no mental health difficulties. This phrasing was also used by Joanne.

> You're talking about mental health, I don't know. I don't think I've ever come across children with mental health. (Joanne)

Joanne stated that she has not come across children with ‘mental health’; again, seemingly meaning that she has not worked with children with mental health difficulties. How these TAs understood the term ‘mental health’ would likely have impacted how they perceived (good or bad) mental health and how they talked about mental health with children. For Joanne, there was a sense that the interview helped her develop her understanding.

> *Interviewer: Well I'm interested just in your experience. So, would you say before you were thinking about children having a diagnosis?*
>
> Joanne: Yes.
>
> *Interviewer: And now…*
>
> 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.

By talking about her experiences, it helped Joanne to explore the meaning she attached to the term ‘mental health’; changing this understanding from it meaning a diagnosis of poor mental health, to attributing it to wellbeing. Throughout the interview, Joanne still held some discomfort about using the term ‘mental health’.

> So that's all to do with their well-being, I'm gonna use that word instead of ‘mental health’. (Joanne)

Although acknowledging that mental health could have positive connotations, Joanne remained uncomfortable with the term. These examples may indicate that talking through experiences could provide an opportunity for TAs to reflect on their understanding, knowledge, and beliefs. TAs may need continued support over time to develop these understandings and beliefs.

4.5 Theme Two: How TAs Support Children’s Mental Health

This theme covers how the participants talked about supporting children’s mental health. Participants considered their relationships with children and the importance of having

a caring approach. The TAs also discussed the different strategies they used with children. The superordinate themes within this overarching theme were:

- Relationships with children
- Ways of helping

4.5.1 Relationships with Children

4.5.1.1 Caring Approach

The participants alluded to having a caring approach when working with children. For instance, Karen talked about having a calming effect on children.

> I think I'm quite a calm person. And I think they feel quite, you know, at calm and ease with me. (Karen)

Other participants talked about comforting children through touch.

> …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. (Joanne)

Through suggesting that she was not supposed to, Joanne referenced school guidance around touching children and safeguarding. However, Joanne stated that the children 'needed' this element of touch with her. By describing it as a need, Joanne may have believed she was obligated to provide this for children. Others, such as Aisha, also talked about hugging children.

> 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. (Aisha)

Participants talked about the importance of hugging children and that children seek this out. Aisha also talked about wanting children to feel loved. This was highlighted by Aisha

elsewhere where she suggested that school staff can fill gaps in children's lives where they may be missing loving relationships.

> 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. (Aisha)

Aisha felt that this child was missing a positive parental relationship and suggested that school staff could somewhat replace this relationship. By describing it as 'a little bit', Aisha may have insinuated that the relationships at school would not completely replace the relationship this child should have with their parent. Similarly, Rachel talked about feeling like the child's parent.

> And because they're at school for so long. So, you do almost feel like their sort of pa, parent, while they're here, because that's it. (Rachel)

By comparing herself to their parent, it highlights Rachel's investment in the children's wellbeing and indicates the close and caring relationships she had with them.

4.5.1.2 Developing Relationships

It was important to the participants that they developed relationships with the children they were working with. Some participants talked about it taking time to get to know the children.

> 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. (Rachel)

Rachel highlighted that knowing children allows TAs to better support them by having an understanding of the best approach for each child. Additionally, Laura described that through

knowing a child, you could identify whether something was bothering them as they would be behaving differently.

> 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)

This idea was also shared by Karen who described that if you know a child, you will be able to tell if they are struggling.

> 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. (Karen)

Karen indicated that with children she knows, she is able to pre-empt their behaviour (of crying) before it happens. Some participants referenced TAs having a special relationship with children that was different to the relationship that children have with teachers. Shivani described that children preferred to go to her with their difficulties as she had developed rapport with them.

> …the teachers solves them as well. But they have got that rapport with me. They feel comfortable. So, they usually come with me. (Shivani)

Similarly, Karen felt that TAs are more approachable than teachers and therefore TAs are often dealing with children's difficulties.

> Sometimes they come to us rather than the teacher. Erm, maybe they think the teacher is 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. (Karen)

Karen suggested that TAs may be more available than teachers, who are often busy, but she also indicated that there is a relational dynamic – with TAs being more approachable to children. In the following quote, Karen demonstrated her desire to emphasise that children predominantly discuss their mental health difficulties with support staff rather than teachers.

> I would say nine times out of 10 they come to the LSA rather than the teacher if they've got a problem. (Karen)

In addition to the special relationship between TAs and children, compared to teachers and children; both Shivani and Karen also discussed children talking to them rather than their parents.

> 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). (Karen)

Karen highlighted that children do not always want to speak to their parents and that TAs provide a safe opportunity for children to disclose their difficulties. She related this to when she was a child, indicating that she saw this as a normal occurrence in childhood. Shivani also discussed encouraging children to talk to their parents about the difficulties that they had disclosed to her.

> 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. (Shivani)

By Shivani coming up with potential opportunities for the child to speak to her parents (when going to bed) and by indicating that the child can speak to anyone she is comfortable with, it emphasises the effort that Shivani was going to, to encourage this child to speak to a family member. The examples from Shivani and Karen highlight that they felt that children would talk to them about things that they were unable or unwilling to discuss with their parents. This illustrates the supportive role that these TAs held and the importance of their close relationships with the children.

4.5.2 Ways of Helping

4.5.2.1 Talking

It was apparent in the interviews that TAs largely used talking with children to support their mental health.

> …but she wanted to, you know, kind of talk to me, speak to somebody. So, I spoke to her and talked her through. (Shivani)

Shivani described that the child in her example wanted to talk to her. Other participants also discussed conversations being led by what is useful for the child. For instance, Karen talked about children choosing the topic of conversation.

> 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. (Karen)

Tina also talked about wanting conversations to be relaxed, describing that she would not want to put pressure on a child.

> …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. (Tina)

Tina discussed not asking children to explain their problems, however this differed from other participants. For other participants there was an idea that the purpose of talk was for children to disclose and talk about their problems. For instance, Aisha described talking to find out what the problem is.

> So just a small talk with them to understand what happening. (Aisha)

The TAs appeared to find it difficult when a child would not tell them what was wrong.

> It was difficult when he didn't want to open up. When he didn't kind of want to tell you what was wrong. (Laura)

It seemed the participants believed that it was difficult to help children who would not 'open up'. For instance, Rachel described needing to know what was wrong to help a child with anxiety.

> 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. (Rachel)

The responses from participants indicated that they were regularly talking to children and giving them opportunities to talk about their difficulties, however some participants found it difficult when children were unable to do this.

4.5.2.2 Normalising Worries

A particular type of talking seen as helpful was normalising children's worries. Shivani gave an example of something she would say to a child:

> 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. (Shivani)

Shivani normalised the child's worries by comparing them to her own. Other participants talked about discussing worries with groups of children, giving examples of children sharing the same worries.

> 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? (Joanne)

> '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 ‘oh it’s not just me’. (Rachel)

Both participants were talking about resources that facilitated talking about worries. Joanne discussed using a book about worries and Rachel described a ‘worry box’ where children could share their concerns. It seemed that both TAs felt these were helpful tools for normalising children’s worries.

4.5.2.3 Praise

Many participants discussed supporting children’s wellbeing by praising them. Rachel referred to supporting children’s self-esteem and explained that she gives them a boost.

> 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’. (Rachel)

To Rachel, this boost was a compliment to the child. The idea of praising children was also suggested by other participants.

> ‘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. (Shivani)

> 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. (Joanne)

These examples highlight the types of praise that Shivani and Joanne were giving children. In the examples Joanne focussed on praising learning, whereas Shivani complimented the girl’s other skills. It appeared that they hoped that these compliments would make the children feel good about themselves.

4.5.2.4 Silent Support

The idea of silently supporting children was suggested by some of the participants. For example, Joanne discussed her presence as being supportive for children.

> And he'll look at me and he'll smile. So, he knows that I'm around. (Joanne)

This illustrates that the previously established positive relationships were perceived as a support for children, just by the TA being near to them. Laura similarly talked about making sure a child knew that she was there.

> …and I'd just kind of sit with him quietly, let him know that I was there. (Laura)

Both Rachel and Karen discussed the importance of being there so that if a child wanted to ask for help or talk to them, they would be available.

> I think just being there and knowing that, if he needs help, it's okay to ask for help. (Rachel)

> I think it's yeah, more of a supportive role so they can talk to you, erm, and just be there for them. (Karen)

Although both Rachel and Karen stated that they were available to help or to talk to, it was indicated by both that 'being there' for children was an important element of the support.

Shivani offered an additional idea of providing children with a space to do calming activities in her MHFA role.

> They usually pick either colouring or any craft, or what other things… any games they want to play, those new stuff. (Shivani)

Shivani completing activities with children highlights that they do not need to talk about their problems for Shivani to support them. She can support them through doing calming activities. It was described earlier that Shivani demonstrated a desire for children to open up (see 4.5.2.1); therefore, she may not have been aware of the potential positive impact of these opportunities.

4.5.2.5 Monitoring Children

The final role that participants discussed, was monitoring children's behaviour and mental health. This was achieved through observing children.

> Just to keep an eye on them really. (Rachel)

Rachel's suggestion of 'keeping an eye' on children seemed to indicate that she was continuously monitoring the children she was concerned about. This was also shared by Joanne who talked about watching a child who had previously made a safeguarding disclosure.

> I kept looking at him to see if he was okay. (Joanne)

Joanne's description that she 'kept looking' at him may illustrate her concern for the child and that she took up a role of monitoring him. Monitoring was also used to check whether children were struggling from short-term or long-term difficulties. Laura suggested that the school staff would observe children to check whether their presentation was temporary.

> And obviously we'd observe, we'd monitor it, because everyone has off days. (Laura)

Additionally, Tina shared an idea of following up with children that she was concerned about.

> I generally go into the classroom to see them as well. Make sure they're okay. (Tina)

Tina described going into the classroom to check on children compared to some other TAs who discussed monitoring while they were in the classroom, which may reflect differences in their roles. The specific role that TAs had to observe children was illustrated by Karen.

> I think we ca… we have the luxury as an LSA, of observing a bit more sometimes than the teacher. (Karen)

Karen demonstrated that due to the demands of their roles, TAs have more opportunity to watch and notice children than teachers. By describing this as a 'luxury', Karen indicated that she considered this a privilege and a helpful role for supporting children's mental health.

4.6 Theme Three: Working Within the School System

This theme encompasses how the school system impacted the TAs' experiences. TAs discussed having a lack of time to support children as well as the competing demands between learning and mental health. Some additional topics were the reliance on safeguarding procedures; how TAs work with other staff members; and the school system hierarchy. The superordinate themes within this overarching theme were:

- Lack of time
- The relationship between learning and mental health
- Safeguarding as a solution
- Working with other staff
- Hierarchy

An additional theme 'frustration with the system' was included because it was a prominent theme for Tina throughout her interview.

4.6.1 Lack of Time

Not having enough time was a pertinent theme for the participants. For example, although Shivani received dedicated time for her MHFA role, she still felt that she did not have enough time to support children.

> 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. (Shivani)

Concerns about balancing the different demands of the role were also shared by other participants. Laura expressed difficulties with this:

> And then alongside everything else that you do as a TA, trying to fit that all in. Yes, it can be hard. (Laura)

Additionally, Joanne articulated a desire for more time to work with individual children.

> Not enough time to talk to them. You see, even in guided reading - you have a group. Before guided reading came on the scene, I had individual readers. (Joanne)

Joanne explained that she previously had more one-to-one time with children however, due to the introduction of guided reading, this had reduced. By phrasing it as 'came on the scene', Joanne may have been hinting at some frustration with the introduction of new initiatives.

4.6.2 The Relationship between Learning and Mental Health

Learning was discussed in relation to mental health in different ways. Aisha emphasised the importance of prioritising children's mental health.

> 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. (Aisha)

By stating that the child should be taken care of first, Aisha prioritised the mental health need over the learning need. She described looking after the child emotionally before finding him a learning task to do. Aisha also referenced her own stress and upset at the child's emotional state; highlighting her own emotional response to the situation. In other interviews, participants emphasised the importance of children having good mental health so that they can learn. When talking about her sessions for supporting children's mental health, Shivani stated:

> You have to kind of slow down end it in a calm manner, then they're ready to go and do their learning. (Shivani)

It seemed clear that learning was the priority and Shivani must ensure that children were ready for this learning. Rachel also talked about children's mental health needing to be good so that they can learn.

> 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. (Rachel)

By describing the day as ‘wasted’, Rachel emphasised that children are at school for a purpose and hence, children’s mental health should be looked after so that they can focus on the school day. Comparatively, Karen recognised that learning activities can impact children’s mental health.

> 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. (Karen)

Karen discussed the pressure of school tests negatively impacting a child’s mental health. This idea was shared by Tina who described that pressure for learning can come from both schools and parents.

> 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. (Tina)

The various and differing opinions of the participants highlight that the relationship between mental health and learning is complex.

4.6.3 Safeguarding as a Solution

Safeguarding was an additional topic in many of the interviews. When asked about children’s mental health, some participants talked about instances of safeguarding concerns.

> 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 safeguarding officer here. (Joanne)

In Joanne’s example, it appeared that the solution was for it to be passed on to the safeguarding officer. By describing that the safeguarding officer ‘has to’ ‘sort things out’ it

may indicate that Joanne believed passing on the information to safeguarding channels would solve the problem. The idea of safeguarding being a solution for children's mental health problems was apparent in other interviews with participants describing that if they had a concern, they would follow safeguarding procedures.

> 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. (Aisha)

Aisha's hesitation when describing what to do if she was concerned about a child's mental health, suggested some uncertainty about the appropriate response. Aisha settled on passing the information on and, after this moment, when asked where to, she confirmed that it would be safeguarding. As participants deemed the cause of mental health problems to be predominantly due to difficulties at home, this may have encouraged them to consider a safeguarding referral as the most appropriate response for dealing with mental health problems. For Karen, it was clear that following safeguarding procedures was perceived as successfully supporting children's mental health.

> 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)

Karen's view that social workers becoming involved would lead to everything turning out well for the child could be considered idealistic. It is possible that this narrative helped Karen to cope emotionally with knowing about the difficult situations that children may be dealing with. Karen also did not specifically mention any mental health support for the child, which may indicate a flaw of relying on safeguarding procedures.

Shivani hinted at this flaw when discussing a safeguarding concern. Shivani described an instance where safeguarding procedures had been followed but the child's mental health difficulties were not prioritised.

> [The child's] priority was different. But the safety issue was prioritised by the school. (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. (Shivani)

It is possible that Shivani's role as MHFA contributed to her having this different experience. Her specific training may also have resulted in her placing more of an emphasis on children's mental health. In contrast, Tina, who had also received MHFA training but had not started an official mental health role, seemed to place the same reliance on safeguarding as the other participants and see it as a solution.

> We've got a great SLT [senior leadership team] leads. So any problems, that's safeguarding, you know, we just report straight there, then they take it over. (Tina)

By indicating that 'they take it over' Tina may have been suggesting that she was no longer responsible for the 'problem'.

4.6.3 Working with Other Staff

The TAs talked about working with other school staff; often discussing the different roles that other staff had. Laura talked about staff members having specific roles in running interventions for mental health.

> [The wellbeing team] also runs Lego therapy, Book of Beasties […] The Book of Beasties is specifically for mental health. (Laura)

Laura also discussed that other staff members would speak to parents.

> It's not my role to speak to the parents. (Laura)

From the interview responses, it was clear that some roles were assigned to others and that TAs knew which roles they would not complete. The role of speaking to parents created a

clear division between Tina and the other participants, as she considered this a key part of her role.

> 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. (Tina)

As well as speaking to parents, Tina discussed the school nurse being a supportive person who gives her advice and explained that she will also discuss children with teachers. Similarly, the other participants talked about working in collaboration with other staff members. For example, Shivani talked about asking two staff members for support (these staff had roles to support children with bereavement).

> 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. (Shivani)

It seemed that although Shivani was the only MHFA, she did not want to feel isolated in her role and felt that she needed additional support. This may indicate that despite training and experiences leading to Shivani feeling she had successes in the past, she still required ongoing support. Joanne also talked about asking other staff for advice.

> And our Deputy Head and our Assistant Head, they're very, very good […] 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, 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'. (Joanne)

Joanne suggested that she had specific people to ask for help and this was built on having previously developed a relationship with them. Karen discussed talking to the pastoral lead at her school, who she had a good relationship with.

> Catherine [pastoral lead], 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. (Karen)

Karen described Catherine as dealing with the situation, indicating that Karen may have believed that the pastoral lead initially and primarily helped the children. However, by stating that she would 'pick up the pieces', Karen suggested that the formal support from Catherine was not enough and that children needed support at other times. This highlights how important Karen saw the collaborative approach to supporting children in multiple environments. Laura referenced supporting children in the classroom and talked about working with the class teacher to support them.

> 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. (Laura)

Laura indicated that the class teacher would instruct her about how to support a child. Other TAs spoke about working with class teachers more collaboratively.

> We do. I mean, we did just sort of talk through with this class teacher. (Rachel)

> So, starting now I, we, we've had a chat, me and the teacher, yesterday. And I think we will watch him more. (Aisha)

Rachel and Aisha suggested that both them, and the class teacher, have something to offer to the conversation. By using 'we' it suggests that they saw themselves as working as a team to support the child.

4.6.4 Hierarchy

Throughout the interviews, the school system hierarchy was apparent, with TAs being towards the bottom of this hierarchy. Joanne directly addressed this when talking about the learning mentor in her school.

> Well, she's higher than a TA. In fact, she's actually studying to be a teacher. (Joanne)

Joanne illustrated that in the school hierarchy, the learning mentor was higher than a TA and a teacher higher still. By stating that ‘in fact’ she is studying to be a teacher, Joanne emphasised the hierarchical difference between a TA and a teacher. Shivani also referenced the discrepancy between teachers and TAs by discussing needing permission from the teacher to speak to children.

> They can come out if I take the permission of the teacher. (Shivani)

Similarly, Karen discussed needing to check things with the class teacher.

> But you do have to run everything by the teachers. Well, obviously, because at the end of the day, it's their class. (Karen)

Karen referring to the class as belonging to the teacher suggests that perhaps she did not feel she worked in a collaborative way with class teachers. In other instances, the hierarchy seemed to result in participants not knowing information. For example, Rachel talked about not knowing background information.

> 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. (Rachel)

Rachel’s comment suggested that she would not receive the same information about a child that other staff would. Similarly, when Laura was asked whether she thought a child (who she had been supporting one-to-one everyday) was impacted by their background, she described not knowing this information.

> 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. (Laura)

Despite working individually with this child on a daily basis, Laura described herself as not 'heavily involved'. This quote suggests that Laura did not see herself as an appropriate person to know about the child's background information, stating that it wasn't 'up to' her, instead, this was a role for the SENCo. Joanne also referenced the lack of information given to TAs when she discussed requesting feedback from mental health training.

> 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.' (Joanne)

Joanne seemed to feel undervalued and frustrated that information was not given to TAs. By stating that she does not know how they feel, she was expressing disappointment that the staff did not think it would be important to share the information with the TAs. Joanne also demonstrated frustration at the hierarchy when asking 'Who am I?', not feeling she was in a position to question this decision.

For Karen, it appeared that the hierarchical system may have contributed to her undervaluing her own contribution. When asked to talk about an example of helping a child that had gone well, Karen answered:

> Erm, only ones I've passed on to Catherine, or somebody else, that I know is being dealt with. (Karen)

Karen described that she had only provided help when she had referred a child to someone else. Rachel also perhaps demonstrated a lack of confidence in her ability to help children.

> 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.' (Rachel)

Overall, it seemed that Rachel was working collaboratively with the class teacher, although needing to check her ideas with the teacher demonstrates the hierarchical school system. Rachel stated that she was confident, however, she referred to some of her ideas as 'really silly' and was hesitant to suggest that the class teacher would agree with her idea. This may suggest that she doubted some of her ideas and was not as confident as she said. It could also reflect the hierarchy of the school system, with Rachel not wanting to suggest that she knows more than a teacher. From Karen, there was also a sense that she did not want to come across as suggesting that she could do things that a teacher could not.

> You know, we're the ones who 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). (Karen)

Karen was describing the different aspects of the TA role compared to the teacher role, however, she interpreted this as suggesting that she can do something that a teacher cannot. Her discomfort with the idea that she might be helpful in a way that a teacher could not may have also been highlighted by her laughter after her comment.

4.6.5 Frustration with the System

This superordinate theme was unique to Tina, which likely reflects a difference in her role. It encompasses Tina's discussion about her frustration with elements of the school system such as funding, referrals, paperwork, and long wait times. This topic was a key feature of Tina's interview that she raised several times.

> 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? (Tina)

The way that Tina emphasised these difficulties in the system suggested that Tina was more involved in or more aware of referral processes and funding difficulties in the education system than the other TAs. Tina's frustration with this system was driven by a desire to help children.

> 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. (Tina)

It was clear that Tina wanted to help children, and perhaps saw this help as coming from external sources. As she perceived this external help to be unavailable, this experience was very frustrating for her.

4.7 Theme Four: The Emotional Experience

This theme includes the positives and negatives about the TAs' experiences. It illustrates that TAs wanted to help children and that they find their job rewarding and enjoyable. It also demonstrates that it can be a difficult emotional experience and that this difficulty was not easy to talk about. The superordinate themes within this overarching theme were:

- The reward of being helpful
- Difficulties about the experience

4.7.1 The Reward of being Helpful

All participants suggested that a key element of their role was to help children. This was highlighted by Tina who described that the reason school staff were there, was to help.

> …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. (Tina)

Shivani also suggested this and indicated that she was always available for children.

> …but I'm always there to help them. (Shivani)

This was perhaps an idealistic statement from Shivani, but it nevertheless highlights her desire to help. Similarly, Joanne described that she would not continue with her role if she was not helping children.

> But if I felt that I didn't have anything to contribute, then I wouldn't [stay]. (Joanne)

The idea of helping children was described as rewarding which resulted in TAs enjoying their roles.

> [I] felt happy. Yeah, because I could see the result, and I thought I made a difference there. (Shivani)

Shivani described feeling happy that she had helped a child and made a difference to their lives. The idea of 'making a difference' was shared by other participants, such as 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. (Laura)

This highlights how important it was for the participants to feel that they had contributed positively to the children's lives. Laura's use of 'amazing' emphasised the positive feeling she received from helping. Joanne also talked about the rewards of the job and having a lasting impact on children.

> Well I see children now, who now, teenagers, or 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. (Karen)

Throughout her interview, Karen found it difficult to recognise her contribution in her role. Her use of 'actually' suggests that she may not have considered the rewards of the job until she had been asked to speak about them. Other participants were open about their love for their job. The importance of loving the job was particularly highlighted by Joanne.

> And I just really, really like my job. I hope it comes across. Because I do, I really, really do (Joanne)

By emphasising that she wanted it to come across, and by repeating ‘really’, Joanne highlighted that she wanted a takeaway message from the interview to be that she enjoys her job.

4.7.2 Difficulties about the Experience

4.7.2.1 Helplessness

As being helpful was so important for the TAs, there was a feeling of helplessness when they were unable to help. Rachel named this helplessness.

> 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. (Rachel)

Rachel felt helpless that she could not enable this child to understand her feelings. Her hesitation and repetition of the phrase ‘it doesn’t always’ could demonstrate some difficulty with acknowledging that sometimes she was unable to help. Rachel described wanting the child to feel happy but that she could not always achieve this. As evidenced in the following quote, this was problematic for Rachel because, if she was unable to make things better for the child, she viewed herself as failing to complete her role.

> 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. (Rachel)

By having an expectation that she should succeed in helping children, Rachel seemed to experience disappointment because it was not always possible for her to do this. Aisha also demonstrated a sense of helplessness.

> 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.’ (Aisha)

Aisha felt she was unable to help the child because the cause of his presentation was unknown. By referring to a voice in her head, Aisha hinted that she may instinctively know that a child needs help, but not know how to help. Additionally, Karen demonstrated some helplessness within the school system.

> 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. (Karen)

Karen believed that the child was not being helped because the teacher was too busy. Karen described wanting to help the child but not having the knowledge to do this, thus feeling helpless. Karen may also have felt that she was unable to communicate her concerns to the teacher, due to the power dynamics between them.

There was a sense of helplessness in Tina's interview however Tina's helplessness was apparent in her description of difficulties in the system.

> …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. (Tina)

Helplessness was apparent when Tina described waiting for external professionals. It seemed that Tina felt that the school were only able to help to a certain extent; perhaps believing that the school were ill-equipped to deal with the mental health needs of the children.

4.7.2.2 Fear of Supporting Mental Health

For some participants there seemed to be some fear about helping children with mental health difficulties. Karen expressed apprehension about getting things wrong.

> I wouldn't want to say something wrong. (Karen)

Similarly, Shivani discussed being afraid before she had been on the MHFA course.

> 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. (Shivani)

Shivani demonstrated some reluctance to admit that she had previously felt scared. It is possible that Shivani was only able to be honest about her fear because she felt that she was no longer afraid. For other TAs, without training in mental health, it may have been too difficult to acknowledge their fear. For instance, Joanne talked about it not being part of her role to support mental health.

> Yes, that means they need extra help. And I don't, I can't do it. (Joanne)

By changing from ‘don’t’ to ‘can’t’, Joanne perhaps emphasised that she does not feel she has the skills, or is in the position, to support children who need ‘extra’ mental health support. This dismissal may have been driven by fear. Rachel also discussed discomfort about dealing with mental health problems.

> 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. (Rachel)

Rachel changed from suggesting she is ‘almost’ helpless, to stating that she ‘is’ helpless regarding supporting mental health. She indicated that she ‘can’t really do anything’. Moreover, Rachel’s description of mental health suggests that it is abstract, rather than physical health which she could help in a concrete way. This seemed to demonstrate a fear of her lack of knowledge about mental health and how to support it.

4.7.2.3 A Difficult Emotional Experience

It was apparent that supporting children's mental health was an emotional experience for the TAs. Karen described her role as being similar to a social worker.

> …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)

This comparison illustrates the different elements of the role. By mentioning going home, Karen highlighted that the emotional experience stayed with her after school hours. Laura talked about experiencing a range of emotions.

> So, I think I experienced every emotion (laughing) over the time that we worked together. (Laura)

By stating that she experienced every emotion, Laura highlighted that the experience was both difficult and rewarding. She did not name any emotions which may suggest that it was difficult for her to specifically describe her experience. Laura's difficulty discussing this was also apparent in her laughter. Shivani also used laughter to cope with a difficult situation.

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

Shivani crying during the interview emphasises how difficult the experience was for her. She used laughter to try and distract from this and enable her to cope. Laughter was used as a coping mechanism by other participants; for Karen, this was evident following accounts of children self-harming.

> 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… (Karen)

Karen laughed nervously when discussing a situation that made her scared or uncomfortable. Her pauses also demonstrated her difficulty recalling this experience. As well as laughter, Shivani used a vague description when talking about difficult situations.

> It's not nice for me (laughing). (Shivani)

Shivani's description of an experience as 'not nice' highlights that she found it difficult to name negative emotions to describe an experience. Joanne also struggled to talk about difficult experiences.

> It's, it's quite hard. But it's quite rewarding by the end of the year. (Joanne)

Joanne could acknowledge that the role was hard, but quickly followed this with a positive. This perhaps demonstrated her need to talk positively about her experiences. Aisha was also not able to easily talk about the negative aspects of her role. When asked if she had stress in her role, Aisha replied:

> I come in the morning with biggest smile, I leave with biggest smile. (Aisha)

Aisha describing the TA role as completely positive after being asked about stress, illustrated her difficulty discussing the potentially challenging elements of her role. This is perhaps reflective of an idea that school staff should not worry about themselves, or the difficulties of the experience, they should focus on the children. This was described by 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'. (Karen)

Karen's description of it being 'selfish' to think about herself demonstrated that she would consider it inappropriate to acknowledge the impact of these difficult experiences on herself. Joanne also described hiding her own feelings.

> Can you imagine being dumped in a…? Ah… It's just so sad. But you can't show your sadness. (Joanne)

Joanne believed that she should not show her sadness; she may have perceived this to be for the children's sake, or it may be a narrative within the school system.

This superordinate theme therefore demonstrates that the experience of supporting children's mental health could be emotionally difficult. It further illustrates that it was not easy for the participants to talk about the negativities they may experience. For some TAs the difficulty talking about it may have stemmed from a belief that it was inappropriate to talk about, or show, the emotional impact on themselves.

5. Discussion

5.1 Chapter Overview

In line with Smith et al. (2009), this chapter aims to place the findings of the research in a wider context. This will be achieved by considering the overarching themes, in relation to existing literature, to respond to the research question:

> *How do primary school TAs understand their role in supporting children's mental health?*

Consequently, some implications for practice based on these findings will be suggested. The researcher's reflections on the research process as well as the limitations of the research will also be considered. Finally, some possible directions for future research will be suggested.

5.2 Perception and Knowledge of Children's Mental Health

This section includes a discussion of the superordinate themes:

- How TAs talked about the mental health problems that children experience
- The perceived cause of poor mental health
- The source of TAs' knowledge

5.2.1 How TAs Talked about the Mental Health Problems that Children Experience

The mental health difficulty most commonly referred to was anxiety. Additionally, some TAs considered presentations of low mood and anger issues when discussing children's mental health difficulties. According to NHS Digital (2018), behavioural disorders (e.g. oppositional defiant disorder) are the most common mental health disorder in 5- to 10-year-olds (5% of children) followed by emotional disorders (e.g. anxiety disorders) (4.1%). It is notable that the TAs accounts did not reflect the prevalence of behavioural disorders; instead they tended to focus on internalising symptoms of mental health difficulties.

Despite DfE (2018b) guidance that mental health disorders include behaviour disorders, and that difficulty controlling behaviour can be indicative of mental health disorders, staff seemed to associate mental health difficulties more with internalising presentations. This could be considered surprising as previous research has shown that teachers are more concerned about behaviour disorders than anxiety disorders (Loades & Mastroyannopoulou, 2010). However, although they may be more concerned, research conducted in the U.S. suggested that teachers believe that students have more control over externalising behaviours than internalising behaviours (Liljequist & Renk, 2007). If teachers believe that this behaviour is a choice, they may be less likely to associate it with poor mental health.

The current research suggests that when asked about mental health, TAs tended to discuss internalising behaviours more than externalising. Bracewell (2011) also discovered that primary school teachers and TAs focussed on internalising behaviours in interviews. These findings indicate that school staff may need to be better informed about what externalising behaviour may suggest about a child's mental health.

5.2.1.1 Anxiety Talking about Anxiety

While describing children's mental health difficulties, there was an element of fear or discomfort in the participants' accounts. For instance, some TAs were reluctant to identify children as having mental health difficulties:

> You're talking about mental health, I don't know. I don't think I've ever come across children with mental health. (Joanne)

TAs' discomfort was also evident when symptoms of low mood or depression were discussed. TAs described the child's presentation (e.g. as 'really, really down' – Shivani) instead of stating a mental health label. Additionally, one TA (Joanne) identified that she wanted to use the term 'well-being' rather than 'mental health'. Research has found that teachers can be uncomfortable with mental health terms, believing them to be harmful to children (Green, 2011; Rothi et al., 2008). Green also suggested that teachers' reluctance to

use mental health terms stemmed from a belief that defining mental health difficulties was a role that belonged to others.

Additionally, some TAs in this research viewed the term ‘mental health’ as indicative of ‘poor mental health’. This has been found in other research which suggests that school staff have more traditional associations of mental illness with the term (Bracewell, 2011; Weare & Gray, 2003). It is worth noting that TAs in this research may have been influenced by the sharing of a definition for ‘mental health problems’ at the beginning of the interview. Nevertheless, their use of ‘mental health’ rather than ‘mental health problems’, and Joanne choosing to use ‘well-being’ instead of ‘mental health’, supports the notion that mental health is often spoken about in relation to mental illness.

Anxiety disorders are much more common than depressive disorders in children (NHS Digital, 2018), which may explain why anxiety was talked about more than instances of low mood. TAs were also more comfortable naming anxiety; this may be because anxiety could be perceived as an emotion that is typically experienced whereas other terms (e.g. depression) may be more frequently used in a clinical context. This was highlighted by Tina who stated that having anxiety was not ‘mental health’:

> It’s ju… you know, we've got maybe four or five that have got anxiety issues really and worries, but not nothing as mental health as such. (Tina)

Whereas some participants were able to describe cases as ‘severe anxiety’ (Karen), others attempted to minimise the anxiety that children may have experienced, describing them as ‘little worries’ (Joanne) or ‘a little bit of anxiety’ (Laura). These descriptions may have been driven by the participants’ own fear of naming a child as having anxiety; which could be linked to Rothi et al.’s (2008) finding that teachers consider mental health labels to be unhelpful. Overall, it was apparent that there was a level of discomfort for TAs when talking about, or using, mental health terms. This idea will be returned to later in the chapter when discussing TAs’ fear of supporting mental health.

5.2.2 The Perceived Cause of Poor Mental Health

5.2.2.1 Family Background

Much like the TAs in Groom and Rose (2005) and a participant in Littlecott et al. (2018), the TAs in this research recognised that a pupil's background will impact their behaviour and presentation. All seven participants emphasised the influence of homelife on children's mental health; discussing factors such as divorce, changes to family structure (e.g. new siblings), and financial difficulties. Similarly, these factors were emphasised by staff in Burton and Goodman's (2011) research. In this research participants also mentioned bereavement; and divorce was particularly emphasised as negatively impacting children's mental health.

For some participants, blame was attributed to parents; this is consistent with other research (Broomhead, 2013). Wood (2018) discussed the prejudice from school staff that family culture poorly influences children. He suggested that parents were being blamed for children's lack of skills as the families had different values to the school. This was somewhat echoed in this research, particularly by Joanne who said:

> …because of where they have come from, most probably the parents don't speak to them and ask them questions. (Joanne)

As Wood (2018) suggests, this quote highlights that an awareness of difference in culture can encourage an othering of families; seeing them as different or difficult to understand (Paechter, 1998). If school staff believe that a family's culture is to blame for a child's mental health difficulties, this would likely influence how they interacted with the child and the parents which could have negative implications for their ability to support this child. As Wood emphasises, acculturation[2] has a negative impact on learning outcomes and identity formation (Wright, 2010).

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[2] Acculturation is defined as 'cultural modification of an individual, group, or people by adapting to or borrowing traits from another culture' (Merriam-Webster, n.d.-a).

5.2.2.2 Technology

Another factor seen to contribute to poor mental health was technology. This included inappropriate video games, the use of social media, and time spent on technology. Research seems to suggest that technology use can negatively impact children's mental health; for instance, screen time has been negatively correlated with young children's development (Madigan et al., 2019) and found to have a negative impact on children and adolescent's wellbeing and mental health (Twenge & Campbell, 2018). However, The Organisation for Economic Co-operation and Development (2018) suggest that moderate internet use is best; describing that CAYP who spend 1-2 hours per day online have better life satisfaction than children who both rarely use the internet and those who use it excessively. The participants in this research may have been focussing on children who appeared to use the internet excessively; TAs may benefit from an increased awareness of the benefits of moderate internet use, so that it is not seen as all bad.

5.2.2.3 School

Some TAs considered how schoolwork pressures can negatively influence children's mental health (e.g. Karen – '…she wanted to do well, and I think obviously that made her anxiety worse'). Additionally, the impact of school staff and children was mentioned (Tina - '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'). These suggestions indicated a somewhat linear understanding of how a bad experience at school (i.e. school pressures or poor relationships with staff) can negatively impact a child's mental health. Pianta (2011) emphasised that relationships in schools are 'reciprocal and bidirectional' (p.689) and are based on multiple components (e.g. staff beliefs) and levels (e.g. individual and group). He writes that in "multilevel, dynamic, active systems such as schools or classrooms, it is fiction to conceptualize 'cause' or 'source' of interactions and activity" (p.689).

From the TAs' perceived reasons for children's poor mental health, it highlights that there was minimal consideration of the complexity in the system (e.g. how staff or children impact the system and how the system impacts the children). This may indicate that some participants may benefit from discussions about how the complexity of the school system, and relationships within the school environment, can impact mental health.

5.2.3 The Source of TAs' Knowledge

5.2.3.1 Experience

Experience was seen as the most helpful factor for TAs to support children's mental health. This included experience in their TA role, experience of being a mother, and their own personal experiences. Having previous successes as a TA seemed to reassure some participants that they were helping children in an appropriate way; for instance, when asked what had given her confidence, Shivani stated that it was:

> The experience as and when, I know, I'm dealing with the issues. I now kind of know what to say to them. (Shivani)

Furthermore, being a mother was seen by participants to have developed their skills and understanding of children. Other research also suggests that TAs' experiences as mothers facilitates their role (Cockroft & Atkinson, 2015).

As well as their experiences as a TA and a mother, some participants felt that knowing someone with mental health difficulties, or suffering from mental health difficulties themselves, enabled them to better support children's mental health. Karen shared an idea that the amount of knowledge that a TA had was based on luck.

> …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. (Karen)

This overreliance on experience to effectively support children's mental health could warrant further investigation. It suggests that it could be left up to chance whether there are school staff who feel equipped or able to support children with mental health difficulties. Indeed, the

participants in this research volunteered to be involved and many expressed having an interest in mental health; this may mean that they were more knowledgeable about mental health difficulties and more confident supporting children than other TAs. TAs with little or no interest in, or knowledge of, mental health may feel differently about how difficulties present in children and their role in supporting it. Similarly, the notion that the quality of support that children receive is left up to chance was shared by Shearman who wrote that 'it is a lottery whether a child with EBD gets an LSA whose skills are appropriate for their task' (2003, p.63).

5.2.3.2 Desire for Knowledge

The participants wanted more knowledge about mental health; they suggested this could be achieved through training and felt that others they worked with also needed this. The TAs interviewed had not received any training on mental health in their TA role, unless they had a specific responsibility for mental health in the school. The participants expressed a desire for reassurance that they were doing things correctly and more guidance about what to do. Tina, who had been on MHFA training, suggested that training needed to be delivered by mental health professionals and that it could only help to a certain extent.

In other research, consultation and supervision from EPs was offered to TAs who were completing interventions (e.g. Burton, 2008; Kendal et al., 2011). The possibility of supervision groups or consultation from external professionals was not mentioned by the participants in this research (perhaps due to lack of awareness of these forms of support), however, this could be another avenue for support and for increasing knowledge. The potential benefit of this type of support was evident in some of the participants' comments. One participant (Karen) remarked that she had found talking about her experiences in the interview helpful. Additionally, another participant (Joanne) developed her understanding of 'mental health' through talking to the researcher about her experiences. It would be useful for EPs and other external professionals to offer this type of support (e.g. through individual or group supervision) to TAs in their everyday work more regularly.

Adult learning theory suggests that adult learners have a broad range of life experiences that provide a resource for learning (Knowles, 1980). This may link to why TAs, who had received training, still found their experiences very helpful. Additionally, Knowles suggested that adult learners particularly value practical application of knowledge. Support from EPs may helpfully include both of these elements; it could build on the experiences that the TAs have and allow practical application of new knowledge.

5.3 How TAs Support Children's Mental Health

This section discusses some different ways that TAs support children's mental health and how this can be applied to psychological theory, it includes the superordinate themes:

- Relationships with children
- Ways of helping

5.3.1 Relationships with Children

5.3.1.1 Caring Approach

It was apparent in the TAs' responses that they cared for the children they worked with and this impacted how they supported children. TAs talked about being tactile and calming with children. Some participants discussed feeling like they were parents of the children they worked with and that they provided an opportunity for a child to have a positive relationship that they may be missing elsewhere in their lives. Similarly, Graves (2014) highlighted the caring and mothering nature of the TA role.

5.3.1.2 Developing Relationships

The importance of developing relationships with children was mentioned by the TAs. Other research also recognised this as an important aspect of the TA role (Bracewell, 2011; Groom & Rose, 2005; Moran & Abbott, 2002). In this research, TAs recognised that it takes time to develop relationships and that by knowing a child well, they were better able to support them. This was echoed by Burton and Goodman (2011) who described that support

staff believed that knowing the children allowed them to notice subtle changes in their mood or behaviour.

TAs also referenced the close relationships that they had with children and often felt that they had a closer relationship with children than teachers did. They discussed having a rapport with children and that children would more often approach them about difficulties, than they would teachers. This was found elsewhere in the research, for example TAs in Roffey-Barentsen and Watt (2014) felt that they had a better understanding of the children than the teachers did. Additionally, in this research, TAs discussed children sharing things with them that they would not share with their parents.

Gordon Lawrence (1977) provided a theory about the behaviour of organisations through describing the different types of *primary task*. The official task of the organisation is the *normative primary task*. The *existential primary task* is the task that members of the organisation believe they are carrying out; the meaning they ascribe to their activities and roles. Finally, the *phenomenal primary task* is interpreted from behaviour and may not be something that people are consciously aware of (Roberts, 2019). In this context, the normative primary task of TAs was set by national and government expectations (e.g. the National Curriculum) as well as direction from school senior leaders and teachers. However, the TAs' existential primary task could be attributed to how individuals and the school system see their role. The TAs seemed to view their role as being nurturing to children, and developing personal relationships with them; whereas, teachers may have a different existential primary task (e.g. one that is less nurturing). EP work in schools could involve an exploration with staff about their perceived existential primary tasks and how this might differ between staff. Additionally, an area for future research could include observing school staff to determine their phenomenal primary tasks.

5.3.2 Ways of Helping

5.3.2.1 Talking

Talking was the primary type of support that the TAs gave to children; with TAs discussing that conversations were directed by the child. The use of talking by school staff to support children's wellbeing was also found by Bracewell (2011). When considering student perceptions, the literature seems to support the idea that talking is helpful for pupils. Burton (2008), who researched her ELSA intervention, suggested that children particularly appreciated 'having someone to talk to, who listened to them without criticising, and who kept confidences.' (p. 46). Similarly, Kidger et al. (2009) stated that the majority of pupils in their focus group mentioned that when coping with an emotional difficulty, it was important to have someone to talk to. In this current research, a particular type of talk discussed was TAs normalising children's worries. The participants described achieving this by comparing the children's concerns to worries that they have as an adult or that other children have.

It also appeared important to TAs that children would 'open up' about the reasons for their mental health difficulties. TAs found it difficult when children were unable, or unwilling, to do this. This emphasis on talk and opening up poses some difficulty for children with a range of complex needs. Research suggests that those with language difficulties are more at risk for developing mental health difficulties (Law et al., 2009) as well as those with other SEND (NHS Digital, 2018). With a reliance on using talk to support children's mental health, TAs may find it more difficult to support children with SEND or limited English.

5.3.2.2 Silent Support

As well as talking, TAs shared views that their presence was a comfort for children. For instance, Joanne stated 'he'll look at me and he'll smile. So, he knows that I'm around'. In other research, it could be extrapolated that the perception of support provides comfort for students. For example, a pupil in Groom and Rose's (2005) research said that TAs 'are there for you' (p. 26); which emphasises the importance of these relationships. Further

research would be needed however, to conclude that a TAs' presence provides a form of comfort for a child.

5.3.2.3 Additional Ways of Helping

Another form of helping described by TAs was giving children praise. TAs discussed giving children boosts throughout the day to support their mental health and self-esteem. This finding was mirrored in research that suggested that TAs had a key role in developing children's confidence and self-esteem (Burton, 2008; Groom & Rose, 2005).

The final helping role discussed by TAs was monitoring children's behaviour. The participants described watching children they were concerned about throughout the day to check on them. This was particularly highlighted as the role of a TA by Karen who described TAs having more opportunity to observe than teachers do ('…you can look around the class and observe more than a teacher can'). Bracewell also found that monitoring or 'keeping an eye' (2011, p.81) on children was a role that TAs in particular saw as a key aspect of supporting children's mental health.

5.3.3 Summary and Links to Attachment Theory

Attachment theory may help to illustrate TAs' relationships with children. It may also explain how experience as a mother, and taking up a motherly role, could assist TAs in their support of children's mental health. Attachment theory depicts the initial relationships that develop between an infant and their carer (Bowlby, 1980). Having experienced this attachment with their own children, TAs may feel they are developing similar relationships (albeit likely to a lesser extent) with children in school; this was highlighted by some TAs referring to themselves as feeling like the child's parent. Bowlby (1998) explained that parents act as a secure base that helps a child make sense of their world, while simultaneously providing a place for the child to return to where their emotional and physical needs will be met. In a school environment, TAs may act as this secure base to help a child make sense of their learning environment while simultaneously meeting the emotional and physical needs of the child. This could help to explain why TAs may develop such close

relationships with children, and why developing relationships with children was so highly valued by the TAs.

Additionally, Geddes (2006) explained that an element of attachment theory is that adults help children to process their emotional experiences; having sensitive attunement to the child's emotions and helping them regulate stress. A key element of support that was mentioned was normalising children's worries. Through normalising worries, the TAs were perhaps helping the children to process these stressful emotions. The close relationships and attachments that TAs develop with children may allow them to support this affective attunement.

Finally, attachment theory can be applied to the concept of TAs as a silent support; the idea that TAs could provide emotional comfort for the child with just their presence. Attachment theory describes that once a child has embedded an attachment figure in their experience, and knows that they will return, the child can hold the carer 'in mind' (Geddes, 2017, p.39). In the role of a silent support, a TA could provide a comforting attachment that the child can hold in mind during their school day; knowing that they can return to this secure base when needed.

5.4 Working Within the School System

This section considers systemic influences on TAs supporting children's mental health. The influences discussed are:

- Lack of time
- The relationship between learning and mental health
- Safeguarding as a solution
- Working with other staff
- Hierarchy
- Frustration with the system

5.4.1 Lack of Time

The idea that TAs did not have enough time to support children's mental health was voiced by participants. This was expressed by TAs who had a specific role to support mental health as well as those who did not. Some ideas shared about the lack of time were other demands in the school day (e.g. children needing to get back to lessons); other demands of the TA role; and limited one-to-one time with children.

Other research conducted in primary schools seems to contradict this finding. Groom and Rose (2005) concluded that due to lack of time in school, TAs provide an additional resource to support children's mental health. Bracewell (2011) also found that TAs had more time to spend working one-to-one with children than teachers did. TAs may have more time to support children's mental health than teachers do; however, this research, which focussed on TAs' experiences, suggests that TAs may still feel that they do not have enough time to dedicate to this. The current findings may reflect changes in schools since 2011. For instance, senior leaders recently stated that school funding had reduced and consequently, so had the number of TAs (DfE, 2019b); some described using TAs to support whole year groups, rather than one class.

Additionally, Ofsted's (2019) report found that a lack of time was frequently mentioned by school staff as a problem in their roles. The report focussed on general workload, rather than supporting children's mental health, nevertheless, a general feeling of limited time will impact school staff's capacity to support mental health. The report seemed to focus on teachers' and school leaders' views, however when exploring the reasons for their perceptions of workload, many of the pressures mentioned were systemic (e.g. staff shortages, lack of support from external professionals, changes to external examinations, and Ofsted inspections). Changes to external examinations is particularly pertinent for primary schools. The House of Commons Education Committee (2017) found that the National Curriculum introduced in 2014 and the subsequent changes to the primary school standard attainment tests (SATs) resulted in increased pressure on school staff and pupils.

Although research tends to focus on government pressures on teachers (e.g. Bracewell, 2011; Burton & Goodman, 2011; Sherman, 2003), Bronfenbrenner's (1979) ecological systems theory describes that individuals do not live in isolation from their surrounding systems. Applying this theory would suggest that, much like children, TAs are likely impacted by government pressures, which will impact the schools that they work in and the people they work with. As with the multiple components that were referenced with school-child relationships (Pianta, 2011), there are multiple components that interact within TAs' relationships, both within levels (e.g. how they are perceived or communicated to by an individual) and across levels (e.g. the perception of TAs based on the climate of the school). Taken together, the systemic pressures that currently exist in schools may impact the pressure that TAs feel.

5.4.2 The Relationship between Learning and Mental Health

TAs also thought about the relationship between learning and mental health. As a group, the participants recognised that learning and school pressures (e.g. SATs) can impact children's mental health as well as mental health impacting on learning. This is supported by research; for instance, The Children's Society (2016) report stated that "satisfaction with school work was the most strongly related with the overall 'total difficulties' measure of mental ill-health" (p.63); indicating that children's perception of school work influences their mental health. Similarly, in primary schools, it was widely reported by education unions that the changes to SATs are perceived to be detrimental for children's wellbeing (e.g. National Education Union, 2018). On the other hand, symptoms of various mental health disorders may include fatigue, difficulty concentrating, and difficulty sleeping for example (American Psychiatric Association, 2013) which would affect children's ability to engage in school. These competing demands seemed to impact the participants, with TAs referencing needing to support children emotionally, so that they can access their learning.

5.4.3 Safeguarding as a Solution

When talking about children with mental health difficulties, the TAs often referred to safeguarding routes. It seemed that a referral to a safeguarding lead was perceived as a solution to the 'problem' of having a child with mental health difficulties. For instance, Tina alluded to no longer being involved once she had passed on to a safeguarding lead:

> So any problems, that's safeguarding, you know, we just report straight there, then they take it over. (Tina)

TAs closely linked the cause of mental health difficulties to children's homelives which may have encouraged them to make this connection to safeguarding. In a similar way to how TAs perceived school incidents to impact children's mental health, this also suggests a linear understanding of how an issue or bad experience at home (e.g. neglect or abuse) will negatively affect children's mental health. By framing safeguarding as a solution, the TAs may have believed that if the 'safeguarding issue' was removed, the children's mental health would consequently improve. This was evidenced by Karen:

> 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)

Karen appeared to closely associate a safeguarding referral, and consequently social workers becoming involved, with 'everything will turn out well for that child'. This may indicate that Karen believed that if the safeguarding threat was dealt with, the child's mental health would automatically improve.

As well as a potentially linear understanding of mental health influencing TAs' responses, their actions may also have been driven by fear or lack of confidence. There was a belief shared by some participants that they were unable to directly support children's mental health when they had a concern about it. This was illustrated by Joanne:

> Yes, that means they need extra help. And I don't, I can't do it. (Joanne)

A fear of mental health difficulties (which will be discussed in greater detail later in this chapter) paired with a belief that they cannot support children with mental health difficulties, may have resulted in the TAs perceiving a safeguarding referral as their only possible response.

If there is a focus on responding to safeguarding needs, and perceiving this as a solution, it could lead to children's mental health difficulties not being addressed. It may also suggest that TAs are unsure what action the school should take if they had a concern about a child's mental health but did not consider it a safeguarding concern. A similar discovery was found by Bracewell (2011) who identified that staff would only take action in response to a concern about a child's background if it warranted a safeguarding referral. Staff did not make the link between background information and the need for preventative measures to support children's mental health. Taken together, these findings indicate that more input may be needed in schools to help them: (1) know what appropriate action should be taken if a child is suffering from poor mental health, regardless of whether they would consider this a safeguarding concern or not; and (2) use their knowledge of what can negatively influence children's mental health (e.g. social deprivation or parental separation) to implement preventative measures.

5.4.4 Working with Other Staff

The TAs that did not have a specific role supporting mental health seemed to share similar roles and were clear about the boundaries of their role. They suggested that other staff would run specific interventions and speak to parents. All participants discussed using other staff as a support. They talked about going to colleagues (e.g. teachers, senior leaders, and pastoral staff) when they were unsure what to do and needed advice. Bracewell (2011) similarly found that TAs will receive support from colleagues and that they often liaise with the class teacher.

The extent to which this advice and support was collaborative compared to directive, seemed to vary between the participants. However, regardless of TAs' experiences or

whether they had received additional input on mental health, they still discussed needing support from colleagues. Aisha, who had a MHFA role, talked about support from other staff and described that they 'rely upon each other'. This reliance on colleagues may indicate an area where TAs would benefit from additional input from external professionals (e.g. EPs) to discuss and reflect on their practice.

5.4.5 Hierarchy

The hierarchy in the school systems was evident in the TAs' accounts. TAs talked about needing permission from teachers to take children out of the classroom or do certain activities with them. TAs' lower hierarchical position also appeared to result in them not being told information; for instance, background information about a child that was not shared even when they were working closely with that child. This suggests that TAs may not be seen as important people to inform about things that may impact children's presentation in school. In other research, the hierarchical system resulted in TAs not being invited to review meetings and not having opportunities to share their knowledge of a child (Roffey-Barentsen & Watt, 2014).

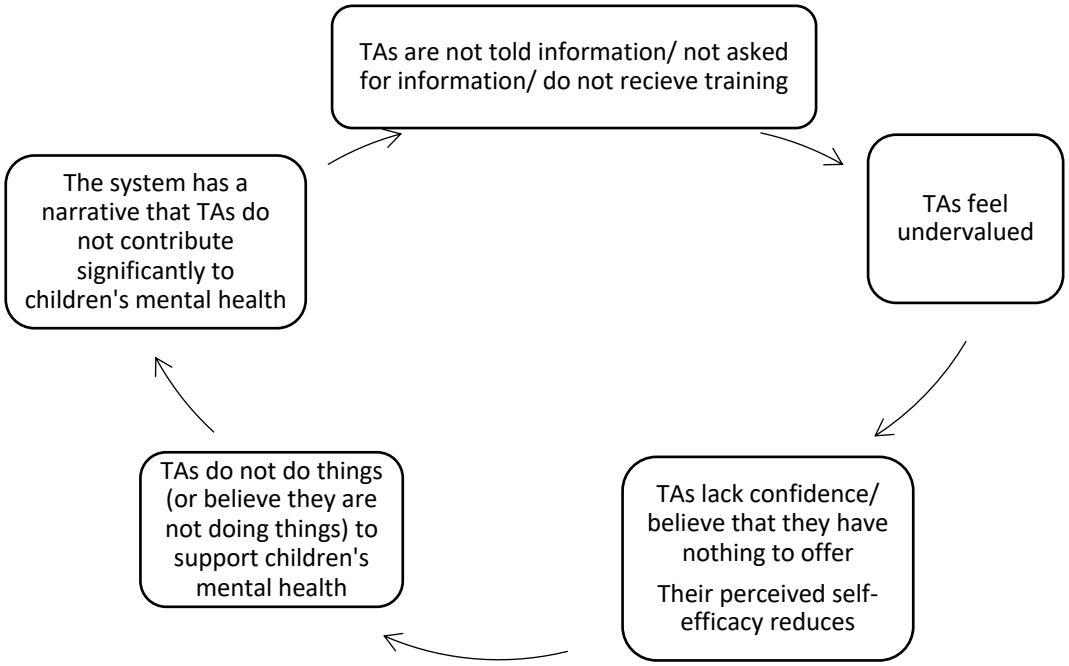
Arnold et al. (2011) point out that within the exploration of power dynamics in society, the extremities of power are encouraged (i.e. those who are more powerful use their power to maintain this) and that this can be applied to TAs. The treatment of TAs within the school system (e.g. not inviting them to meetings) perpetuates their low hierarchical position. However, if TAs are not told information and are not consulted about or included in meetings about a child, this may result in helpful information being missed.

An additional point was made by Joanne who explained that she had not received feedback from mental health training that staff had been on. Joanne felt unable to question this decision due to her position in the school; her frustration and feelings of being undervalued were apparent in her account. Undervaluing TAs could lead to them undervaluing themselves. For instance, Karen found it difficult to recognise the positive impact she had on children; attributing success to other people. The concept of circular

causality can be used to explain this (Dallos & Draper, 2010). This cyclical pattern of events describes the phenomena that an action results in another action which leads to a repeat of the first action, and so on.

Figure 2

A Diagram Representing the Researcher's Interpretation of Circular Causality in the Hierarchical School System.



This diagram illustrates the researcher's postulation that if TAs' contributions are not valued and that they are not included in training or given knowledge, this could lead to them losing confidence or believing that they cannot support children's mental health. If TAs are viewed by the system as having little contribution, they may internalise this belief.

Bandura's notion of perceived self-efficacy can help to explain this. Bandura explains that 'Perceived self-efficacy is concerned with judgments of how well one can execute courses of action required to deal with prospective situations' (1982, p. 122). In this context, the TAs' perceived self-efficacy relates to how well they believe they can support children's mental health. There are various factors that can increase perceived self-efficacy

(experience, modelling, social persuasion, and physiological factors) but perceived self-efficacy can also be easily reduced.

Bandura (1994) explained that constricting opportunities and undermining motivation results in disbelief about one's own ability. Therefore, there is a potential that the hierarchical system in schools could encourage TAs to be undervalued. If their opportunities are restricted (e.g. not being provided with training) and their motivation being undermined (e.g. not being given helpful information about a child) this could result in TAs' perceived self-efficacy reducing and subsequently their behaviour matching their level of belief (e.g. not believing that they can impact a child's mental health). Bandura's theoretical concept can also be applied to support TAs' perceived self-efficacy, and this will be discussed later in this chapter.

5.4.6 Frustration with the System

This theme was only present in Tina's interview; as described, Tina's role differed from the other participants. Tina described a high level of frustration with systems that contributed to supporting children's mental health; including funding, paperwork and support from external professionals. She felt that the necessary processes took a long time and children were left without support. It seemed that because of Tina's perception that help should be outsourced, it resulted in her not recognising any contribution she could make to support children's mental health.

When considering other research, findings support this, indicating that teachers experience frustration with systemic factors (e.g. external professionals) when working with children with mental health difficulties (Connelly et al., 2008). Green (2011) suggested that these frustrations can reduce teachers' confidence in taking ownership of supporting children's mental health; this may have been experienced by Tina. It is notable that this theme was only present for Tina and that supporting research involved teachers. It is possible that due to differences in Tina's role (e.g. Tina discussed contacting parents whereas this was not a role shared by the other TAs), she may have held other

responsibilities, regarding referrals and seeking external support, that were closer to a teacher's than a TA's.

5.5 The Emotional Experience

This final theme considers elements of the personal experience of supporting children's mental health. It is separated into:

- The reward of being helpful
- Difficulties about the experience

5.5.1 The Reward of being Helpful

All TAs acknowledged that helping children was a key element, if not the main purpose, of their role. It was clear that TAs found helping children (emotionally and with their learning) rewarding and they enjoyed seeing children succeed. Wanting to feel that they had 'made a difference' was also shared by TAs. TAs described noticing the positive impact they had on children they currently worked with and had worked with in the past (e.g. teenagers greeting them). The TAs also talked about enjoying their jobs, Joanne in particular emphasised this, wanting it to be apparent in the research:

> I just really, really like my job. I hope it comes across. Because I do, I really, really do. (Joanne)

5.5.2 Difficulties about the Experience

5.5.2.1 Helplessness

Helplessness was a prominent theme for the TAs. The TAs felt helpless when they believed they were unable to help the children they worked with. For instance, the TAs talked about not knowing what was troubling a child and this being a hindrance to them helping. Additionally, one TA (Karen) demonstrated helplessness when describing an instance where she felt a teacher was too busy to deal with something, and she herself, did

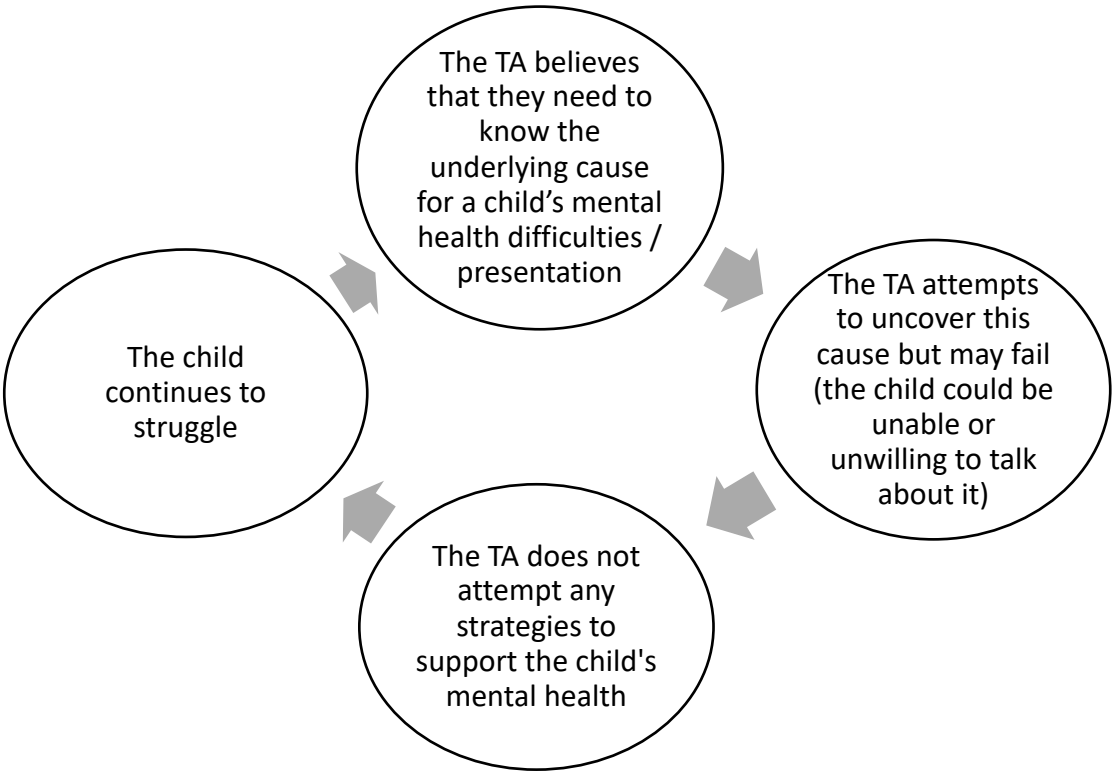
not have the knowledge to help the child. Similarly, Tina expressed helplessness that children do not get the help that they need from external professionals.

The TAs' helplessness seemed to stem from their beliefs about mental health and their role supporting it. Some TAs believed that to support a child with mental health difficulties, they needed to know why the child was presenting in a certain way. Karen believed that she did not have the knowledge to support a child's mental health and that a teacher would be able to better support it. Tina believed that children needed help from external professionals and that this was unachievable.

The TAs' beliefs and behaviours about children's mental health could become a self-fulfilling prophecy (Merton, 1968); this is illustrated in Figure 3.

Figure 3

The Researcher's Interpretation and Example of a Self-Fulfilling Prophecy Regarding TAs' Beliefs About Children's Mental Health Difficulties



This example demonstrates a series of events that would confirm the TA's original belief that they need to know the underlying reasons for a child's behaviour; illustrating how a self-fulfilling prophecy could impact TAs' actions. For EPs to assist TAs to support children's mental health, it could be helpful to explore the beliefs they hold about mental health and their ability to support it.

5.5.2.2 Fear of Supporting Mental Health

For some participants, the fear about supporting mental health difficulties was apparent; although they were often unable to acknowledge it. TAs were afraid of getting things wrong, which for some, stemmed from a belief that they did not have the knowledge or expertise to support children's mental health. Comparable to this, teachers in Shelemy et al. (2019) described using common sense to support children's mental health but were concerned about their lack of knowledge worsening the situation.

One participant, Rachel, alluded to a fear of mental health difficulties, stating that she would know what to do if a child was physically hurt, but not if they had an emotional difficulty.

> …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. (Rachel)

This finding is also supported by research with teachers. Much like Rachel's quote above, teachers in Green (2011) considered mental health to be ambiguous and unfamiliar.

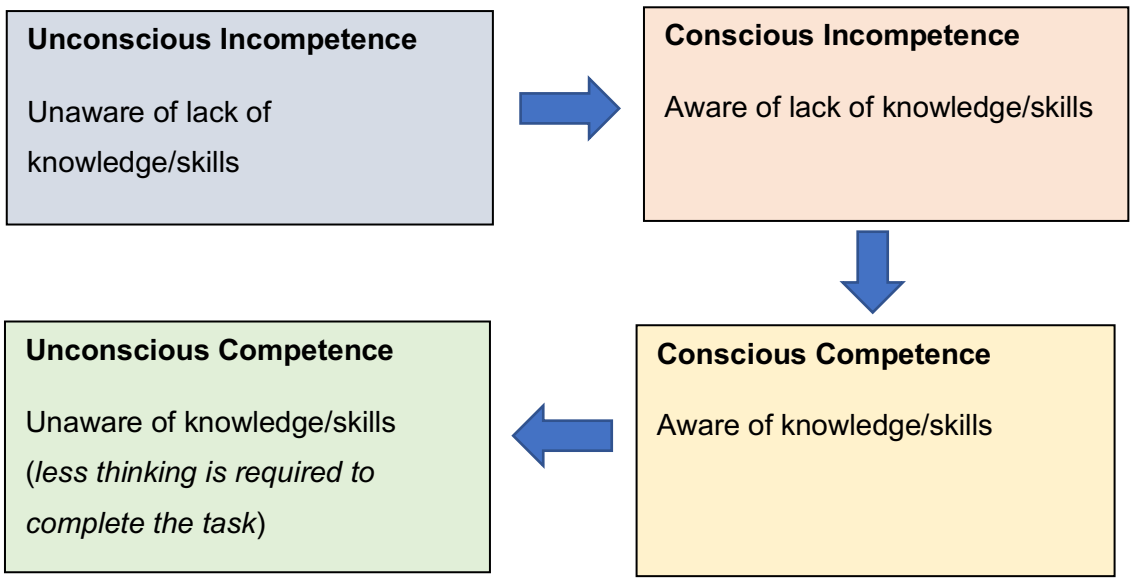
In general, research suggests that the topic of 'mental health' can create fear in teachers (Cooke et al., 2016). This research supports this notion, indicating that this topic may also cause fear for TAs. Tucker argues that societal and community expectations for schools to provide 'care and support (as well as education)' are not always met and that this 'confusing and highly emotional situation generates increasing pressure and persecutory anxiety for those who work in schools.' (2015, p.261). The fear that the TAs' seemed to

experience could therefore be representative of the anxieties that may exist in the school system.

As discussed earlier (in section 5.2.1.1), there was an element of fear when TAs talked about anxiety and other mental health difficulties; with TAs seeming to minimise children's mental health needs. If there was an underlying element of fear about their own ability to support children's mental health, TAs may have minimised mental health problems to cope with their own feelings. The *conscious-competence model* can be applied to demonstrate some conscious and unconscious processes that the TAs may have experienced (see Figure 4).

Figure 4

The Conscious-Competence Model



The literature is unclear about who developed the conscious-competence model (Cannon et al., 2010), it is nevertheless a useful framework for understanding learning. It views learning on two dimensions: consciousness and competence. This model is offered for the reader's consideration when exploring the experiences that the TAs may have in their role. The TAs may begin in *unconscious incompetence,* unaware of their lack of knowledge or skills to support children's mental health. By acknowledging that children have mental

health difficulties that need support and feeling ill-equipped to deal with these difficulties, the TAs may move into *conscious incompetence*. For some TAs, realising their incompetence may be difficult to cope with; this could result in them minimising or denying the mental health difficulties. For instance, Tina minimised children's anxiety and denied that it was a mental health problem:

> It's ju… you know, we've got maybe four or five that have got anxiety issues really and worries, but not nothing as mental health as such. (Tina)

Cramer (1991) described that defence mechanisms (such as denial) are unconscious processes that can happen in response to anxiety and guilt. The TAs seemed to be feeling anxious about supporting children, and perhaps guilty about not appropriately supporting them. By denying that the children were experiencing mental health difficulties, it would enable the TAs to believe that there was nothing for them to respond to, thus allowing them to return to a state of unconscious incompetence.

As aforementioned, TAs' perceived self-efficacy may impact their ability to support children's mental health. It was suggested that their low hierarchical position may have decreased their perception of their self-efficacy; this could result in them feeling particularly anxious about the topic of mental health. On the other hand, their anxiety may also have resulted in a reduced perceived self-efficacy. The relationship is likely interactive, and much like the example relating to helplessness, may become a self-fulfilling prophecy (i.e. they believe they cannot support children's mental health; they are anxious about supporting it; and thus, they do not support it). Nevertheless, psychological theory suggests that TAs may benefit from efforts to increase their perceived self-efficacy. Bandura (1982, 1994) outlines four areas that improve perceived self-efficacy:

1. Experience – opportunities for success. If only easy successes are achieved, this can lead to an expectation of quick results which generates a tendency to be easily discouraged by failure. A resilient sense of efficacy develops from overcoming obstacles.

2. Modelling – seeing people similar to oneself achieve. The impact of social modelling is strongly influenced by a person's perceived similarity to the model. By the same notion, if a person sees a social model fail, despite considerable effort, this can reduce perceived self-efficacy.
3. Social persuasion – verbally persuading someone that they have the capabilities to achieve. In addition, successful efficacy builders structure situations that produce success and avoid situations where the person is likely to fail. Success should be measured in self-improvement instead of victories over others.
4. Physiological factors – reducing stress reactions and the negative interpretations of these responses. Stress reactions can be interpreted as signs of vulnerability and mood can also affect a person's perception of their self-efficacy. Bandura argues that it is important to adapt the way that physical responses are perceived and interpreted; for instance, arousal can be interpreted as an energising facilitator or as a debilitator.

To help TAs improve their perceived self-efficacy and move through the stages of the conscious-competence model, they may benefit from support from external professionals. In addition to increased opportunities to learn about the topic of mental health and how to support it, TAs may value a model that incorporates the four areas outlined by Bandura (1982, 1994). TAs may have been seeking out elements of this model already. For instance, as TAs mentioned relying on other staff to know what to do, they may have been pursuing social persuasion (i.e. someone to reassure them) or to experience modelling (i.e. hearing about someone similar to themselves having a successful experience). To promote perceived self-efficacy about supporting children's mental health, Bandura's four areas could also be encouraged and controlled through supervision and consultation from EPs. In particular, if a group format was used for this supervision it would especially allow for social modelling.

5.5.2.3 A Difficult Emotional Experience

Although TAs enjoyed their jobs, most identified difficulties with their role as well. The TAs recalled experiencing a range of emotions and being upset or scared by the mental health difficulties they had witnessed in children; one participant cried in the interview while recalling an experience where she felt she had let a child down. For others, talking about emotional or negative aspects of the role was more difficult. Many participants may have used laughter as a coping mechanism, nervously laughing when they were uncomfortable. Others were reluctant to go into detail about difficulties, were unwilling to recognise any negatives about their jobs, or would quickly follow a negative with a positive, as demonstrated by Joanne:

> It's, it's quite hard. But it's quite rewarding by the end of the year. (Joanne)

This difficulty acknowledging difficulty may have been driven by TAs feeling unequipped to support children's mental health.

Both the TAs' expressions of their difficulty, as well as their inability to express difficulties indicate that they may benefit from talking through their experiences with their colleagues or external professionals. Some participants talked about distressing events (e.g. children being suicidal) and others remained upset about past experiences. Comparatively, some TAs talked about hiding their emotions ('But you can't show your sadness' – Joanne) or not being encouraged to think about themselves ('I don't tend to worry about myself too much because it seems a bit selfish' – Karen) which may suggest that TAs are not provided with chances to speak about how their work impacts them. TAs may benefit from opportunities to talk about their emotions and experiences in a professional capacity. They may also benefit from other support for their wellbeing, such as yoga and mindfulness (Harris et al., 2016), meditation, and opportunities for laughter (Carr et al., 2011).

5.6 Implications for Practice

The participants perceived themselves to be supporting children's mental health and considered this part of their role. Moreover, they described that children are often

approaching them, rather than teachers, about their difficulties and that TAs are better placed than teachers to spot children's mental health difficulties. There are, therefore, several implications that can be drawn from this research.

For EPs:

- *Training*: When TAs are supporting children's mental health, they may be relying on their own experiences to know what to do. Training is likely to support schools to upskill staff on how to support children's mental health.
- *Sharing knowledge*: School staff should also be made aware of the many reasons for poor mental health and that it cannot always be explained by the home environment. School staff may also need support to understand the complexity of mental health; that it cannot solely be explained by a linear relationship. Additionally, TAs tended to focus on internalising symptoms of mental health, EPs may wish to share knowledge that externalising symptoms can also indicate mental health difficulties.
- *Consultation or supervision*: TAs may benefit from consultation or supervision style support from EPs which could provide ongoing professional development, enable reflection, exploration of beliefs, and build staff's confidence and self-efficacy in supporting mental health. Bandura's (1982, 1994) suggestions for factors that improve self-efficacy could be incorporated into supervision.
- *Avoiding othering*: There may be a tendency among some school staff to blame parents for children's poor mental health. EPs could help explore this with schools and encourage inclusive practice by sharing the damaging effects of acculturation (Wright, 2010).
- *Systemic work*: Schools may benefit from an exploration of the perceived roles or tasks in the school, regarding supporting children's mental health, and how this might differ between different staff members. They may also need support to implement the implications listed below.

For schools:

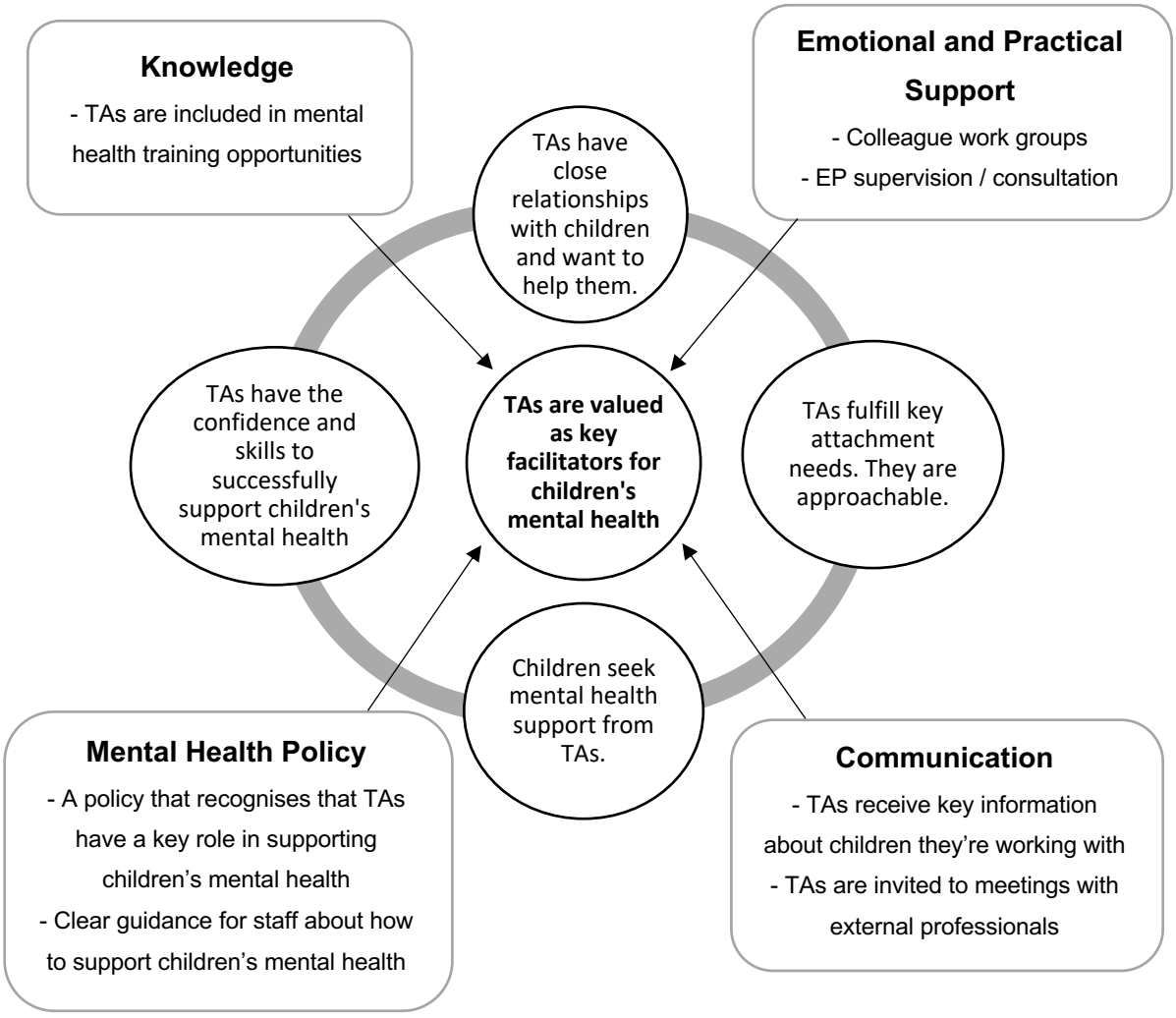
- *Colleague support:* Support from colleagues was highly valued by TAs; formal and informal channels for work discussion could be implemented in schools.
- *Emotional support:* TAs may benefit from opportunities to talk about their experiences of supporting children's mental health; this could be formally encouraged by schools (e.g. timetabled meetings or opportunities for reflection). Other forms of emotional support could also be considered by schools.
- *Mental health policies:* Currently, there is no requirement for schools to have a specific mental health policy (DfE, 2018b). The responses from TAs focussed on following safeguarding procedures when concerned about a child's mental health. It is likely that a specific mental health policy that identifies different levels of support and action required by school staff would be beneficial for schools. Grouping mental health with other policies (e.g. safeguarding) could lead to staff being unsure about what action to take.
- *Preventative work:* TAs mainly talked about supporting children's mental health when they perceived them to be presenting with mental health difficulties. School staff need to be aware of the importance of preventative support for mental health needs (i.e. supporting children, particularly those at risk, before they present with mental health difficulties).
- *Including TAs in discussions:* TAs appear to work very closely with children and perceive themselves to have relationships and knowledge of children that others do not; they may provide significant attachment figures for children (Bowlby, 1980, 1998). Schools might consider sharing information with TAs about children's background, when they are working closely with them, as it may help inform TAs' practice. Similarly, when external professionals are involved with a family, a TA may be able to provide an insight into the child that others are not able to.

- *Supporting children with SEND:* TAs seemed to focus on using talk to support children's mental health. Schools might consider introducing different styles of working so that children have opportunities for emotional support that do not involve talking (e.g. use of visuals or calming activities).

To further demonstrate the importance of these implications, Figure 5 provides an illustration of the key role that TAs can have to support children's mental health and how some of these implications could facilitate this role.

Figure 5

A Representation of How TAs can be Facilitated to Support Children's Mental Health



This figure demonstrates that through the close relationships that TAs form with children, and the subsequent attachment needs that they may meet, they provide a useful resource to support children's mental health. The figure illustrates how the implications listed (e.g. involving TAs in training opportunities, providing them with support etc.) can help school staff to recognise and value TAs as having this significant role. If TAs are provided with support, and if the school facilitates their role at a systemic level (e.g. through having a mental health policy and clear channels of communication), this may develop TAs' confidence and skills so that they, and therefore the school, can successfully support children's mental health.

5.7 Reflections on the Research Process.

As a novice researcher, the steps outlined by Smith et al. (2009) provided assurance that a procedure was followed throughout the research process. Smith et al. also encourage flexibility within this process. Overall, the researcher felt that IPA and its guidance provided a helpful lens and tool for uncovering the experiences of the participants.

An ethical dilemma that presented during the write up process was the contrasting nature of elements of IPA research: maintaining the individual experience while extracting themes from the whole group. As pointed out by other researchers (Collins & Nicolson, 2002), by linking and uniting the data, the individuals' accounts can become diluted. This may be further diluted when findings are disseminated, and the researcher is obligated to reduce the data further (e.g. in presentations or in publication of a research article).

At times, the researcher became aware that there may have been a tendency to over-identify with participants or to anticipate what they might say. This was evident in the research diary with reflections after the earlier interviews that some answers were not expected and there was a need to bracket off these preconceived ideas (see Appendix M). By acknowledging this, it facilitated the approach to other interviews and helped to separate the researcher's views from the participants' during the analysis stage.

5.8 Limitations

One limitation of the research is that the participants were a self-selecting group. Many expressed an interest in mental health and, considering participants were aware of the topic of study, it was unlikely the research would attract TAs who did not believe they had a role in supporting children's mental health. This may have led to some biasing in themes in the research, for instance these TAs may have been more aware of underlying reasons for poor mental health.

Additionally, TAs were provided with a definition of mental health problems (DfE, 2018b) to encourage a shared understanding, which may have impacted their responses. As the TAs were discussing their own experiences, it was hoped that this impact would be small. TAs were also asked for their response to the definition giving them a chance to reflect on their understanding of it and help the researcher identify how they had been influenced. When reflecting on the interview and during analysis, the researcher did not think that the definition had greatly impacted the TAs' accounts; nevertheless, it could have had an impact that the researcher was unaware of.

Another limitation was that one participant did not wholly meet the inclusion and exclusion criteria. As the research aimed to explore the views of a particular under-researched population, this participant was not included in the initial analysis that involved creating overarching themes; her analysis was then compared to these themes. As the participant considered herself a TA, and she had given up her time to be part of the research, this seemed the most ethical decision.

Finally, IPA aims to explore the lived experiences of a particular group. Due to the nature of this methodology, the findings do not stand on their own as generalisable however, IPA provides an opportunity for theoretical generalisability. As Smith et al. (2009) write, 'Immediate claims are therefore bounded by the group studied but an extension can be considered through theoretical generalizability, where the reader of the report is able to assess the evidence in relation to their existing professional and experiential knowledge' (pp.

3-4). It is therefore hoped that readers of this research will be able to apply and relate the findings to their own practice.

5.9 Future Research

Some directions for future research, include:

- An exploration of children's views regarding the emotional or mental health support that primary school TAs provide.
- Wider scale research that aims to gather the views of all TAs (e.g. not just those with a particular interest) on supporting children's mental health.
- A review of training and consultation provided to TAs that empowers them to support mental health. This could be general support for children's mental health (that the participants in this research appeared to provide), rather than an approach that focusses on a specific intervention (as other research has done, e.g. Burton, 2008).
- Observational research that explores how school staff support children's mental health.

6. Conclusion

This research aimed to explore how primary school TAs understand their role in supporting children's mental health; this is an under-researched area. Other research into related topics has included the perspectives from staff with a variety of school roles (e.g. Wood, 2018); has focussed on a specific intervention (Burton, 2008); or was conducted in secondary schools (e.g. Burton & Goodman, 2011). The current research was an IPA study with seven female participants who worked in a supporting role in primary schools in Greater London.

The TAs discussed their experiences of supporting children's mental health and often had multiple examples of this. The research uncovered differences and similarities between the participants' interviews and their experiences were grouped in the following themes:

- Perception and Knowledge of Children's Mental Health
- How TAs Support Children's Mental Health
- Working Within the School System
- The Emotional Experience

TAs were aware of some underlying causes for mental health, often linking this back to the children's homelives. The TAs recognised that they wanted to develop their knowledge about mental health and discussed the possibility of training. Based on some of the participants' comments during and after interviews (e.g. Joanne developed her understanding of 'mental health' during the interview), it was suggested that (as well as training) consultation or supervision would be helpful for TAs to better support children's mental health. A reflective approach would allow a discussion about mental health and may reduce some of the discomfort that TAs experienced using language associated with mental health difficulties. Additionally, the TAs appeared to express a linear understanding of how mental health difficulties might develop in children (e.g. something bad happens to the child which results in reduced mental health). An exploration with TAs about how the multiple

components of the complex school system, the children's homelives, and individual factors might interact could help them better understand the manifestation of mental health difficulties in children.

The TAs referenced the special relationships that they have with children and specified that they use talking, being present, monitoring, and praise to support children's mental health. It was particularly helpful to draw on attachment theory to understand this relationship (Bowlby, 1980, 1998). It was suggested that, based on the descriptions from participants, the TAs may have acted as a secure base for the children; providing a space where the children's emotional and physical needs were met in addition to helping them understand their world. Furthermore, TAs alluded to having sensitive attunement (Geddes, 2006) to the children's emotions and helping them to make sense of their stressful experiences (e.g. through normalising their worries). Finally, the TAs seemed to believe that the children were able to hold the support they provided 'in mind'; they suggested that the children were comforted by their presence.

The school system impacted TAs' ability to support children. A benefit of the education system was the support of colleagues for advice. However, TAs also discussed the lack of time, their position in the school hierarchy, and frustration with the system (e.g. paperwork) as barriers to supporting children's mental health. The relationship between mental health and learning as well as the tendency to rely on safeguarding procedures also presented as factors that impacted TAs' ability to support children. Using systemic theory (e.g. Bronfenbrenner's ecological systems theory, 1979) it can be understood that the complexity of the school system will inevitably impact TAs and the children that they support.

TAs enjoyed their jobs and found it rewarding to help children. Some difficulties about the experience also became apparent. TAs experienced helplessness at not being able to support children's mental health and there was an element of fear around the topic of mental health. TAs also referenced the emotional experience of supporting mental health, although there was a reluctance to talk in depth about how it impacted them.

Some theoretical concepts were introduced to help understand the TAs' relationships with the topic of mental health. The conscious-competence model was used to explore an idea that acknowledging the existence of mental health difficulties in children perhaps made TAs aware of their own incompetence, which could be unbearable for some, and result in them denying its existence. It was also postulated that the TAs' positioning in the school hierarchy (resulting in them not receiving information or training) may have reduced some of their perceived self-efficacy (Bandura, 1982, 1994). This, paired with some beliefs that the TAs had about their own role and abilities, perpetuated their fear of mental health difficulties. The researcher suggested that Bandura's four areas that improve perceived self-efficacy (experience, modelling, social persuasion, and physiological factors) could be used by EPs to improve TAs' perception of their self-efficacy in supporting children's mental health.

The findings indicate multiple considerations for EPs regarding TA support for children's mental health. The research highlights that there may be opportunities for EPs to support and upskill TAs; for instance, through training, consultation, and supervision. For schools, there are recommendations about school approaches to supporting mental health, (e.g. the introduction of a mental health policy and employing more preventative mental health interventions) and how TAs can be supported and utilised when considering children's mental health. This research suggests that TAs perceive themselves to support children's mental health, that they have a valuable role in developing relationships with children, and that they would benefit from further input to develop their ability to support children's mental health.

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