“I'm not just picking up the child, I'm picking up the family”: The experiences of school staff working with children of parents with mental health difficulties.

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A thesis submitted for the degree of Professional Doctorate in

Child, Community and Educational Psychology

Tavistock & Portman NHS Foundation Trust

University of Essex

Date of submission: May 2021

Acknowledgements

To my fellow Tavistock trainees, thank you for everything you have given to this course and to me. What a journey we have been on as a team.

To my research supervisor, Dr Rachael Green, for your valued advice, encouragement and belief I would get to the end.

To my personal supervisor, Dr Ben Craik, for giving me the space to think beyond this.

To my placement supervisor, Liz Jones, for your ongoing support and gentle reminders to look after myself.

To my parents, for always giving your time, love and support. Thank you for everything you have done which has made this possible.

And finally, to Chris – we got there, together.

Abstract

This research study aimed to explore the experiences of school staff working with children living with parents who are known to have mental health difficulties. Whilst acknowledging the potential vulnerability of this population, both charities and families themselves report that these children's needs are often invisible to the professionals working with their parents. Considering the role of school staff in promoting and protecting pupils' mental wellbeing, they are well placed to support children who are facing such difficulties at home. Despite the prevalence of mental health difficulties amongst parents, there is currently no research within the United Kingdom that has sought to explore how school staff experience working with the inevitably large population of children impacted in this way. Eight Pastoral Support Leads from primary school settings were recruited to take part in semi-structured interviews. Recorded interviews were transcribed and analysed using Interpretative Phenomenological Analysis. Four overarching themes emerged from participants' experiences: 'Compelled to Care', 'Journeying with Families', 'Expectation to Find Solutions', and 'Frustrated, Fearful and Fighting Alone'. Findings are presented and then considered within the context of relevant existing literature and theoretical frameworks. The implications for Educational Psychology practice and the education system as a whole are further discussed, alongside limitations of this study and suggested areas for future research.

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Chapter 1: Introduction

Growing up in a household where members are known to experience mental health difficulties is considered to be an Adverse Childhood Experience (ACE) and is evidenced as a risk factor for poorer health outcomes (Felitti et al., 1998; see also Bellis et al., 2016; Hughes et al., 2017; Lanier et al., 2018). Such outcomes are reported to include intergenerational mental health difficulties (Beardslee et al., 1998; Johnston et al., 2013; Manning & Gregoire, 2006; Rutter & Quinton, 1984; Weissman et al., 2006), with one study suggesting that 79% of children receiving treatment for mental health needs have parents who experience difficulties of their own (Naughton et al., 2017). Research additionally documents the potential impact of mental health difficulties on parents' capacity to respond consistently to their child's needs, with implications for children's emotional, social and cognitive development (Cleaver et al., 2011; The Mental Health Taskforce, 2016; Social Care Institute for Excellence [SCIE], 2011; Tabak et al., 2016). Cited further are the effects on the health, social relationships and education of young people who take on caring responsibilities for a parent (Dharampal & Ani, 2020; James, 2017; Wayman, et al., 2016), of whom 29% are considered to be caring for someone with mental health difficulties (Royal College of Psychiatrists [RCP], 2011).

1.1 Terminology and National Context

Mental health refers to a person's emotional and psychological well-being, affecting how they think and feel, as well as how they function in everyday life (Mind, 2017; Mental Health First Aid England [MHFA], 2016; National Health Service [NHS], 2020). Acknowledging the range of language that is used to talk about 'problems', 'disorders' and 'illness' in relation to mental health, it is important to consider how such experiences are defined and understood. Referencing medical diagnostic tools,

definitions of ‘mental health disorders’ include symptoms associated with clinically significant levels of distress and impairment in important areas of functioning (American Psychiatric Association, 2013; World Health Organisation [WHO], 2019). Despite these published measures, data suggests that many people who experience symptoms do not receive treatment (Demyttenaere et al., 2004; Green et al., 2005; McManus et al., 2016; WHO, 2018). Instead, campaigners advocate that mental health should be considered along a continuum of experiencing instances of positive/poor mental well-being, independent of receiving a diagnosis (MHFA, 2016). In an attempt to encapsulate this understanding and consider the wide range of experiences beyond the medicalised language of labelled disorders, the terminology of ‘mental health difficulties’ has been used throughout this thesis.

National statistics from the United Kingdom (UK) suggest that 1 in 4 adults experience mental health difficulties in any given year (NHS, 2020). Of adults who typically receive a diagnosis, 68% of women and 57% of men are parents (RCP, 2015). In the current context of the Covid-19 health pandemic this number is likely higher, with research documenting increased rates of mental health difficulties amongst the population (Jia et al., 2020; O’Connor et al., 2020). Needing to manage the demands of remote working and home schooling, recent studies have further reported increased rates of anxiety, stress and depression amongst parents/carers across repeated national lockdowns (Shum et al., 2021). Further statistics suggest that even before the pandemic, over 2.9 million children were living with at least one parent who has symptoms of anxiety or depression (Children's Commissioner, 2018), with estimates that this equates to eight children in the average classroom (Spierling et al., 2019). Acknowledging discussions around rates of diagnoses, as well as the nature of other reported symptoms, the overall figure of children living

with parents who experience mental health difficulties is, therefore, likely to be much higher than is officially recorded. Given the potential negative impact this may have on children, it is essential to identify how these families are being supported.

1.2 Living with Parental Mental Health Difficulties

1.2.1 The Impact of Living with Parental Mental Health Difficulties

The potential negative impact of parental mental health difficulties on all areas of a child's development is widely documented, as outlined above. It is important to acknowledge, however, that not all children living with parents who experience mental health difficulties are impacted in the same ways. Research challenging the assumption of inevitable negative outcomes, highlights the complex interplay of genetics and environmentally mediated risk for mental health difficulties, including factors such as socioeconomic disadvantage and familial conflict (Aldridge & Becker, 2003; Beardslee et al., 2011; Gladstone et al., 2006; Hinshaw, 2018; Manning & Gregoire, 2006). The inequality of accumulated risk for mental health difficulties from the prevalence of co-occurring ACEs has also been shown (Allen & Donkin, 2015; Hughes et al., 2016; Kessler et al., 2010). Discrepancies can additionally be seen in relation to young carers of parents with mental health difficulties, with adverse outcomes thought to be associated with caring responsibilities that are long-term and disproportionate to a child's age and level of understanding (Aldridge, 2006). Furthermore, research has evidenced the success of preventative interventions in reducing the risk of experiencing the negative outcomes discussed above, designed to promote communication in families and support children in understanding the nature of their parents' difficulties (Beardslee et al., 2003; Beardslee et al., 2007; Beardslee et al., 2013; Hinshaw, 2018; Loechner et al., 2018; Siegenthaler et al., 2012). Recognising that support for these families may reduce the likelihood of

negative outcomes, there remains a rationale to explore what, and where, such help may be available.

1.2.2 Legislative Context for Professionals

In light of the potential impact of parental mental health difficulties, guidelines for adult mental health service professionals describe how patients' childcare responsibilities should be routinely recorded, monitoring any risks to their child's needs being met (Department of Health [DH], 2000; 2008; SCIE, 2011; Mental Health Act 1983; 2007; National Patient Safety Agency, 2009). Despite these published procedures, an inspection report entitled '*What about the children?*', highlighted the ongoing failures of adult mental health services to consistently identify the parenting status of service users (The Office for Standards in Education, Children's Services and Skills [Ofsted], 2013). Research has further cited a lack of clarity about the perceived roles and responsibilities of adult mental health service professionals, adding to the barriers of these children being identified (Aldridge & Becker, 2003; Maybery & Reupert, 2009; O'Brien et al., 2011; Parker et al., 2008; RCP, 2011; Slack & Webber, 2008). Such issues can, therefore, be seen to result in this group of children remaining largely unsupported by those working with their parents.

Further systems of support can be seen in Government legislation which details the duty of Local Authorities (LAs) to identify young carers and work together with families to assess their needs (Care Act 2014; Children Act 1989; Children and Families Act 2014). Included in this may be an assessment of a young carer's mental well-being. Nevertheless, charities supporting young carers similarly report children's needs being "hidden" and "invisible" to the professionals working with their parents (Carers Trust, 2016; The Children's Society, 2013; 2016; James, 2017). Recognising

the additional needs faced by young carers of parents with mental health difficulties, such as witnessing emotional distress and experiencing increased stigma (Cooklin, 2010; 2015; Gray et al., 2008), campaigners advocate that specialist support is required (Our Time, 2021). In light of evidence that highlights the importance of supporting children living with parental mental health difficulties, whilst acknowledging their absence in professionals' considerations, it is a priority to explore who their needs are visible to.

One group of professionals these children may be visible to are social workers involved in child protection practice (Carpenter et al., 2011; Monds-Watson et al., 2010; Sheehan, 2004), with data showing that parents with mental health difficulties are at increased risk of losing custody of their children (Hollingsworth, 2004; Kaplan et al., 2009; Park et al., 2006). As seen in evidence from serious case reviews, parental mental health difficulties are also considered to impact on increased child safeguarding concerns (Brandon et al., 2011; Falkov, 1996; Laming, 2009; Munro, 2011). Recommendations from these reports suggest that improved risk assessments, referral processes and sharing of information are needed to ensure the well-being of children.

Despite this narrative, many parents who experience mental health difficulties are able to ensure their child's safety and well-being, recognising protective factors in their ecological contexts and the success of interventions (Aldridge & Becker, 2003; Krumm et al., 2013; Seeman, 2015). Nevertheless, facing judgements about their parenting skills, societal stigma and the threat of potential custodial battles have all been reported as barriers to parents seeking support for both themselves and their children (Cowling et al., 2004; Halsa, 2018; Howard & Underdown, 2011; Nolte & Wren, 2016; Parker et al., 2008). Although important to develop robust systems

that support children where there are child protection concerns, there remains a need to identify the support available for those who never reach such thresholds or who are not identified in this way.

1.2.3 Legislative Context for Schools

Following reports into the increasing rates of mental health difficulties amongst children and young people (DH, 2015; Care Quality Commission, 2017; Sadler et al., 2017), the UK Government proposed recommendations to help schools improve their approach to supporting children through early intervention strategies (DH & Department for Education [DfE], 2017). The resulting introduction of Mental Health Support Teams and Designated Senior Leads for Mental Health in schools (DH & DfE, 2017), as well as approaches to whole school mental well-being (DfE, 2018; Sandwell Metropolitan Borough Council, 2020), have highlighted the role of staff in identifying and supporting children whose mental health difficulties may be impacting on their behaviour and development in school. Despite these positive steps, The British Psychological Society [BPS] (2018a) has highlighted the reactive approach of such interventions for those who are already experiencing mental health difficulties, with little reference to preventative action for those considered to be 'at risk'; a group previously evidenced to include those living with parental mental health difficulties. Recognising the benefits of early, preventative interventions (Department of Health and Social Care [DHSC], 2018), there is a clear rationale to identify what support may be available for this group.

1.2.4 Professional Context for Educational Psychology Practice

Guidance informing practice highlights the role of Educational Psychologists (EPs) in promoting the psychological wellbeing of children and young people, working to understand the factors that impact on their socio-emotional and cognitive

functioning (BPS, 2019; Health and Care Professions Council [HCPC], 2015). As well as supporting individuals, EPs work systemically to help those who care and work with children to understand and support their needs. Considering the evidenced impact that parental mental health difficulties can have for children's development, a role for EPs is clearly highlighted in working to improve outcomes for this population.

In addition to the above competencies, EPs' training relies heavily on an understanding of psychological theory to inform their approach to practice. Such knowledge of theoretical frameworks is essential for supporting school staff to respond to the needs of pupils through the recommendations of evidence-informed strategies. For example, principles of attachment theory highlight a role for EPs in supporting school staff to develop relationships with their students that serve as a secure base from which learning can take place (Bowlby, 1969; Geddes, 2006). A further important psychological framework is psychodynamic theory, which draws on psychoanalytic concepts to explain the impact of unconscious drivers on behaviour (A. Freud, 1993; S. Freud, 1915; 1923). Recognising the emotional challenges associated with attempting to contain students' anxieties to support their emotional wellbeing (Bion, 1984; Winnicott, 1960), EPs can support staff by ensuring that they have the space to process and make sense of their experiences when working with potentially vulnerable children (Bion, 1984; Brennan et al., 2019; Sapountzis, 2018). Building an understanding of how school staff experience working with children of parents with mental health difficulties can, therefore, also be seen to have important implications for EP practice.

1.3 Support for those Living with Parental Mental Health Difficulties

1.3.1 The Experiences of Parents

Considering what support may be beneficial to families impacted by parental mental health difficulties, research has sought the views of parents themselves. Common responses acknowledged parents' burden of needing to share information to support their child's understanding, highlighting the uncertainties and worries they face in determining how and what to share (Nolte & Wren, 2016; Mayberry et al., 2005). Parents have subsequently expressed the desire for advice about how to talk to their children (Nicholson et al., 1998; Nolte & Wren, 2016) and for their children to be supported in accessing the information they want to know (Maybery et al., 2005; Stallard et al., 2004). Additionally, parents have identified the benefits of having different sources of support and spaces for their children to talk (Falkov, 1998; Nolte & Wren, 2016; Thomas & Kalucy, 2002). With such strategies in mind, there is a rationale to explore the roles of those who may be able to support children in these ways.

1.3.2 The Experiences of Children and Young People

Research that has explored the views of children and young people living with parents who experience mental health difficulties has also highlighted what support is valued by this group. A clear theme in the literature, which follows on from what parents themselves identified, is children and young people wanting information to be shared that enables them to understand how their parents may be feeling and why (Bilsborough, 2015; Griffiths et al., 2012; Gladstone et al., 2011; Handley et al., 2001; Martinsen et al., 2019; Mordoch, 2010; Stallard at al., 2004; The Children's Society, 2018). Experiences of uncertainty and fear have also been seen to prompt children to seek help from trusted others outside of their home (Totsuka, 2010; Van Parys & Rober, 2013; Yamamoto & Keogh, 2018), including teachers and school counsellors (Fudge & Mason, 2004; Gladstone et al., 2011; Mordoch, 2010; Mordoch

& Hall, 2008). Those interviewed additionally voiced concerns about coping in school, including worries around their academic performance and disruptions to their routine because of caring responsibilities (Cooklin, 2010; Garley et al., 1997; Stallard et al., 2004).

Having identified such worries, children often felt their concerns and responsibilities at home went unrecognised by professionals, including school staff (Gladstone et al., 2011). Some also expressed perceiving teachers as reluctant to speak with them about mental health (Hadley et al., 2001), noting stigma as a barrier to them seeking support (Griffiths et al., 2011; Mordoch, 2010; Mordoch & Hall, 2008; Reupert et al., 2021). Acknowledging the role school staff have in supporting children's well-being (DfE, 2018), yet how isolated this group of young people can feel, there is a rationale to explore the experiences of school staff working with them to help understand how they may be supported.

1.3.3 Personal Experiences

Further interest in this research area has stemmed from the researcher's own personal experiences of both living and working within contexts of parental mental health difficulties, which will be presented below through a first-person account. Throughout my education, parental mental health difficulties were something my family felt pertinent to share with my teachers, recognising the potential emotional impact of an occasionally absent parent at home due to hospital admissions. Despite this relatively transparent and repeated approach, I cannot recall any conversations between myself and members of school staff to this effect. Looking back, I have been curious about this perceived silence and wondered about how school staff may have experienced their role in knowing how, and when, to offer what support.

Through my experiences in recent years working within schools as a Trainee EP, I have been prompted to consider this further, particularly in relation to concerns that are raised by staff about children's emotional well-being and behaviour. "There's lot going on at home" is a phrase I have heard repeated when talking to teachers and Special Educational Needs Co-ordinators (SENCOs) in response to questions about what factors may be impacting on a child's presentation in school. Staff's mention of parental mental health difficulties often feels tentative, though also frequently serves to shut down further conversation about what *really is* going on at home. Such instances have caused me to reflect further on how school staff experience their role in being able to offer support in this context. The rationale to explore this is paramount to understanding how children living with parental mental health difficulties can be supported.

1.4 Research Area: The Experiences of School Staff

The potential negative impact of parental mental health difficulties, alongside the reported absence of children's needs from professionals' considerations, are important areas for research. Whilst acknowledging the support that is valued by families, such as sharing information and building trusting relationships, it is essential to explore the experiences of those to whom these children's needs are visible. With a recognised role in promoting and protecting children's mental wellbeing (DfE, 2018; DH & DfE, 2017; Mazzer & Rickwood, 2015), charities advocate that school staff are well placed to notice and support children who are facing difficulties at home (Barnardo's, 2006; 2008; Carer's Trust, 2016; Mentally Healthy Schools, 2020). In light of research that evidences the availability of an alternative caring adult as a protective factor against the negative impact of parental mental health difficulties (Cowling, et al. 2004; Foster et al., 2005; Spierling et al., 2019), as well as the

knowledge of school staff in sharing information that is developmentally appropriate, the potential for their role in supporting this group of children is further highlighted (Cooklin, 2013; Fudge & Mason, 2004; Kern et al., 2017; Tabak et al., 2016).

1.5 Conclusions and Thesis Overview

This introductory chapter has addressed the current legislation and previous research in this context, concluding that the needs of children living with parents who experience mental health difficulties often remain unseen. For children who do not reach certain thresholds for social care involvement, or who do not present with recognised mental health difficulties of their own, barriers to being identified are exacerbated by a lack of clarity around the responsibilities of adult mental healthcare professionals working with their parents. Such pathways also fail to address the identification of children whose parents may not currently be accessing professional medical help. With a role for school staff in supporting children living with parental mental health difficulties having been highlighted, it is essential to gain an understanding of their experiences to identify how they may be able to help to improve outcomes for this potentially vulnerable group.

Having detailed the rationale for this research area, the existing literature within the field will be reviewed (Chapter 2), before the methodology for the current study is outlined (Chapter 3). Findings will then be presented (Chapter 4) and their implications discussed (Chapter 5), both in relation to school staff and children who are living with parental mental health difficulties. The relevance of findings for EP practice and the education system as a whole will also be considered.

Chapter 2: Literature Review

2.1 Chapter Overview

The aim of a literature review is to ascertain what is known about a topic from integrating existing data on the subject and appraising its quality (Grant & Booth, 2009; Siddaway et al., 2019). Understanding the context of existing literature and discerning a level of confidence in the findings can subsequently help to identify gaps in the knowledge base and inform the rationale for future research (Aveyard, 2019; Baumeister, 2013; Mertens, 2015).

This chapter will begin by outlining the purpose of this literature review, before detailing the systematic search strategy undertaken to retrieve literature relevant for answering the review question. Research articles identified for inclusion will then be analysed for their credibility and relevance, synthesising their findings to determine what is already known in this area. The chapter will end with the subsequent rationale for the current study.

2.1.1 Purpose of the Literature Review

The purpose of this literature review was to explore what is known about the views of staff in education settings working with children of parents with mental health difficulties. An initial scoping exercise was conducted between April-July 2020 to gain an overview of the subject area, which found a paucity of literature related directly to research that had sought to understand the experiences of staff themselves. The review question was consequently expanded to encompass a broader range of research that had collected data from staff working in these roles. The literature review, therefore, aimed to answer the following question:

> *What does the literature tell us about working with children of parents with mental health difficulties from the perspective of staff in education settings?*

2.2 Systematic Literature Review Methods

2.2.1 Search Strategy

The strategy to locate literature relevant for this review was undertaken in a comprehensive and methodical manner to minimise bias and enable replicability (Grant & Booth, 2009; Siddaway et al., 2019). Inclusion and exclusion criteria were developed to ensure literature being selected was relevant and appropriate for answering the review question (see Appendix A).

Three electronic databases were searched in August 2020 to cover relevant disciplines, namely psychology and education (PsycINFO, Education Resource Information Center [ERIC] and Education Source). Four key areas relevant to the review question were identified and search terms were devised to retrieve literature (Aveyard, 2019). These included keywords related to ‘parents’, ‘mental health’, ‘staff in education settings’ and ‘perspective’ (see Table 1 below for the list of search terms used). In line with the discussion presented in the introductory chapter concerning the range of language used to talk about ‘mental health difficulties’, synonyms and words related to the most prevalent diagnoses were included (Baker, 2020). Truncation symbols were additionally used to account for plurals and grammatical tenses.

Table 1

Search Terms to Retrieve Relevant Literature for Review

Keyword 1		Keyword 2		Keyword 3		Keyword 4
parent*	AND	“mental health”	AND	school*	AND	perspective*
OR		OR		OR		OR
carer*		“mental ill*”		nurser*		view*
OR		OR		OR		OR
guardian*		psychiatric		college*		experience*
OR		OR		OR		OR
mother*		well-being		teacher*		respon*
OR		OR		OR		OR
father*		wellbeing		educat*		understand*
OR		OR		OR		OR
maternal		distress		childcare		attitude*
OR		OR		OR		OR
paternal		anxi*		“child care”		perception*
		OR				OR
		depress*				opinion*
		OR				
		disorder				

A Boolean/Phrase search mode was used to locate relevant literature which contained keywords relating to ‘parents’ and ‘mental health’ in their title. This was to ensure literature returned was focussed on the subject area of this review. Keywords relating to ‘staff in education settings’ and ‘perspective’ were searched for in the abstracts of literature, assuming the aims and methodology of studies conveyed here would be detailed enough to determine its relevance. Due to the potentially non-exhaustive list of search terms, the expander ‘apply related words’ was used to help retrieve literature that may not have been encompassed by the keywords chosen. The limiter of ‘peer reviewed’ literature was also applied to ensure an appropriate

level of quality for this review. Although recognising the limitations of this in terms of potential publication bias, the quality assured by such articles was determined as necessary for the scope of this literature review, aiming to formulate the rationale for future research.

2.2.2 Literature Selection

Following the systematic search strategy, a total of 2273 articles were returned (numbers for each database were: PsycINFO = 1421 / Education Source = 554 / ERIC = 298). Articles were then evaluated against the inclusion and exclusion criteria for their relevance to this review. The first-pass review required reading the titles of each research article and excluding studies deemed to be clearly irrelevant (Yannascoli et al., 2013). After this process, and once exact duplicates had been removed, 65 articles remained.

A second-pass review was then conducted by reading the abstracts of identified articles, followed by a third-pass review in which the full-text of each article was read to make an appropriate judgment about its relevance for answering the review question. A total of 49 articles were excluded during this process, leaving 16 articles from the electronic database searches to be included. Articles were most commonly excluded during this stage due to the study design, namely not seeking to gather data from participants in education settings working with the target group (children of parents with mental health difficulties).

Key journals relating to topics of psychology and education were also hand searched to retrieve further relevant literature (see Appendix B for the list of journals searched). This returned 2 articles for inclusion in the review. A snowball sampling technique was additionally carried out by reviewing the reference lists of articles already identified for inclusion (Greenhalgh & Peacock, 2005; Yannascoli et al.,

2013). After screening the titles, a second-pass review of 26 papers was undertaken. This process returned a further 4 relevant articles, resulting in a total of 22 meeting the inclusion criteria for this literature review (see Appendix C for a flow chart of the full systematic search strategy and Appendix D for a list of the included articles).

2.2.3 Organisation of Literature Review

Whilst reading the full texts of the 22 articles identified, a data extraction table was compiled to record the methodological details and findings of each study (see Appendix E). Looking at this, there was a clear distinction between two types of existing research studies; those that collected quantitative data pertaining to staff's perceptions of the impact of parental mental health difficulties, and those that looked to gather the views of staff in relation to their experiences working with this group of children, using mostly qualitative methods of data collection. Acknowledging hierarchies of evidence which exist to determine the value of different forms of literature for answering certain review questions (Aveyard, 2019), it was important to consider the appropriateness of including articles that used a range of methodologies. Although different in their approach to conceptualising the 'perspectives' of staff, both typologies of evidence were thought to offer a useful contribution for addressing the proposed review question (Petticrew & Roberts, 2009; Sackett & Wennberg, 1997).

Due to the high number of articles retrieved and the scope of this literature review, it was decided to consider the different types of research studies separately in relation to what they aimed to add to the knowledge base. For this reason, a thematic, narrative review will be presented of the 17 articles which sought to gather data concerning the impact of parental mental health difficulties as perceived by staff in education settings. The remaining 5 articles will then be systematically reviewed to

critically appraise what can be known about staff's experiences of working with this population of children. Findings will then be drawn together to consider how the review question can be answered from the existing evidence base before formulating the rationale for the current study.

2.3 Perceptions of Parental Mental Health Difficulties

Of the 17 articles which aimed to consider the impact of parental mental health difficulties, sample sizes ranged from 29 to 8829 children, along with their parent and teacher. Studies were based on populations predominantly in the United States of America (10), with further studies based in the United Kingdom (5), Australia (1) and Brazil (1). The majority of these were cohort studies, which followed the development of a specified group of children who had been identified through the use of established clinical measures or screening tools to determine levels of parent mental health symptomology.

The participation of staff in education settings was sought to document evidence of their perception of different behavioural and developmental outcomes for this group of children. Depending on the child's age, the measures most commonly used for this purpose were versions of the Teacher Report Form (Achenbach & Rescorla, 2001), the Caregiver-Teacher Report Form (Achenbach, 1997) or the Strengths and Difficulties Questionnaire (Goodman, 1997), with parents also often being asked to complete corresponding forms. Using standardised, self-administered measures such as these, teachers were asked to rate items describing behaviour on scales of frequency which were then scored by the research team. Other measures used included teacher-rated symptom checklists. Further details of the measures used in each study can be found in the data extraction table in Appendix E.

The findings from these articles have been themed under relevant headings below, pertaining to the outcomes that staff were asked to consider. Using prompts from the Critical Appraisal Skills Programme (CASP) Cohort Study Checklist (2018), the quality and relevance of findings will be evaluated as they are presented.

2.3.1 Impact on Externalising Behaviours

One of the key outcomes considered was how parental mental health difficulties may impact on children's externalising behaviour. For this purpose, teachers were asked to complete frequency rating scales related to aggressive, inattentive and disruptive behaviours that may be seen in the school environment. The outcome measures used in these studies were clearly defined and standardised tools, with accepted levels of reliability and validity for this purpose (see Appendix E for details). Multiple studies reported the relationship seen between elevated parental mental health difficulties and increased teacher ratings of externalising behaviour. For example, Connors-Burrow et al. (2015) described teachers' significantly increased ratings of antisocial and aggressive behaviours for 3-5 year old children of mothers with low-level depressive symptoms, compared to a control group of children whose mothers reported having no symptoms. Additional studies also found recent episodes of maternal depression to result in children between the ages of 4-6 years old having increased levels of hyperactivity in the classroom compared to controls, as rated by their teachers (Alpern & Lyons-Ruth, 1993; Sinclair & Murray, 1998).

Although demonstrating a link between parents' depressive symptoms and adverse child behavioural outcomes, measures taken concurrently fail to consider the impact of historic or more chronic parent symptomology. To address this, the majority of researchers recruited samples as part of cohort studies, analysing the

impact of parental symptoms in relation to children's behaviour over time. Alongside the above findings, Sinclair & Murray (1998) found teachers more likely to rate 5 year old boys as being above the clinical cut-off for behavioural disturbances if their mother had experienced symptoms 2-3 months postnatally. Increased parental depressive symptomology in infancy when children were aged 3 years old, was also shown to predict higher levels of teacher-reported externalising behaviours such as aggression and inattention in later childhood (Callender et al., 2012; Choe et al., 2013). Alpern & Lyons-Ruth (1993) further found chronic postnatal maternal depression, defined as having symptoms present when offspring were both 18 months and 5 years of age, to be significantly correlated to elevations in teacher ratings of hostile behaviour.

Despite these repeated measures, however, the questionable stability of symptoms over such a wide timeframe challenges how accurately chronic exposure to parental mental health difficulties is being defined. Studies which sought to determine the chronicity of symptoms more robustly by frequently measuring these over time could, therefore, be argued to produce more valid and credible assessments of the impact on children's behaviour. Taking recordings across three time points in infancy, Wright et al. (2000) found teachers to report more difficulties with adjustment to school and increased antisocial and aggressive behaviours in 5-8 year old children whose mothers were classified as having a history of depressive symptoms. Further still, Gross et al. (2009) collected symptom data ten times over an eight-year period, finding moderate-high maternal depressive symptoms to be associated with higher teacher ratings of 10-13 year olds' antisocial behaviour. This was compared to children of mothers with a moderate-low history of symptomology. In addition, some studies have sought to consider chronicity by including reports of

prenatal parental mental health difficulties. Collecting data relating to maternal depression and anxiety symptoms over nine timepoints from pregnancy through to offspring being 11 years old, Leis et al. (2014) found elevated prenatal symptoms to result in increased ratings of children's emotional and behavioural problems. These findings were, however, only found to be significant in relation to mothers' ratings of their own children's behaviour and not the staff who were working with them, illustrating potential limitations in the reliability of data collected in this way.

In light of variable measures of symptomology across research studies, themes may tentatively be drawn with regards to teachers perceiving increased child hyperactivity in the context of recent parental mental health difficulties, and increased antisocial behaviour in children exposed to more chronic episodes of parental symptomology. These patterns suggest that there may be a differential impact of parental mental health difficulties on children's behavioural outcomes depending on when they are exposed to such symptoms. For example, evidence of increased hyperactivity in the classroom, could be argued to result from hypervigilance and current unpredictability in the home environment. Additionally, if parenting capacities are compromised due to mental health symptoms during children's early years, they may experience difficulties developing the necessary skills for appropriate social relations, later perceived by teachers as antisocial behaviour in comparison to their peers at school (Conners-Burrow et al., 2015; Alpern & Lyons-Ruth, 1993). The persistence of children's behavioural difficulties when exposed to maternal mental health difficulties in their early years, is also in line with studies that have documented elevated teacher ratings of behavioural difficulties despite mothers' symptoms improving by the time this data is collected (Pass et al., 2012; Wright et al., 2000; Wu et al., 2011). In answer to the review question,

therefore, information gathered from the perspective of staff in education settings suggests that they do report differences in the externalising behavioural presentations of children whose parents have experienced mental health difficulties.

2.3.2 Impact on Internalising Behaviours

A number of studies also looked to assess what impact parental mental health difficulties may have on children's internalising behaviours. In some cases, the literature documented a significant association between higher levels of maternal depression and increased teacher ratings of internalising behaviour, including symptoms of anxiety, being socially withdrawn or feelings of sadness. This was seen in children across the ages of 3-6 years old, both when maternal depression was reported previously in infancy (Alpern & Lyons-Ruth, 1993), as well as when measured concurrently (Jung et al. 2013). Such increased ratings were also not seen to be dependent on different levels of parental symptom chronicity (Trapolini et al., 2007).

Some studies went on to investigate the impact of such internalising behaviours on other outcomes that may be seen in the school environment. Yan & Dix (2016), for example, proposed that increased maternal depressive symptoms were related to children being more socially withdrawn at 36 months and displaying lower levels of agency and motivation to engage in activities at 54 months. This in turn, was associated with teachers' ratings of cognitive functioning for children age 6-7 years old, suggesting that elevated maternal depressive symptoms during infancy predicted children's poorer cognitive functioning. Pass et al. (2012) further documented the impact of maternal social anxiety on young children's internalising behaviours, using a Doll Play narrative technique to assess their responses to different context-based scenarios associated with starting school. Researchers found

that children of mothers diagnosed with social phobia were significantly more likely to respond in ways considered to be anxiously negative, compared to children of non-anxious mothers. Such responses were in turn seen to predict teachers' increased ratings of 4-5 year olds' anxious and depressed behaviours once they had started at school. Lereya & Wolke (2013) additionally found prenatal maternal depression to increase the risk of peer victimisation, as sometimes observed by teachers in school. Findings such as these demonstrate that parental mental health difficulties can impact on children's internalising behaviour in ways that are apparent to staff in education settings.

Despite such evidence being seen in the literature, a number of other studies did not find teachers' ratings of internalising behaviour to be associated with elevated levels of parent symptomology (Gross et al., 2009), or found only a marginal significance compared to ratings of increased externalising behaviours (Connors-Burrow et al., 2015). This was also seen in spite of parents' own significantly increased ratings of their children's emotional symptoms (Martineli et al., 2018). Looking to explain such inconsistencies, researchers questioned the accuracy of tools used to measure internalising behaviours, suggesting that these behaviours may be less visible to staff working in education settings. In particular, there are concerns about the potential of gender bias in using such behaviour rating scales, with greater effects of parental mental health difficulties being seen in boys (Connors-Burrow et al., 2015; Gross et al., 1995; Sinclair & Murray, 1998). Researchers propose that such patterns may be explained by teachers' tendencies to focus on reporting disruptive behaviours stereotypically associated with boys, whilst failing to recognise the different ways that girls may respond to adversity (Martineli et al., 2018; Wright et al., 2000). Such considerations highlight the

limitations of research that has looked to gather the perspectives of staff in these ways, questioning whether this data is a true measure of how parental mental health difficulties impact on children in education settings.

2.3.3 Confounding Factors

As referenced in the CASP Cohort Study Checklist (2018), when reviewing evidence from cohort studies it is essential to consider the influence of confounding variables to ascertain how confidently conclusions can be drawn. With participants for these studies recruited from a range of community samples, researchers attempted to control for the influence of differing demographic variables in the data analysis stage, aiming to illustrate the prevailing impact of parental symptomology above that of other predictors for behavioural difficulties. Such factors included parents' marital status and employment/education levels, as well as individual characteristics such as gender and social class (Alpern & Lyons-Ruth, 1993; Connor-Burrows et al., 2015; Jung et al., 2013; Leis et al., 2014; Sinclair & Murray, 1998; Trapolini et al., 2007; Wu et al., 2011). Considering the impact of these variables in the analysis stage also enabled conclusions to be drawn about factors such as family adversity, social class and gender, which were interestingly seen to more consistently predict behavioural and peer outcomes above that of parental mental health difficulties (Lereya & Wolke, 2013; Sinclair & Murray, 1998).

A further way in which the influence of confounding variables was considered was through the use of structural equation modelling. In this, equations containing different variables are analysed to determine how they may be related to one another, thus helping to inform conclusions that are drawn from the data. Hypothesising about the relationship between elevated maternal distress and increased levels of child externalising behaviour, Choe et al. (2013) demonstrated a

mediating effect of compromised parenting and reduced levels of child self-regulation. Callender et al. (2012) further found parents' negative perceptions of relationships with their children to mediate the association between elevated depressive symptoms and increased frequency of physical punishment. This in turn was seen to predict increased levels of children's externalising behaviour, as rated by teachers. Acknowledging the many interconnected and potentially cumulative risk factors children experience, research investigating outcomes may be limited in relation to what can be understood solely from the perspective of staff in education settings through the use of behaviour rating scales. Research focussing on the impact of confounding variables in the form of familial factors is also limited in what can be known about the role staff themselves may have when working with this group of children.

One study, however, did investigate confounding variables within the school environment that may mediate the relationship between parental mental health difficulties and child outcomes. In this, Yan et al. (2016) demonstrated the potential benefits of providing children who are starting at school with an emotionally positive classroom climate, characterised by warm, positive and sensitive interactions. They suggested that such experiences may serve as a protective factor, noting that the impact of maternal depressive symptoms on children's externalising behaviours and social competence was seen to be greater for children in classrooms observed to be less emotionally supportive. The protective factor of positive relationships within families' support networks was also proposed by Gross et al. (2009) in the context of chronic symptomology, finding significantly decreased teacher ratings of externalising behaviours for children of mothers with high compared to more moderate depressive symptoms. Such findings suggest a role for staff working with

children of parents with mental health difficulties in education settings, providing support to enable them to thrive despite experiencing risk factors for poor behavioural and developmental outcomes.

2.3.4 Conclusions

In reviewing what the literature can tell us about working with children of parents with mental health difficulties from the perspective of staff in education settings, knowledge can be gained from research that has looked to investigate developmental and behavioural outcomes for this population. Findings from cohort studies can be seen to offer an understanding of the impact of different parental mental health trajectories, with staff in education settings being well placed to observe and report on children's outcomes. Specifically, research studies have evidenced both increased externalising and internalising behaviours in children to be associated with elevated levels of parent symptomology. Data gathered from the perspective of staff has identified how these behaviours may be seen in the school environment, evidencing measurable rates of hyperactivity and emotion regulation difficulties, alongside consequences for children's social development and adjustment to starting at school.

The findings from the literature reviewed, however, present with inconsistencies both between studies and across respondents. This raises the question about how reliable measures such as behaviour rating scales may be in accurately identifying the impact of parental mental health difficulties. Such concerns consequently limit the level of confidence with which the review question can be answered by gathering data from staff in education settings in this way. Acknowledging the potential impact of the vast number of interconnected confounding variables also identified in the literature, further questions are raised

about the extent of what can be known when using these predefined and restrictive measures. Additionally, although areas where support may be provided by staff were suggested by researchers, little is known from the data collected in these studies about what this could look like and whether staff perceive to have the capacity to fulfil such roles. This again limits how useful findings are in answering the review question.

Overall, research studies that have collected data from staff in education settings by using questionnaires and rating scales are limited in providing a comprehensive understanding of what can be known from their perspective. Although evidencing a measurable impact of parental mental health difficulties on children's developmental and behavioural outcomes, knowledge of staff's experiences of working with this group of children remains absent from this literature.

2.4 Working with Children of Parents with Mental Health Difficulties

Having evaluated the contribution of literature that gathered data from staff pertaining to how they may perceive the impact of parental mental health difficulties, this section will appraise research that sought to gather their views about working with this population of children. To ensure a clear and consistent approach, a published critical appraisal tool was used to structure the assessment of the methodological quality and relevance of included studies (Aveyard, 2014). For this, an adapted version of the CASP Qualitative Study Checklist (2018) was created for use with both qualitative and quantitative studies (see Appendix F). The findings from each study were then synthesised and will be presented below under four overall themes in answer to the review question.

2.4.1 Critical Appraisal of Studies

2.4.1.1 Aims and Design. Each of the studies began by detailing the rationale for research in this area with reference to the potential vulnerability and needs of children living with parental mental health difficulties. Citing opportunities for support and early intervention in childcare and education settings, the researchers identified the need to understand how relevant professionals are working with this population of children and their families. Studies, therefore, aimed to establish the practice of staff in these roles (Bibou-Nakou, 2004; Reupert & Maybery, 2007) and understand their experiences and self-perceived capabilities in this work (Laletas et al., 2017; Laletas et al., 2018; Sims et al., 2012). Although Sims et al. (2012) additionally aimed to explore staff's understanding of children's own mental health, only findings in relation to their views concerning parental mental health difficulties will be discussed here in answer to the review question.

To address these aims, studies predominantly used qualitative methodology to gather the views of participants. This included semi-structured interviews (Bibou-Nakou, 2004; Laletas et al., 2017; Reupert & Maybery, 2007; Sims et al., 2012) and focus groups (Bibou-Nakou, 2004). Acknowledging the critique of literature reviewed above with regards to data collection which did not address participants' perspectives beyond prescribed rating tools, the approach of these qualitative methods contributes valuable knowledge to the evidence base. As referenced by researchers themselves, such an understanding subsequently allows for recommendations to be made concerning how staff may be supported to develop their practice in these roles. The practical application of these research findings again asserts the value that they add to answering the review question.

2.4.1.2 Sampling and Participants. Participants were recruited in a variety of ways, from purposively sampling through adverts circulated in relevant professional

networks or community settings, to opportunistic sampling of participants available at the time. Though recognising the potential benefits of such convenience sampling, these methods present considerable difficulties in ascertaining the validity of staff's experiences in relation to the research area. For example, both Bibou-Nakou (2004) and Laletas et al. (2018) recruited staff from education settings with no reference made to whether they had actually experienced working with children of parents with mental health difficulties. Potentially recognising this, Bibou-Nakou (2004) asked participants to respond to case vignette examples, as opposed to speaking about their own lived experiences of working with this population. While data gathered from these groups may still serve a purpose in more generally understanding the opinions of this workforce, the confidence with which findings from these studies can answer the review question may be limited.

Despite the attempts of other researchers to purposively sample participants with experience of working with the population of interest, there was a varying degree to which this may have been achieved. For example, Sims et al. (2012) aimed to maximise the potential exposure participants would have had to working with children of parents with mental health difficulties by sampling childcare providers from areas classified as being of low socioeconomic status. Quoting higher rates of mental health difficulties in these populations, however, does not guarantee the small sample of participants interviewed to have had experience of working with families impacted in this way. The characteristics of Reupert & Maybery's (2007) sample also raises questions concerning how representative participants' experiences may be. For their recruitment process, families who had experienced parental mental health difficulties were asked to nominate school staff who had provided "exemplary support". Although appropriate for addressing their research

aims to identify effective strategies of support, the generalisability of their findings in answer to the review question has limitations. Following the critical appraisal of all studies, the recruitment of participants for Laletas et al.'s (2017) study is argued to be the most ecologically valid (Robson, 2011), defining strict criteria to include only participants who had worked, or were currently working, with children and families who were known to be living with parental mental health difficulties.

A further critique in relation to the participants of studies reviewed, is the range of individual characteristics both between and within all studies. This included aspects such as the varied nature of their experiences, from working with children of preschool age up to eighteen years old, and their varying levels of qualifications and job roles, from staff who had not undertaken any formal training to those who had completed university degrees and held managerial positions. Through critically appraising the studies, it could be seen that no researchers had sought a clearly defined, homogenous sample with regards to what roles staff held, which has implications for the capacity within which they would have been working with children of parents with mental health difficulties. Although the majority of studies referenced limitations in the generalisability of their findings from the relatively small number of participants (8-120), questions are raised with regards to what can confidently be known about data that has been gathered from such a varied workforce. It is also important to acknowledge that four of the five studies reviewed took place in Australia, the other in Greece (Bibou-Nakou, 2004). In detailing the contexts for these studies, researchers highlighted national policy developments which prioritise family-centred practice amongst childhood practitioners. This again may limit the confidence with which the review question can be answered with regards to the perspectives of those working across education settings in different countries. Given

that the context of the current study is in the UK, questions remain concerning the extent to which findings from existing literature may be able to inform practice at a national level.

2.4.1.3 Methods of Data Collection and Analysis. In line with the aim to gather participants' views reflecting on practice, the majority of studies appropriately used qualitative methods of data collection. This included semi-structured interviews, focus groups and written responses, with reference made to questions being asked in relation to the areas of interest (Bibou-Nakou, 2004; Reupert & Maybery, 2007; Sims et al., 2012). As a result of the inclusion criteria for this literature review specifying peer-reviewed journal articles, the reduced length of papers meant that there was often limited detail with regards to the approaches taken by researchers to minimise bias throughout this stage. Laletas et al. (2017) did, however, describe the active listening and probing skills of researchers, noting the open-ended questions and prompts used to elicit rich accounts of participants' experiences. In the only study to use quantitative methodology (Laletas et al., 2018), educators rated themselves on a questionnaire across eight domains of knowledge, skills and confidence working with families living with parental mental health difficulties. Such data collection methods, although appropriate to the study's aims of understanding self-perceived practice within this group, again question the extent to which participants' views can truly be known through prescribed rating tools. Additionally, researchers themselves noted the limited reliability of the adjusted measure used, asserting the exploratory nature of the study and cautious interpretation of the statistical analysis of findings.

The methods by which data from the four qualitative studies was analysed were described to varying degrees. For example, some researchers detailed no

evidence as to what was required for data to constitute a theme (Bibou-Nakou, 2004; Sims et al., 2012), compared to others who identified categories based on ideas that were shared by at least two participants (Reupert & Maybery, 2007). The validity of such themes as coming from the perspective of staff themselves, however, may be questioned, with participants' responses often presented in relation to the specific questions they were asked (Bibou-Nakou, 2004; Reupert & Maybery, 2007). In line with its methodology, the one study using Interpretative Phenomenological Analysis (IPA) (Smith et al., 2009), provided detail around how researchers determined themes from the meaning participants gave to their experiences (Laletas et al., 2017). Accordingly, a much more in-depth account was also given in terms of how potential researcher bias was minimised. Despite these differences, the findings in each study were presented as a whole group data set. This has implications considering the earlier critique in relation to limited homogeneity with regards to the nature of participants' work with children of parents with mental health difficulties, questioning how accurately the views of individuals from a wide range of roles may have been captured. Synthesised findings from the varied participant groups can, however, still be considered to add value to answering the broad literature review question, looking to explore what is known from the perspectives of all staff working in education settings.

2.4.2 Themes of Literature Review

The findings from included articles were reviewed by generating themes to address the review question (Aveyard, 2015). Themes were identified from each study by grouping and comparing common findings, before labels were then assigned to summarise the overall themes within the literature (see Appendix G for table of synthesised themes). Although the critical appraisal of the studies above

highlights varying degrees of confidence in the research findings, all articles have been included due to their limited number and the exploratory nature of the review question.

2.4.2.1 Identifying Children of Parents with Mental Health Difficulties.

Despite the asserted benefits of staff in education settings being well-positioned to work with a family-focussed approach to support children's development, a key theme in the literature was the difficulties staff reported in identifying children of parents with mental health difficulties. In Bibou-Nakou's (2004) study, 40% of teachers acknowledged that they would not be able to easily identify such a child in their class, with only 25% noting that they had been made aware of a child living with parental mental health difficulties 1-2 times in a mean average of 12 years teaching experience. As noted earlier in relation to the published rates of mental health difficulties in the adult population, this number suggests that many children remain unidentified.

When staff were asked how they do become aware of this group of children, participants most commonly reported '*gossip*' between school and community members, rather than being told by the family or child themselves (Bibou-Nakou, 2004; Reupert & Maybery, 2007; Sims et al., 2012). Staff also described suspecting difficulties at home as a result of children's challenging behaviour and unmet basic needs (Bibou-Nakou, 2004; Laletas et al., 2017; Laletas et al., 2018; Reupert & Maybery, 2007; Sims et al., 2012). As also evidenced in the above-reviewed literature, the idea that this group of children display noticeable characteristics to staff working with them supports the argument that, although not all children may be impacted and identified in the same way, there remains a vulnerable population who would benefit from support.

2.4.2.2 Supporting Children of Parents with Mental Health Difficulties. A further theme in the literature was how staff reported supporting children of parents with mental health difficulties. Staff's self-perceived capabilities ranged both between and within studies, with the specific role of professionals in their setting influencing the type of support they felt able to offer. For example, Reupert & Maybery (2007) found that teachers saw their role as helping this group of children to manage the demands of academic work whilst prioritising their emotional and physical wellbeing, whereas principals viewed themselves as eliciting change at a whole-school level, by reducing stigma to create caring environments. Laletas et al. (2018) further found differences between staff's ratings of knowledge, skills and confidence, again noting the impact of the different roles of professionals within the education system. For example, childcare providers scored themselves as significantly higher than preschool teachers in providing parenting support by sharing resources and referral information with families. The researchers suggest that such a difference may be due to the varying emphasis staff in different roles place on children's literacy and numeracy outcomes, over their social and emotional development.

Additional strategies of support that staff reported included developing trusting relationships, both with children and their families. Being able to regularly check-in and encourage pupils' engagement with peers in the primary school community was believed to be a protective factor for their wellbeing (Bibou-Nakou, 2004). The child's age, however, was seen to impact on the type of support staff felt able to provide, noting they would be less likely to consider referrals to peer support programmes when working with preschool-age children (Laletas et al., 2018). Furthermore, taking the time to build an understanding of the family context through listening to parents allowed staff to create an environment that they felt was sensitive to the family

context in order to provide more holistic support (Bibou-Nakou, 2004; Laletas et al., 2017; Laletas et al., 2018; Sims et al., 2012). Although perhaps difficult to conclude the validity of such support strategies when reported by teachers without defined outcome measures of their success, these ideas were echoed by participants in Reupert & Maybery's (2007) study who were nominated by families that had considered such support to be beneficial.

2.4.2.3 Barriers to Supporting Children of Parents with Mental Health Difficulties. Whilst considering how they may support children of parents with mental health difficulties, staff also identified the barriers they faced in being able to take up these roles. In particular, staff commonly reported a lack of robust school policies in relation to parental mental health difficulties, impacting on how information about families was gathered and shared to ensure those working with these children were aware of their needs (Bibou-Nakou, 2004). Some participants also described schools' focus on children's externalising behaviour, as evidenced in the previously reviewed literature, without a shared understanding of the family's circumstances (Reupert & Maybery, 2007; Sims et al., 2012). Staff additionally noted the conflicting demands and responsibilities of their roles, describing the difficulties of balancing curriculum tasks with time spent trying to provide support in often complex family situations (Bibou-Nakou, 2004; Reupert & Maybery, 2007; Sims et al., 2012). Expressing feelings of uncertainty around how to approach this potentially sensitive subject, staff identified the need for specialised training and resources to support them in working with both the needs of impacted children, as well as adults who are experiencing mental health difficulties (Bibou-Nikou, 2004; Laletas et al., 2017; Reupert & Maybery, 2007; Sims et al., 2012).

The lack of effective partnerships between schools and external agencies was also highlighted by staff as a barrier to being able to support the families they worked with. Admitting their own lack of expertise, staff reported receiving little help from professionals outside of their education settings, noting an uncoordinated approach between child and adult services, with a lack of information about the policies and roles of others (Bibou-Nakou, 2004; Laletas et al., 2017; Reupert & Maybery, 2007). Recognising the benefits of interagency collaboration for children living with parental mental health difficulties (Bibou-Nakou, 2004; Laletas et al., 2018), it is essential to identify and address the barriers staff face in being able to work with a joint approach to supporting these families.

2.4.2.4 Impact on Staff Working with Children of Parents with Mental Health Difficulties. A final theme highlighted in the literature was the impact staff reported on themselves of working with children of parents with mental health difficulties. Noting their perceived lack of knowledge and expertise, staff described feelings of anxiety resulting from being unclear about what recommendations they should be making to best support the families they worked with (Bibou-Nakou, 2004; Laletas et al., 2017; Reupert & Maybery, 2007). Participants in these studies also reported anxieties in relation to having conversations with families about their concerns, particularly if the parent had not previously openly discussed their mental health difficulties. The emotional toll of this work was further highlighted by staff commenting on the additional time and energy that was needed when working with families who had experienced trauma (Laletas et al., 2017). The impact of this within the context of limited interagency working, resulted in staff's feelings of isolation, noting the danger they perceived in failing to appropriately safeguard these potentially vulnerable children (Bibou-Nakou, 2004). Acknowledging the emotive

responses that staff report, it is important to consider how they may be supported in the roles they take up when working with children of parents with mental health difficulties.

2.4.3 Conclusions

The findings from the literature reviewed highlight the conflicting demands that staff in education settings face when working with children of parents with mental health difficulties. In answer to the review question, existing research suggests that staff do recognise a role for themselves in attempting to understand family contexts and provide support to both children and their parents. In addition, it can be seen that staff experience multiple, systemic barriers in this work, finding themselves in positions they often perceive to be beyond their knowledge and skills base.

Using a critical appraisal tool to comprehensively evaluate the confidence with which these conclusions can be drawn, limitations in existing studies have been identified in relation to the participant groups studied. This critique relates to the majority of researchers seeking the views of staff based on their professional roles, as opposed to their experiences of working directly with this group of children. Therefore, what the literature can currently tell us about working with children of parents with mental health difficulties from the perspective of staff in education settings, may relate predominantly to espoused practice rather than a true lived experience of this work. Additionally, with a lack of homogeneity with regards to the nature of participants' experiences in each study, it remains difficult to draw meaningful and useful conclusions about how individual members of staff in different roles may experience this work.

2.5 Summary of Literature Review

This literature review sought to answer the question, '*What does the literature tell us about working with children of parents with mental health difficulties from the perspective of staff in education settings?*'. After conducting a systematic search, the majority of research articles meeting the inclusion criteria sought to gather the views of staff through the use of behaviour rating scales. Through appraising this literature, findings suggest that staff may be able to identify increased rates of both internalising and externalising behaviours in this group of children. The inconsistencies between studies, however, limit the reliability of what can be known from data gathered in this way. Additionally, the use of such predefined measures offers a restricted view of how staff perceive working with this group of children.

Research that sought the views of staff in relation to their experiences of working with children of parents with mental health difficulties was then reviewed, highlighting the value of qualitative methodology in eliciting rich information from individuals' perspectives. Themes identified in this data included the roles staff take up in providing support to families, alongside the emotional impact and barriers faced in this work. None of this literature was based in the UK, however, which raises questions about the relevance of these findings for the national context within which the current study is set.

2.5.1 Rationale for Current Study

From appraising the existing literature and identifying gaps in the evidence base, a rationale remains for further study in this research area. Although a more relevant national picture was gained in evaluating staff's ratings of the impact of parental mental health difficulties, no studies have sought to explore how staff in the UK education system experience working with this group of children. Acknowledging national statistics of mental health difficulties, alongside the systemic factors that

impact on the role of staff in education settings, there is value in conducting research that seeks to understand, and thereby more meaningfully inform, practice in a local context. Having addressed the limitations of the existing literature, there is a further rationale to conduct research with increased ecological validity, seeking to ensure that the knowledge gained is from individuals with lived experience of working with children of parents who are known to have mental health difficulties.

Chapter 3: Methodology

3.1 Chapter Overview

This chapter is divided into two main sections. Part A will begin by outlining the design of the research study, detailing how the researcher's ontological and epistemological positions informed the methodology used. The rationale for choosing Interpretative Phenomenological Analysis in comparison to other approaches will be addressed, and the theoretical underpinnings of this methodology described.

Part B will go on to detail the research process, first describing the methods of participant recruitment and data collection. The staged approach to data analysis will then be outlined and the steps taken to assess the quality and validity of the research study detailed. The chapter will end by addressing the necessary ethical considerations.

3.2 Part A: Research Study and Design

3.2.1 Research Study Aims and Purpose

Having documented the prevalence of children living with parents who have mental health difficulties and the impact this may have for their development and wellbeing, a rationale to explore the experiences of school staff who may be able to offer support to this potentially vulnerable group has been identified. The literature review has additionally highlighted the absence of an understanding within the national context, providing further justification for the necessity of research in this area. The aim of this study was, therefore, to gain an understanding of the experiences of school staff within the UK education system, working with children of parents with mental health difficulties.

The purpose of this study was exploratory in nature, hoping to gather the views specifically of those working in primary school settings with designated

pastoral responsibilities. This group was chosen due to the recognised benefits of early intervention support, hoping that the knowledge gained may help to inform the development of robust systems that will support the needs and improve the outcomes of children living with parental mental health difficulties. From building an understanding of the experiences of those working with this group of children, EPs could also be enabled to work more effectively to support school staff members in their roles. Recognising the societal stigma that exists around mental health difficulties, it was further hoped that facilitating this conversation with school staff would ultimately encourage reflections and engagement with the research area. The research question asked was:

> *How do Pastoral Support Leads in primary school settings experience working with children living with parents who are known to have mental health difficulties?*

3.2.2 Ontological and Epistemological Positions

Decisions concerning how to conduct research are informed by assumptions that are made around what constitutes evidence and how such information can be known. These philosophical positions consequently determine the most appropriate methodology for collecting and analysing data in answer to a research question (Creswell & Poth, 2018; Crotty, 1998; Willig, 2013).

A researcher's ontological position relates to how they view the nature of reality (Mertens, 2015). One such position is realism, the premise of which asserts that an external world exists independently of our knowledge of it (Lincoln et al., 2018; Schwandt, 2015). In contrast to this, relativism argues that multiple realities can co-exist and are determined by our interpretations of them (Lincoln et al., 2018; Schwandt, 2015). This research study is interested in how members of school staff

experience working with children of parents with mental health difficulties. Assuming that there is not only one, discoverable answer, but that different individuals will have different, yet equally valid interpretations of their experiences, a relativist ontology is established.

A researcher's epistemological position relates to how they view the nature of knowledge, and therefore, how their understanding of reality can be known (Mertens, 2015; Willig, 2013). One such position is positivism, which assumes that knowledge is objective and can be known in ways that look to manipulate variables and observe their measurable impact (Lincoln et al., 2018; Robson & McCartan, 2016). An alternative position is constructivism, which asserts that knowledge is subjective and can be known through the way individuals make sense of their own realities (Lincoln et al., 2018; Robson & McCartan, 2016). Data gathered is, therefore, unavoidably rooted in participants' own contexts, which impact on the ways in which they interpret and construct meaning from their experiences. In relation to the topic area of this research study, the contexts of how individuals perceive the impact of parental mental health difficulties, as well as how they understand their role within the education system, will both impact on how they experience working with the group of children specified. The epistemological position of this research study is, therefore, constructivist, assuming that knowledge about school staff's realities can be known through their perceptions of it.

3.2.3 Choosing a Methodological Approach: Interpretative Phenomenological Analysis

The research question was concerned with exploring school staff's experiences of the phenomenon of working with children of parents with mental health difficulties. The methodological approach considered to be best suited to

address this was Interpretative Phenomenological Analysis (IPA). This is an inductive approach which considers what can be known from the data gathered (Fox et al., 2007; Robson & McCartan, 2016), as opposed to hypothetico-deductive approaches, which involve testing pre-existing ideas and producing measurable outcomes (Schwandt, 2015). IPA is concerned with exploring individuals' lived experiences and understanding how they make sense of their personal world (Smith & Eatough, 2015; Smith & Osborn, 2015), which aligns with the aims of this research study. The approach of IPA also fits within the relativist and constructivist framework of this study, seeking to gain knowledge through understanding how individual Pastoral Support Leads make sense of their lived experiences.

The following section will outline two alternative methodologies that were considered and detail further the rationale for choosing IPA as the most appropriate method for addressing the research question.

3.2.3.1 Consideration of Alternative Approaches: Thematic Analysis. Thematic Analysis aims to identify themes that are recurrent across a group to describe the content of participants' accounts (Braun & Clarke, 2006). Focussing on patterns within whole group data in this way, fails to acknowledge how particular individuals make sense of their experiences. The aims of Thematic Analysis research, therefore, do not align with the research question asked in the current study, which looked to explore the lived experiences of individuals working with children of parents with mental health difficulties.

3.2.3.2 Consideration of Alternative Approaches: Narrative Analysis. Narrative Analysis is concerned with exploring the lives of individuals, looking at how people connect experiences and make sense of events through the narratives they construct (Fox et al., 2007; Silver, 2013). With this aim, Narrative Analysis is

interested in how individuals impose order on their experiences and compose stories (Reismann, 1993), as well as considering the language that is used (Crossley, 2000). The emphasis placed on the content and structure of individuals' sense-making is in contrast to IPA, which instead focuses on the personal sense-making of particular participants in relation to a particular experience (Smith et al., 2009). The research question of this study can, therefore, be more appropriately addressed through IPA methodology, focussing on exploring the sense individuals make of their lived experiences, as opposed to how their attempts at sense-making are constructed.

3.2.4 Theoretical Underpinnings of Interpretative Phenomenological Analysis

Having established the rationale for using IPA in comparison to other qualitative methodologies, this section will consider its theoretical underpinnings and outline its approach to addressing the research question.

3.2.4.1 Phenomenology. Phenomenology refers to the study of experience (Smith et al., 2009). Philosophers have postulated that for human experience to be understood, individuals must be able to identify and reflect on the core features of their conscious awareness, free from preconceived theories or existing categorisation systems (Husserl, 1927, as cited in Smith et al., 2009). The focus of studying human experience, therefore, pertains to how people perceive and talk about events, as opposed to how they describe the content of phenomena as they occur (Pietkiewicz & Smith, 2014). This approach to understanding human experience has been questioned by thinkers such as Heidegger (1962), who cites the impossibility of removing ourselves from the world we live in. He argues that however personal one's experiences may be, the process of sense-making is always founded in individuals' previous interactions with the environment around them. This

intersubjectivity consequently renders it impossible for individuals to make sense of phenomena without drawing on prior knowledge to interpret and understand their experiences within context (Smith et al., 2009). In their attempts to understand participants' experiences, the researcher is, therefore, required to reflect and 'bracket off' assumptions they may bring to the interpretations they are making (Husserl, 1927, as cited in Smith et al., 2009).

Considering further the subjectivity of human experience, philosophers have sought to identify elements that are central to facilitating sense-making. Merleau-Ponty (1945/2012), for example, highlighted the role of individuals' bodily sensations, arguing that perceptions are informed by lived experiences of being in the world. Sartre (1943/1992) additionally formulated about the important role others play in forming our perceptions, recognising how experiences are conceived within the context of relationships. This developed concept of phenomenology is what underpins IPA, focusing on the perspective of individuals with lived experience of a phenomenon and how they attempt to make sense of this through their relationships with the world around them (Smith et al., 2009).

3.2.4.2 Hermeneutics. The second theoretical concept underpinning IPA is hermeneutics, which looks to understand the methods and purposes of interpretation (Smith et al., 2009). The idea that interpretations are made up of both objective meaning, as well as how an individual uniquely communicates this, was put forward by Schleiermacher (1998), who argued for the aim of interpretation to include not only an understanding of the text but also the author. Through this process, the reader (or in the case of IPA research, the analyst) may provide insights beyond the explicit accounts given (Smith et al., 2009).

Contemplating what the interpreter themselves may bring to the interpretation, IPA draws on Heidegger's (1962) approach to phenomenology, highlighting the unavoidable presupposed ideas and contextual factors that are present in sense-making (Smith et al., 2009). This two-stage process, involving the researcher attempting to make sense of the participant, as they attempt to make sense of the phenomena, has been termed a double hermeneutic (Smith & Eatough, 2015; Smith & Osborn, 2015). Gadamer (1975/2013) goes on to highlight the complexity of this dynamic process, noting that one's preconceptions are not only present before the interpretation begins, but may further become apparent as the interpreter engages in making sense of the participants' experiences of a phenomenon (Smith et al., 2009).

The dynamic process of interpretation is further depicted in the 'hermeneutic circle', which describes how an understanding can be gained from repeatedly moving between the parts and the whole (Smith et al., 2009). When approaching the analysis of data using IPA, an iterative process is encouraged for researchers to move between different ways of thinking about the data and their own interpretations and relationships to it (Galletta, 2013). Through considering the concept of hermeneutics, researchers using IPA must take up an active role in the interpretative phenomenological approach to understanding participants' experiences (Pietkiewicz & Smith, 2014; Smith & Eatough, 2015).

3.2.4.3 Idiography. The third theoretical concept informing the approach of IPA is idiography, which places a focus on the particular of an individual's experiences (Smith & Osborn, 2015). Such an approach is in contrast to nomothetic methods, which seek to make generalisations from data with the aim of establishing general, probabilistic statements about group behaviour (Pietkiewicz & Smith, 2014; Smith & Eatough, 2015). Idiography within IPA is two-fold, advocating for both a

detailed and in-depth analysis of individuals' accounts, as well as a commitment to understanding particular phenomena from the perspective of particular people in a particular context (Smith et al., 2009). As such, selected samples are recruited based on their lived experience of the phenomenon of interest.

Through considering the theoretical underpinnings of IPA, the value and appropriateness of this methodology for addressing the research question of this study can be seen. Founded in a relativist ontology and constructivist epistemology, IPA seeks to explore the lived experience of a phenomenon through an interpretative process, with an idiographic focus on how individuals construct meaning. With reference to the proposed research question, IPA was used to explore the lived experiences of Pastoral Support Leads within the context of their school system to understand their sense-making of the phenomenon of working with children of parents with mental health difficulties.

3.3 Part B: Research Process

3.3.1 Participants

3.3.1.1 Sampling Methods and Homogeneity. In keeping with its theoretical foundations, samples for IPA research studies are purposively recruited in attempts to ensure a degree of homogeneity in individuals' experience of the phenomenon of interest (Pietkiewicz & Smith, 2014; Smith et al., 2009). Participants are, therefore, recruited to represent a defined group for whom the research question has personal significance and who are able to provide a particular perspective of a particular phenomenon within a particular context.

The extent to which homogeneity can be achieved within a sample may vary depending on the occurrence of the phenomenon of interest, as well as practical constraints that arise in accessing participants (Smith et al., 2009). When planning

this research study, the original intention was to recruit school staff who were full-time class teachers, with the rationale that they would be in daily contact with their pupils and thus be able to speak meaningfully about working with children of parents with mental health difficulties. After the initial few months of recruitment, however, a number of staff in different schools had expressed that teachers were not always aware of such family circumstances due to their setting's policies around information sharing. Additionally, with the timing of participant recruitment coinciding with periods of school closures due to Covid-19 pandemic lockdown measures, staff had further commented on the unavailability of teachers during this time.

When determining how to expand recruitment attempts, it was essential to consider how a degree of homogeneity between participants' lived experiences could be maintained. A decision was, therefore, made to purposively sample Pastoral Support Leads as opposed to extending the criteria to include a range of different members of school staff. The rationale for sampling this specific group was not only in relation to the specified responsibility within such job roles for supporting pupils' wellbeing, but also due to the information that these members of staff had acknowledged having about families within their school community. Throughout the recruitment process it was also important to consider the suitability of participants' accounts for understanding the phenomenon of interest, as well as their ability to reflect and communicate their perspective to the researcher (Willig, 2013). Given their roles working holistically both within the senior leadership teams in their own school settings and across multi-disciplinary networks, the recruitment of Pastoral Support Leads was further considered appropriate for this research study.

Using a pragmatic and responsive approach to purposive sampling is highlighted by Smith et al. (2009) as necessary when undertaking research in real-

world contexts. Although satisfied with this revised approach to defining the participant group, the issues highlighted around how, and what, information is shared amongst staff teams is of interest and will be considered in the discussion chapter of this thesis.

3.3.1.2 Inclusion and Exclusion Criteria. A list of inclusion and exclusion criteria was devised to ensure participants recruited represented a homogenous sample in relation to their lived experience of the phenomenon of working with children of parents with mental health difficulties. This included aspects such as specificity around participants' job role, their school setting, the age of the child they were working with and the time frame within which this took place, asking participants to reflect on current or very recent experiences.

Further careful consideration was needed to ensure the concept of parent mental health difficulties was understood consistently across participants. As highlighted in the literature review, research that has taken place in other countries refers to how children living with parental mental health difficulties are often identified through assumptions made by staff in educational settings (Bibou-Nakou, 2004; Laletas et al., 2017; Laletas et al., 2018; Reupert & Maybery, 2007; Sims et al., 2012). This raises significant questions as to whether the children being spoken of really do form part of the population of interest and the extent to which staff's experiences truly relate to the phenomenon. For this reason, it was essential to formulate specific criteria in relation to how parental mental health difficulties were known about, choosing to only include participants who were aware of this through direct disclosures from families themselves. This definition was also chosen in the knowledge of statistics referred to in the introductory chapter, which highlight the issues of including only those with recognised diagnoses within the population of

parents who experience mental health difficulties. The inclusion and exclusion criteria used for participant recruitment are detailed in Table 2 below.

Table 2

Inclusion and Exclusion Criteria for Participant Recruitment

Inclusion Criteria	Exclusion Criteria	Rationale
Members of staff who have a responsibility for pastoral support within their school setting.	Staff whose job roles do not define them as having the responsibilities of a Pastoral Support Lead within their school setting.	The role of participants is specified in an effort to ensure homogeneity of experience.
Pastoral Support Leads working in a mainstream primary school setting.	Staff working in primary schools that are not mainstream settings, for example, specialist or alternative provisions.	To establish some degree of homogeneity in the way participants experience working with children in their setting.
Pastoral Support Leads working with a pupil whose parent has mental health difficulties, either currently or within the last academic year.	Staff who are not working with a pupil whose parent has mental health difficulties, or whose experience was not within the last academic year.	The phenomenon being explored is in relation to current lived experiences of working with this group of children.
Pastoral Support Leads working with children	Staff working with children for whom	Participants have identified children living

who are living with a parent who has mental health difficulties, which has been made known through direct communication between school staff and families themselves.	parental mental health difficulties have been identified in other ways, for example, through assumptions (specifically, it has not been directly reported by the family to a member of school staff).	with parents who have mental health difficulties in the same way, ensuring homogeneity of the phenomenon of working with this specified group of children.

3.3.1.3 Recruitment Strategy and Sample Size. Once ethical approval for this research study had been gained (see Appendix H for complete application for ethical review form and Appendix I for ethical approval letter), the opportunistic recruitment strategy began by contacting primary school settings within the LA where the researcher was on placement as a Trainee EP. Due to LA protocols restricting direct contact with Headteachers during the Covid-19 pandemic, the SENCOs of school settings were emailed an electronic version of the recruitment advert (Appendix J) and asked to circulate this with relevant staff members after seeking permission from their Headteacher. In some cases, the SENCO contacted held the position of Pastoral Support Lead themselves, with others passing the invitation on to members of their staff team who fulfilled this role. Prospective participants who emailed the researcher to express their interest were then sent more comprehensive information about the research study and asked to return a signed consent form (see Appendices K and L for copies of the Participant Information Sheet and Participant Consent Form respectively). Once informed consent had been gained, interviews were scheduled to take place at a time convenient for each participant. The process of conducting interviews will be detailed in the ‘Data Collection’ section below.

In line with the idiographic focus of IPA, Smith et al. (2009) recommend a number of 4-10 participants for doctoral thesis projects. This relatively small sample size reflects the aims of IPA research, to elicit a rich, detailed account of individual participants' lived experiences of a phenomenon. Such a sample size is also within the remits of feasibility for the scope of this research project, recognising the need to carefully consider the balance between providing a detailed analysis of individuals' experiences, as well as drawing on a sufficient number of cases to develop an understanding of convergence and divergence across participants' perspectives. In keeping with Smith et al.'s (2009) recommendations, this study sought to recruit 6-8 participants, responding to those who met the inclusion criteria on a first come, first served basis.

3.3.1.4 Participant Information. A group of eight Pastoral Support Leads were recruited to take part in this research study. Although individuals had volunteered themselves in relation to meeting the requirements detailed in the recruitment advert, each interview began by asking participants to describe their job role. This question was used not only to check that individuals did indeed meet the inclusion criteria, but also to provide information that would help to contextualise the findings and to ease participants into the interview process. Participants' job titles included SENCO, Inclusion Lead, Assistant/Deputy Headteacher, Designated Safeguarding Lead, Pastoral Support Team Lead, Pastoral Support Officer and Mental Health and Wellbeing Lead, with most individuals occupying more than one of these roles in their school setting. Depending on the size of their school and senior leadership teams, participants described sharing some or all of these roles with a team of others. Participants' length of time in their role also varied, ranging from 3 years to over 20 years. Despite these differences between participants, the

group was considered to be appropriately homogenous for this IPA research study, in terms of their experiences within the context of their roles with regards to the phenomenon of interest.

3.3.2 Data Collection

3.3.2.1 Method of Interviewing. The method used for data collection was semi-structured, one-to-one interviews. This format follows the use of open-ended questions, the order and phrasing of which can be modified in response to participants' answers (Robson & McCarten, 2016; Smith & Osborn, 2015). Interviewers may also use prompts and ask follow-up questions, with the aim of facilitating a rich and detailed dialogue of participants' experiences, thoughts and feelings (Galletta, 2013; Smith & Eatough, 2015).

As the focus of IPA studies is to explore participants' perspectives and sense-making of a phenomenon, the flexibility of semi-structured interviews is considered to be helpful for encouraging individuals to expand on their answers and to create space for reflectivity (Galletta, 2013; Reid et al., 2005; Smith & Osborn, 2015). This non-direct, inductive approach acknowledges both the interviewer and interviewee as active agents in the research process, helping the conversation to be collaboratively shaped and guided by participants' accounts (Rubin & Rubin, 2005; Smith et al., 2009; Smith & Eatough, 2015). This way of working is also thought to facilitate rapport building which is especially important when asking participants to reflect on personal and potentially emotive experiences (Reid et al., 2005).

3.3.2.2 Developing an Interview Schedule. To ensure that the interview process would allow for participants both to tell their story and to appropriately address the research question, an interview schedule was developed. Smith et al. (2009) detail the benefit of preparing a small number of set questions, particularly for

novice researchers who may feel less comfortable with unpredictability and want to ensure certain topics are covered. Following this advice, a more general, narrative style question was asked first (Smith & Osborn, 2015), encouraging participants to describe a time they had worked with a child whose parent was known to have mental health difficulties. A further four questions were included on the interview schedule which aligned with themes that arose in the literature review around perceived barriers and supportive factors when working with this group of children, along with potential follow-up questions and generic prompts to facilitate an open and detailed discussion (Kallio et al., 2016; Robson & McCarten, 2016) (see Appendix M). As suggested by IPA researchers, the interview guide was used flexibly and adapted in response to what participants had shared (Smith et al., 2009; Smith & Eatough, 2015).

3.3.2.3 Piloting the Interview Schedule. Prior to beginning data collection, the interview schedule was piloted with two of the researcher's colleagues who had previous experience of working with children of parents with mental health difficulties in primary school settings. The individuals were informed about the purpose of this piloting process, which was to trial the interview schedule and evaluate the relevance and richness of data generated from the questions asked (Galletta, 2013; Kallio et al., 2016). It also gave the researcher an opportunity to practise using the technology required for scheduling and recording the interview, and to gather feedback from participants about their experiences of the process. The data gathered from the pilot interviews was securely deleted immediately afterwards and did not form part of the analysis.

Reflecting on these interviews with the colleagues who took part, the researcher was able to notice their tendency to quickly move on to asking follow-up

questions and recognised the need to consciously leave space and slow down the interview process. These experiences supported the researcher to feel more confident moving into the data collection stage of the research study, knowing more about what to expect in terms of the structure and pace of interviews.

3.3.2.4 The Process of Conducting Interviews. In light of UK government guidance concerning social distancing and limits to non-essential travel during the Covid-19 pandemic, interviews were scheduled to take place remotely using the video conferencing platform ‘Zoom’. Participants were emailed an invitation which had been set up using a ‘business account’ to ensure that the meeting was held in accordance with the information governance polices of the researcher’s training provider. Although considered to be an appropriate and necessary alternative to face-to-face interviews in the context of this study, the limitations of this method of data collection will be addressed in Chapter 5.

In line with the hermeneutic phenomenology and idiographic focus of IPA, the process of data collection strongly emphasises the listening role of the researcher (Smith et al., 2009). Wanting to communicate the expectation for participants to speak in depth about their experiences, the process began by briefly summarising the main features of the open, conversational format for the interview, with only a small number of pre-prepared questions. Participants were assured that there were no right or wrong answers, and that the researcher was simply interested in hearing about their experiences during the scheduled 1-hour interview. Participants consented to interviews being recorded and audio files were stored in accordance with data protection principles.

Once the interview had finished and the recording had been terminated, participants were invited to debrief with the researcher and given the opportunity to

ask any questions that had arisen. Interviews were then transcribed verbatim to provide a semantic record of the data collected (Pietkiewicz & Smith, 2014; Smith et al., 2009). Throughout this process, any identifying information about participants or those that they had spoken about was removed from the transcript to ensure anonymity.

Acknowledging the importance of building rapport to help facilitate the interview process (Smith et al., 2009), the researcher drew on skills they had acquired during their professional doctorate training in Educational Psychology. This included actively listening to participants with a non-judgmental and empathic stance to encourage a detailed exploration of their experiences. It was also important not to make assumptions and ask for participants to clarify and expand on their answers, maintaining a sense of curiosity and interest in their accounts. Lastly, it was necessary for the researcher to be able to tolerate participants' expressions of emotion and allow for the time needed to reflect meaningfully on their experiences (Roulston et al., 2003).

3.3.3 Data Analysis

There is detailed literature that describes the systematic process to data analysis in IPA research (Smith et al., 2009). Aiming to interpret rather than simply describe participants' accounts, researchers must approach the data according to the iterative process of the hermeneutic circle; frequently moving between detailed commenting on individuals' accounts in part, to increasingly interpretative analysis within the context of the data set as a whole (Galletta, 2013; Reid et al., 2005; Smith & Eatough, 2015).

The staged approach to data analysis was informed by a framework described by Smith et al. (2009) and is outlined below, with reference to examples

contained within the appendices. It is important to note that this is not based on a definite, prescribed method, but a set of processes that can be used flexibly and analytically to understand the meaning participants make of their lived experiences. The process consisted of seven stages which will be detailed in turn.

3.3.3.1 Stage 1: Reading and Re-reading the Transcript. The first stage of analysis involved reading the first participant's transcript whilst listening to the audio-recording, taking the time to become immersed in their data. After this initial exercise, brief notes were made in a reflective journal to allow the researcher to record and process some of their immediate thoughts and feelings in an attempt to bracket them off from influencing their interpretations at this early stage. Repeated reading, both of the transcript as a whole and smaller sections that caught the attention of the researcher due to their emotive or intriguing content, helped to build a tentative understanding of how the participant had engaged in the interview process. For example, it was interesting to note moments of both ease and reluctance for the participant to name feelings that were being evoked by speaking about their experiences, and how this developed over time. The researcher also began to notice patterns and variances in the way the participant shared about different experiences, which were additionally recorded in the reflective journal. This included, for example, instances where they were more able to naturally expand on their answers with minimal prompting, as opposed to times that required the researcher to probe repeatedly or more explicitly.

3.3.3.2 Stage 2: Initial Noting. The next stage involved a line-by-line analysis of the transcript to record comments about the participant's experiences, thoughts and feelings. To support the organisation and structure of this, the transcript was copied into a table on Microsoft Word with corresponding line numbers. Smith et al.

(2009) suggest three different forms of commenting to support this process, all of which were recorded in a column to the left-hand side of the table to allow for connections between them to be made (see Appendix N for an example of this for the participant 'Gina'). The three types of comments are detailed below, noting the formatting style in which they were recorded on the participant's transcript:

1. Descriptive Comments (blue font) – This form of commenting related to the phenomenological content of the participant's experiences as they described key events and relationships within the context of their lived world.
2. Linguistic Comments (green, italicised font) – These comments included reference to the participant's use of specific language as well as non-verbal communication, such as pauses, laughs and sighs. Recording linguistic features such as repetition and rhetorical questioning also helped to make sense of how the participant may have been processing and recalling events.
3. Conceptual Comments (orange font) – This final form of commenting took a much more interpretive approach, displaying the double hermeneutics of IPA as the researcher began to make suggestions around how they were making sense of the participant's own sense making. The iterative and inductive process of this stage was important for checking the researcher's own understanding, rereading single sentences and whole sections within the transcript to see whether the developing narrative further influenced the interpretation being made. These comments were often recorded tentatively by the researcher, evidencing their reflective engagement with the participant's account.

3.3.3.3 Stage 3: Developing Emergent Themes. Following the detailed comments generated in the previous stage, the volume of data was considerably

larger by this point. Using these initial notes, the aim of this stage was to begin to theme the participant's account at a more interpretative level by producing key words or phrases that captured the researcher's understanding. During this process, the researcher attempted to hold the research question in mind to help focus their sense making on the phenomenon of interest. This was important to ensure that titles given to emergent themes reflected an interpretation of the participant's experiences, as opposed to simply describing the content of them. Some theme titles were related to relevant psychological concepts that informed the researcher's interpretation, such as potential defence mechanisms that the participant displayed in attempts to cope with the emotional impact of their work. As the analysis of the transcript progressed, there were occasions where the researcher began to notice similarities in the themes that were arising and was able to reuse the titles of previous themes. Emergent themes were recorded in a column to the right-hand side of the transcript, along with the corresponding line numbers to evidence a clear audit trail. This process can also be seen for the participant 'Gina' in Appendix N.

3.3.3.4 Stage 4: Developing Subordinate Themes. Having formulated a chronological list of emergent themes, the next stage of analysis involved searching for connections between them with the aim of grouping related ideas together under the titles of subordinate themes. The list of emergent themes was initially copied into a new Microsoft Word document, displaying multiple pages alongside each other so that links could be made across the whole transcript. Looking to include the experiences that were perceived by the researcher to be the most meaningful and important to the participant, a relatively small number of emergent themes that did not fit within the groupings being made were discarded at this stage. The following four strategies were used to support this process:

1. Abstraction – Grouping similar themes under a broader title.
2. Subsumption – Encompassing themes under the title of an existing emergent theme.
3. Polarisation – Grouping oppositional themes.
4. Contextualisation – Grouping themes related to key narratives or events.

The subordinate themes developed were then displayed in the format of multiple tables, listing the relevant grouped emergent themes and corresponding extracts from the participant's transcript (see Appendix O for the tables of subordinate themes for the participant 'Gina'). A hermeneutic circle could be seen to operate as the researcher continued to look between the parts and the whole of the developing subordinate themes to ensure the internal consistency of transcript extracts.

3.3.3.5 Stage 5: Moving to the Next Case. Once the four previous stages had been completed, the researcher repeated the process for the next participant. In a commitment to maintaining an idiographic focus, further attempts at bracketing off assumptions and expectations were necessary at this stage, and increasingly more so as subsequent participants' transcripts were analysed. This process was supported by breaking for a few days between looking at transcripts to allow the researcher time to temporarily distance themselves from the previous participant's account.

3.3.3.6 Stage 6: Looking for Patterns – Developing Superordinate Themes. This stage of the analysis process took place once a set of subordinate themes had been developed for each of the eight participants. The process involved was similar to that described above, using the different grouping strategies to search for connections across all participants' subordinate themes and cluster related

concepts together. No subordinate themes were discarded at this stage. To support the task of looking for patterns across the whole data set whilst maintaining a commitment to the individuality of participants' accounts, subordinate themes were colour coded for each participant to ensure their visibility in the audit trail (see Appendix P for the eleven superordinate themes developed alongside participants' related subordinate themes).

In continued attempts to maintain an idiographic approach within a relatively large data set, Smith et al. (2009) suggest that it can be helpful to evidence the recurrence of superordinate themes across participants to enhance the validity of findings. As stipulated by Smith et al. (2009), the researcher is free to determine what defines the status of recurrence. In this case, the decision was made that for a theme to be considered as superordinate across participants, it would need to be evidenced by subordinate themes that were present in over 50% of the sample (i.e., superordinate themes would need to include subordinate themes from more than four out of the eight participants) (see Appendix Q for table depicting the recurrence of superordinate themes across participants). According to this criteria, no superordinate themes were discarded at this stage of the analysis.

3.3.3.7 Stage 7: Looking for Patterns – Developing Overarching Themes. Due to the number of developed superordinate themes, the decision was made by the researcher to refine these further into overarching themes that were reflective of the whole data set. This involved compiling the eleven superordinate themes into a new document and using the aforementioned strategies again to group themes together according to principles of convergence and divergence (Pietkiewicz & Smith, 2014; Smith & Osborn, 2015). In total, four overarching themes emerged and were labelled in ways that captured the interpreted understanding of participants'

experiences whilst still being grounded in individuals' data. A complete audit trail of the data analysis process was subsequently compiled into a master table of themes (see Appendix R). This illustrates the superordinate themes that each overarching theme is comprised of, documenting the links to each participants' subordinate themes and emergent themes.

3.3.4 Assessing Research Quality and Validity

In light of the emphasis that is placed on the subjective and idiographic nature of individuals' accounts in qualitative research, objective measures to evaluate validity and reliability are considered to be unsatisfactory (Smith et al., 2009). This is particularly pertinent for research situated within a relativist and constructivist framework, which asserts that knowledge about phenomena can be found in individuals' interpretations of their perceived realities. Researchers instead argue for the trustworthiness, authenticity and credibility of both participants' data and researchers' analyses to be clearly evidenced (Creswell et al., 2013; Willig et al., 2013). With this in mind, Yardley (2000) proposes four principles against which the quality of qualitative research can be judged. These will be outlined below, along with how such conditions were met in the current study.

3.3.4.1 Sensitivity to Context. The first principle against which the quality of qualitative research can be judged is its sensitivity to context (Yardley, 2000). In relation to the context of participants in the current study, sensitivity was demonstrated throughout the interview process, by the emphasis the researcher placed on effective rapport building and maintaining curiosity about individuals' experiences. This was supported by the use of a relatively short interview schedule, requiring the researcher to be attentive and responsive to participants' accounts. Supporting participants to quickly feel at ease and able to reflect on their

experiences was also particularly important for this sample, many of whom had volunteered to take part during their scheduled lunch break or free period in the busy context of a school environment. This required the researcher to be flexible when scheduling interviews and proactive in setting the pace and scope of interviews to elicit rich data.

Within this interviewer-interviewee dyad, it was also important to acknowledge the different positions of the researcher. Firstly, as someone in pursuit of knowledge to be gained from participants who had lived experience of the phenomenon of interest, but also in their professional identity as a Trainee EP who is known to take up roles of help-giving and problem-solving with this group of school staff. Recognising the potentially conflicting elements of these roles, the researcher remained sensitive to the context by reminding participants of the purpose of this exploratory study, aiming not to make judgments in relation to their practice, but to give voice to their experiences. The researcher's commitment to quality and sensitivity to individuals' lived experiences can also be seen throughout the data analysis detailed in Chapter 4, in the way that interpretations have been presented and evidenced by direct verbatim extracts from participants' transcripts (Smith et al., 2009).

Yardley (2000) additionally advocates for sensitivity to the sociocultural context and knowledge base that the research is situated within. To address this, the researcher has outlined the current legislative, professional and lived context for children of parents with mental health difficulties (Chapter 1) and conducted a comprehensive literature review prior to formulating the rationale for the current study (Chapter 2).

3.3.4.2 Commitment and Rigour. The quality of qualitative research can also be judged in relation to its commitment to the identified methodological approach and the rigour with which all aspects of the process took place (Yardley, 2000). Informed by the theoretical underpinnings of IPA, this study followed the published guiding principles put forward by Smith et al. (2009) to ensure a robust and coherent approach. Accordingly, strict and clear criteria were in place to purposively recruit a sample who had a high level of homogeneity with regards to their lived experience of the phenomenon of interest, ensuring that the research question could be meaningfully addressed.

The researcher also committed to appropriate methods for collecting rich and idiographic data through semi-structured interviews, with a high degree of consistency in relation to the information shared with participants and their treatment throughout the interview process. This was supported by the use of a pre-prepared interview schedule, which reduced the potential for bias in asking leading questions and offered prompts of a similar nature to encourage participants' engagement. A clearly referenced and systematic approach to data analysis was additionally followed as evidenced earlier in this chapter (Smith et al., 2009; Willig, 2013), and a high degree of rigour was achieved through iterative cycles of checking both the accuracy of participants' transcripts and of the themes developed. The audit trail produced in the master table of themes further demonstrates rigour in the data analysis process, evidencing to the reader how the resulting overarching themes are grounded in the raw data (see Appendix Q). In addition, the researcher attended regular meetings with a small group of colleagues also conducting IPA research studies which helped to develop an understanding of the methodology and commitment to the process.

3.3.4.3 Transparency and Coherence. The third of Yardley's (2000) principles relates to the coherence of arguments resulting from the research study and the transparency with which they are presented. As referenced above, the audit trail affords the current study a sense of trustworthiness by illustrating how conclusions have been drawn from the data. The nature of phenomenological and hermeneutic research, however, requires further consideration to be given as to how a researcher's experiences and assumptions may bias their interpretations and constructions of meaning (Smith & Eatough, 2015; Smith & Osborn, 2015; Willig, 2013). Acknowledging the influence of the researcher as unavoidable and intrinsically part of the double hermeneutics in IPA research (Smith et al., 2009), explicit and intentional attempts to recognise and disclose bias are necessary (Galletta, 2013).

Engaging in this process of reflexivity, the researcher acknowledged the need to bracket off their assumptions throughout the research project (Finlay, 2002; Smith et al., 2009). This began during the conceptual stages, needing to reflect on the influences and prior personal experiences that prompted the initial motivations to conduct research in this area. Disclosing this in the introductory chapter and within supervision, the researcher remained conscious of their preconceptions and how they may have identified with the experiences being spoken about (Berger, 2015). A reflective journal was kept to support this process, recording the thoughts and feelings elicited throughout the research project.

An example demonstrating the necessity of this was during data collection, acknowledging previous conversations concerning parental mental health difficulties that the researcher had been part of with school staff in their professional role as a Trainee EP. With preconceptions founded in how staff had previously expressed

their experience of this work, the researcher recorded some of the ideas they had anticipated being shared. This became increasingly necessary as the research progressed and the data set expanded, with additional preconceptions and their accompanying evidence emerging as further participants were interviewed. By recording their immediate thoughts after each interview and before engaging with the next participant's data, the researcher attempted to minimise bias and the influence of assumptions in their interpretations. Nevertheless, acknowledging similarities between the titles of a number of themes developed, there remains pertinent questions surrounding the extent to which preconceptions can realistically be bracketed off.

The need to engage reflexively was also particularly important during the data analysis stage of the research study, wanting to ensure that the exploratory, conceptual comments being made were grounded in participants' data and not the researcher's emotive reaction to the situation (Berger, 2015; Finlay, 2002). For example, the researcher's personal views about the support services available to individuals experiencing mental health difficulties were recorded in the reflective journal in response to participants describing the roles they may take up in providing emotional support to parents. This process of bracketing off subsequently supported the researcher to more accurately and credibly interpret how participants themselves made sense of this experience. In a further attempt to enhance the quality and validity of findings, two colleagues familiar with the methodology of IPA who had not been involved in the research project reviewed the audit trail to comment on the transparency and plausibility of the researcher's interpretations. The researcher additionally sought feedback during supervision to enhance the credibility of the chain of evidence presented and is confident that claims, though tentative within the

context of this subjective analysis, can be convincingly concluded (Finlay, 2002; Smith et al., 2009).

3.3.4.4 Impact and Importance. The final principle proposed by Yardley (2000) to determine the quality of qualitative research is in relation to the importance and potential impact of the findings. As referenced both in the introductory chapter and in proposing the rationale for this research study, the knowledge gained from exploring the research question has the potential to benefit individuals who are reflected in the participant group, as well as children and families themselves who are impacted by parental mental health difficulties. Promoting the theoretical transferability of IPA research (Smith et al., 2009), the researcher has ensured that the implications of the findings are discussed within the context of relevant theoretical frameworks and practice within the UK education system (Chapter 5). It is also hoped that there is a further sociocultural impact in challenging the stigma that exists around mental health difficulties through facilitating conversations on this topic.

3.3.5 Ethical Considerations

Throughout the research study, the researcher adhered to the BPS (2018b) '*Code of Ethics and Conduct*', the BPS (2014) '*Code of Human Research Ethics*' and the HCPC (2016) '*Standards of Conduct, Performance and Ethics*'. These documents provide guidance for practising psychologists and researchers with regards to respecting others and working within one's own areas of competence and responsibility. Additionally, ethical approval for this research study was obtained from the Tavistock and Portman Trust Research Ethics Committee before prospective participants were contacted (see Appendix I for ethical approval letter as referred to above). The four principles outlined within the BPS (2014) '*Code of Human*

Research Ethics' will be detailed below with reference to the steps taken to address each of these in the current study.

3.3.5.1 Respect for Others' Autonomy, Privacy and Dignity. In the attempt to protect the rights of participants, the researcher carefully planned how information about the research study would be shared to ensure informed consent could be gained. This included being transparent about the aims of the research study from the beginning and clearly detailing the expectations of commitment for those who agreed to take part. Participants were provided with a comprehensive information sheet before signing the consent form and were given the opportunity to ask questions both at this time and before recorded interviews began. The researcher aimed to articulate this information clearly and all individuals contacted were considered to have an appropriate understanding of the English language for the purpose of making an informed decision about their participation. Participants were also informed of their right to withdraw from the study up to the point that their interview data had been transcribed.

Participation in the research study was voluntary and participants meeting the inclusion criteria were selected to take part on a first come, first served basis to reduce bias. Schools with whom the researcher had any pre-existing relationships to were excluded from the recruitment process to ensure there were no conflicts of interest, and additionally to protect the identities of the children and families that may have been spoken about during the interview. All remaining school settings meeting the inclusion criteria within the LA where the researcher was based were included in the circulation of the initial recruitment advert to again reduce bias in the selection process.

Attempts to ensure participant confidentiality were made by removing any identifying details, such as the names of school settings, members of staff and services purchased by schools during the transcription stage. Additionally, pseudonyms were used to replace the names of participants. Before interviews began, participants were asked to ensure they were in a private room and were reminded not to share any identifying details of the children and families they spoke of. Potential limits to confidentiality, related to the disclosure of any safeguarding issues, were discussed with participants before interviews took place. Further steps were taken to ensure that data collected was stored securely in accordance with the Data Protection Act 2018 on encrypted, password-protected devices.

3.3.5.2 Scientific Integrity. A further key principle of ethical research is to ensure that data is of high quality and that the understanding gained will offer a contribution to the knowledge base. The steps taken to ensure the quality and validity of this research study have been outlined above, and its rationale is detailed in Chapter 2. The idea for this research study was formulated alongside a small group of the researcher's peers and in response to feedback gathered from submitting a research protocol. The researcher additionally engaged in regular supervision with a qualified EP throughout the research process to further ensure the level of integrity and quality of this study.

3.3.5.3 Social Responsibility. The purpose of conducting this research study has been detailed above in relation to the potential benefits for both school staff working with children of parents with mental health difficulties and for families themselves who are impacted in this way. The ways in which the findings from this research study will be disseminated are outlined in Chapter 5, which include direct feedback to participants, as well as wider relevant professional and community

groups, to consider the ways in which appropriate policies and systems can be developed to support this group of children and their families. During the interviews, a number of participants expressed appreciation that this research was taking place, acknowledging the importance of this topic area and the limited opportunities they have to speak about their experiences with someone outside of the school system. Such comments supported the researcher's recognition and commitment to their social responsibility, feeling assured that the understanding gained from this study would be valuable and meaningful for those involved.

3.3.5.4 Maximising Benefit and Minimising Harm. Additional steps were taken to ensure that the potential harm to individuals was minimised throughout the research process. As participants were being asked to reflect on their lived experiences in the context of their day-to-day role, there was not believed to be a significant risk of harm greater than that encountered in ordinary life. Despite this, participants were made aware of the potential for feelings of distress or anxiety to be evoked in being asked to reflect on sensitive or emotive experiences of working with the specified group of children. Consequently, the researcher acknowledged their duty of care to participants, paying close attention to how they were responding throughout the interview process and by offering a space to debrief and ask questions once the recording had finished. A leaflet of relevant support organisations that participants could be signposted to was also available if this was felt to be necessary. Though initially raised above whilst considering sensitivity to context, addressing power imbalances within the interviewer-interviewee relationship further served to minimise harm to participants, ensuring the interview process remained free of judgment and created the space to give voice to their experiences.

Chapter 4: Findings

4.1 Chapter Overview

In this chapter, the researcher's interpretation of data gathered from the eight participants will be presented in answer to the research question:

How do Pastoral Support Leads in primary school settings experience working with children living with parents who are known to have mental health difficulties?

Acknowledging the idiographic nature of participants' accounts, background information will first be provided for each individual in relation to their job roles and responsibilities for pastoral support in their school setting. The researcher will also briefly note behavioural observations made during the interview and any overall patterns in participants' data. Contextualising the findings in this way is intended to support the hermeneutic circle of both the researcher's interpretations and the reader's sense-making (Smith et al., 2009). With these details in mind, implications for the transferability of findings beyond the scope of this study will be discussed in Chapter 5.

As described by Smith et al. (2009), the analysis of the data set will be presented using a case-within-theme approach. In this way, the following four overarching themes identified as recurrent across all participants will be detailed: 'Compelled to Care', 'Journeying with Families', 'Expectation to Find Solutions', and 'Frustrated, Fearful and Fighting Alone'. This approach will move between the interpretation of data as generic themes at a group level, to considerations of the similarities and idiosyncrasies in the narratives of each individual, evidenced by

Table 3

Key for Transcript Notations

Notation	Meaning
(xx-xx)	Line number referenced from participant's transcript
…	Significant pause
[…]	Material omitted by the researcher
[*text*]	Participant's non-verbal communication

relevant extracts from participants' transcripts[1]. The use of verbatim quotes will support the transparency of the analysis, maintaining the phenomenological aspect of participants' lived experiences alongside the interpretative contributions of the researcher. Table 3 above contains a key to the transcript notations used throughout this chapter.

4.2 Contextual Information for Individual Participants

Brief contextual information about each of the eight participants will be detailed below in the order that interviews took place. As mentioned in the previous chapter, pseudonyms have been used to maintain participants' anonymity. In keeping with an idiographic approach to analysis, a case-by-case presentation of participants' data can be seen in Appendix S, outlining how individuals' narratives of subordinate themes fit within the superordinate and overarching themes identified by the researcher as occurring across the data set.

4.2.1 Angela

Angela is an Assistant Headteacher, whose job role includes SENCO and Designated Safeguarding Lead. In this, she described line managing the pastoral

[1]Although transcripts have been anonymised, due to the sensitive nature of families' situations the original transcripts for all participants have not been included in the submission of this thesis to maintain confidentiality. These can be made available upon request.

support team in her school setting, which includes school staff members and an externally bought in service offering therapeutic support to both pupils and parents. Angela was keen to talk about her experiences during the interview and gave rich accounts with little prompting.

Angela described herself throughout as somebody who felt the need to “fix” situations, detailing the level of support she provides for both families and her staff team. This is reflected in the highest number of Angela’s subordinate themes being encapsulated within the ‘Weight of Responsibility’ superordinate theme (see Appendix S).

4.2.2 Brenda

Brenda is a Deputy Headteacher whose job responsibilities include Safeguarding Lead, overseeing the Early Years provision at her setting and managing the pastoral support team. Additionally, Brenda carries out aspects of the SENCO role alongside a new member of staff, having previously held this role herself for 13 years. Within the pastoral team are additional members of staff, including Learning Mentors and a Parent Support Advisor. Brenda described the joint working of this team, meeting regularly to discuss the needs of children and families and arranging the offer of support, both from within the school and through external agencies.

Brenda’s perception of her role in coordinating this support is reflected in the number of her subordinate themes within the superordinate themes of ‘Advocating for a Shared Understanding’ and ‘Overwhelming Demands’, as well as ‘Fighting Alone’ (see Appendix S). It was interesting to notice that when questioned about the feelings evoked by her experiences, Brenda often sighed before answering,

suggesting both the weight of these emotions, as well as what appeared to be a slight reservation or unfamiliarity in having to voice such reflections.

4.2.3 Claire

Claire described working as part of a small leadership team consisting of herself as Deputy Headteacher, a Parent Liaison Officer and the school Headteacher. Within this team, Claire has the role of SENCO, Designated Safeguarding Lead and Mental Health and Wellbeing Lead, with responsibility for managing referrals to external agencies and coordinating intervention work within the school setting.

Claire referred to her role as being a “big” job, evidenced at the beginning of the interview not only by the number of responsibilities she listed, but also by her participation taking place during her lunch break, having to fit this time into her busy schedule. Despite this, Claire expressed a keen willingness to be involved and was able to reflect in depth about her experiences.

4.2.4 Dawn

Dawn described having worked in her school setting for over 23 years, previously as a Pastoral Officer and now as the Safeguarding Lead. Dawn noted working alongside several other members of staff within a newly developed inclusion suite, naming the SENCO, Attendance Officer and Learning Mentor. Her responsibilities in this team involve supporting individual pupils and their families, as well as delivering group interventions for children with social, emotional and mental health needs.

Dawn referred several times throughout the interview to her own personal experiences of living with mental health difficulties, passionately expressing her empathy and motivation to support families facing similar experiences. This can be

seen in the number of Dawn's subordinate themes included within the overarching theme of 'Compelled to Care' (see Appendix S). In comparison to the other participants, Dawn spoke very openly and explicitly about the topic of mental health, challenging stigma to demonstrate her lived understanding and perceived competence in this role.

4.2.5 Elaine

Elaine is an Inclusion Lead, comprising of the roles of SENCO and Medical Lead. Although relatively new to her role in the current setting, Elaine detailed the "rollercoaster" experience of having had to reorganise the procedures and support systems available to children and their families. Ownership of this organisational restructure, and appearing as one of the older participants, implied Elaine's previous years of experience working in schools which she also later referred to.

Elaine engaged in speaking about her experiences of working with parents and professional networks to support the needs of both children and their families, however, required more prompting to reflect on the emotional elements of her role. Towards the end of the interview, Elaine admitted that this was something she would normally avoid doing, prompting the researcher to consider how she may have experienced participating in the study.

4.2.6 Fiona

Fiona is a SENCO and Deputy Designated Safeguarding Lead, having recently also taken on the responsibilities of a Family Liaison Officer due to the previous member of staff being lost through budget cuts. Fiona detailed her role in supporting parents with managing concerns about their children's behaviour, as well as arranging access to support in school for pupils with additional needs.

Fiona was the only one of the eight women interviewed who spoke about her own identity as a mother and the impact of this on how she experienced working with children living with parental mental health difficulties. Her subordinate themes of ‘Worry’ and ‘Needing to Play a Maternal Role’ were seen to encompass these feelings (see Appendix S).

4.2.7 Gina

Gina is an Assistant Headteacher, with the roles of SENCO and Designated Safeguarding Lead. Gina described working alongside a senior leadership team, with responsibility herself for coordinating referrals to external agencies and the delivery of interventions by her staff team of Teaching Assistants. Gina mentioned only having been in this job for two years on a couple of occasions throughout the interview, acknowledging the “initiation of fire” in taking up this role in a large school community with high rates of deprivation.

Of the eight participants, Gina was the only person from an ethnic minority background and made reference to the cultural similarities between herself and some of the families she worked with. Her perceived impact of this on her experiences can be seen within the superordinate theme of ‘Efforts to Build Trust’ (see Appendix S).

4.2.8 Helen

Helen is a Deputy Headteacher within a small school and leadership team, with the role of SENCO and Safeguarding Lead. Without a big pastoral support team, Helen described having to manage responsibilities of working with both children and their parents, though expressed knowing families in the school community well due being in such a small setting.

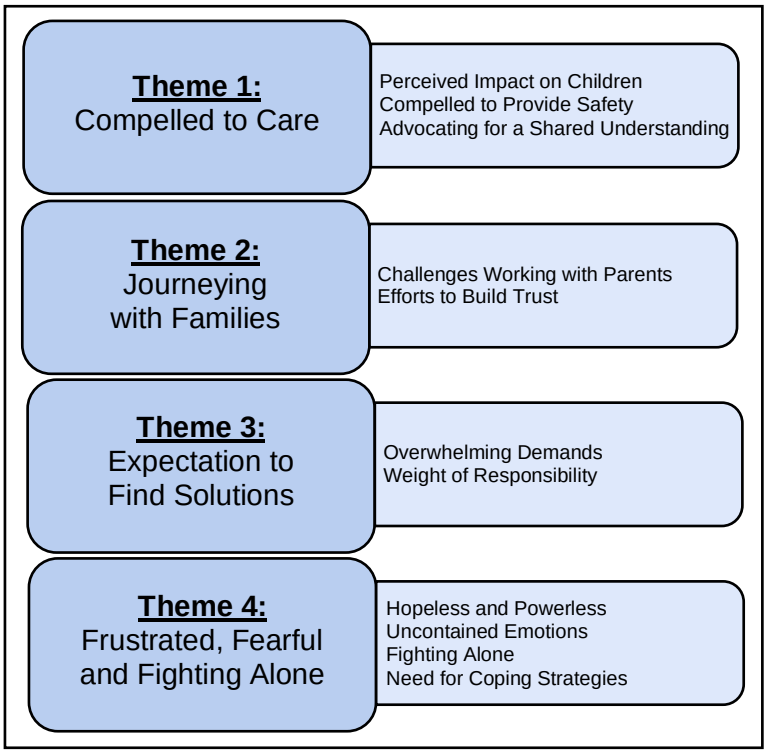
Helen's experiences of the perceived scale and varying nature of this role were expressed throughout the interview, with reference to feelings associated with the complexity of situations and her own limited expertise. This can be seen in the number of Helen's subordinate themes encapsulated within the superordinate theme of 'Hopeless and Powerless' (see Appendix S).

4.3 Overarching Themes

The four overarching themes identified as recurrent across the whole data set will now be presented. Within each overarching theme, findings will be detailed under the corresponding superordinate themes, as displayed below in Figure 1. In accordance with the theoretical underpinnings of IPA, the researcher's analysis presented here is understood to be one interpretation of the data, informed by their own perspective and sense-making approach which has been evidenced in the previous chapter (Smith et al., 2009).

Figure 1

Graphic of Overarching and Superordinate Themes



4.3.1 Theme One: Compelled to Care

The first overarching theme was generated from how participants spoke about their experiences of supporting children living with parents who have mental health difficulties. This included both their experiences of trying to identify the impact on children and providing suitable care, as well as working with the people and systems around the child to enable a shared understanding. The three superordinate themes encompassed within this were:

- Perceived Impact on Children
- Compelled to Provide Safety
- Advocating for a Shared Understanding

4.3.1.1 Perceived Impact on Children. Speaking about the impact of parental mental health difficulties, five of the eight participants focussed on the range of children's different behavioural presentations seen in school. This seemed to be situated on a scale of polarity between reportedly externalising aggression and internalised withdrawal. Angela, for example, described "we get walls being punched, we get hiding under the table for 45 minutes...erm, we get refusal to come back in from the playground" (472-474), with Dawn depicting a similar scene: "we've got a very angry little boy here who will erm want to fight everybody, will lift tables" (73-74). Such accounts, however, appear in contrast to Claire's experience stating, "we do very often see him being, erm sort of you know quite upset or erm difficult to engage in, in learning" (103-105).

Despite these different descriptions, all participants whose data was incorporated into this theme acknowledged frequent variations in the behaviours seen, often referring to daily uncertainty around how the child would present in school. Claire noted, "we never really know where is he going to be…erm

emotionally' (97-98), echoed by Fiona stating, "there might be days that she'll come in and she'll be ready to learn, and they'll be other days that you can just tell that, you know, she needs something a bit more...a bit more chilled out today" (116-119). The idea was summed up by Dawn, heeding a warning to others, and perhaps herself too, about how such mixed profiles should prevent assumptions from being made:

> I think this is what people think, that that child is going to demonstrate a bad behaviour it's not always like that. It, the child could be…messing their self, wetting their self, very withdrawn, very quiet…a change, there could be a change certain days of the week, and I think it's just identifying…that…it could be anything, it could be anything, it doesn't have to be what you automatically assume is, that that child is going to be angry… (154-162)

It was also interesting to note the similarity of language used across participants, placing themselves as the school passively on the receiving end of children's different behaviours. The idea that day by day participants feel as though they are expected to be ready to respond and work with what they "get" at the school gate raises questions around the extent to which they believe they may be able to offer support to those perceived to be impacted by parental mental health difficulties.

Linked to this idea, some participants were quick to implicate parents' current state of mental health as the cause of such variations in children's behaviour, noting dependence on whether or not "Mum's in a good place" (Angela, 467) or Mum's "frame of mind" (Fiona, 391). Parents' mental health difficulties were also perceived to impact on the child's rate of attendance, with Brenda recalling about a mother "times when she just couldn't face taking him to school" (94-95). Angela further expressed her perception, "that some of their behaviours is because of what they've

witnessed" (22-23), suggesting again of the limitations she may feel in being able to support with the perceived impact of parental mental health difficulties. Further difficulties trying to distinguish between the reasons for a child's behaviour for participants within their specific roles was highlighted by Fiona, describing:

> It was very difficult to...my role as a SENCO at that point, it was a bit erm, it was very difficult to see what was erm, special educational, special educational needs, and what was maybe erm, there being some erm impact on Mum's behaviour at home. (47-52)

Looking at individuals' attempts to make sense of their experiences in this work, it was interesting to note the varying degrees of confidence with which participants spoke about their understanding of attachment and its relevance to behaviours seen. Brenda named specifically, "how attachment can breakdown because of mental health difficulties within the family" (460-461), with others referring to difficulties with learning for "a child that is emotionally damaged" (Dawn, 326-327). Fiona further detailed her understanding, later noting this had been developed though conversations with the school EP, recalling, "if she didn't have those basic needs, it was difficult to then say well, she's obviously not ready to learn" (57-59). These participants' accounts can all be seen to speak of the difficulties faced in trying to make sense of children's behaviour in school and are suggestive of the perceptions they have around the impact of parental mental health difficulties for children's development and emotional wellbeing.

4.3.1.2 Compelled to Provide Safety. Following on from their perceived impact of parental mental health difficulties, six of the eight participants spoke from a place of being compelled to provide a sense of safety for these children in school. Participants referred to this provision in various ways, from "emotional support" via

an art therapist (Claire, 319-320), to school staff themselves needing to give “a little bit of TLC” (Elaine, 290). Drawing on her experience of witnessing a child’s expression of anger, Dawn more explicitly described, “a lot of the time when he’s doing that, all he wants is to come in here and have a cuddle…and…the cuddles are there” (74-76). The pauses in Dawn’s speech, followed by her reflection of “rightly or wrongly” (77) are interesting to note as they suggest a sense of discomfort in admitting this. Questions perhaps are raised in her mind as to whether this more intimate form of care is reasonable for someone in her role to provide, or may be an expression of awareness of others’ potential judgement of this.

The idea that participants feel the need to step into the role of providing physical comfort and safety speaks further of their perception of the impact of parental mental health difficulties. For example, Fiona notes, “you want her to have that security in school that she might not have at home” (175-177), with Dawn similarly stating, “if you’re giving them to me, it has to be that loving…family environment kind of thing…that they’re sometimes missing” (332-334). Elaine further touched on this concept of ‘missed’ experiences as she described supporting a small group of children: “what I found was lots of them didn't know how to play...simple family games that you would just assume a child knew” (526-528). These accounts illustrate the ways participants attempt to make sense of the impact of parents’ mental health difficulties on a child’s home environment, resulting in them feeling the need to take up a parenting role themselves. This is summed up by Angela, noting her responsibility of “making sure that for me, that the child is safe and happy” (220). Further examples of participants’ attempts to meet children’s need for security and home comforts can be seen in the accounts below:

> They'll come, and we sit, and we talk about it, they might need some breakfast, because it's all kicked off at breakfast […] or we'll sit, we'll have a cup of tea, we'll have some toast. (Dawn, 319-323)

> You know, she's always one, that if you see her walking down the corridor, you're always going to say hello to, cause you think it will mean more to her, than maybe it would mean to, to some other children, because she wants, you know she needs that to know that she's, you know important. (Fiona, 177-183)

A further theme in participants' accounts as they spoke about working with this group of children was a sense of empathy for their situations. It is from this place that participants' motivation and drive to provide safety could be seen to develop. Discussing a young boy's experience of living with parental mental health difficulties and social care concerns, Gina noted, "for a child to have to deal with that is massive […]. And then to have to come into school and deal with that as well is just...it's beyond anything that I could comprehend" (68-71). Similar expressions of empathy for the child's situation could be seen in others' accounts:

> She's exposed to more than she's…you know, she should be, and that's been the case since she was young. (Fiona, 71-72)

> It makes me rethink about the children and what they're going home to. (Angela, 156-158)

> They don't know who to turn to and they don't know how to make it better and they're, they're little people trying to fix…lives of grownups. (Elaine, 162-165)

Participants' attempts to make sense of identifying and providing appropriate support to this group of children suggests a role they may see for themselves in school as an extended family of trusted adults. Though willing and compelled to

provide this from their perception of children lacking safety within the home environment, several participants' accounts speak to some level of discomfort and imply an emotional toll of taking up this role. The impact of this will be further explored below in relation to the fourth overarching theme, 'Frustrated, Fearful and Fighting Alone'.

4.3.1.3 Advocating for a Shared Understanding. With an understanding of children's needs and perceived ways of being able to support them, each of the participants spoke about the importance of developing a shared understanding within the context of their relationships with parents and other school staff, as well as with the children themselves.

Analysing how participants spoke about developing a shared understanding with parents, challenges were named around having to "piece all the information together" (Helen, 616) over a period of time to eventually "discover" (Claire, 555) what was really going on. Participants further reflected on their reliance on parents to share information about their mental health difficulties (Claire, 551-552), with Elaine noting, "when parents open up to you about that it does give you an indi', it sort of thing you, things sort of start falling into place where the child's concerned then you kind of think, 'Ah that's why'" (68-71). Such accounts suggest a sense of confusion that these participants may have felt in trying to make sense of children's behaviour in school, feeling as though they had been kept in the dark by parents who were not forthcoming with helping them to understand their situations. The experience of participants in building relationships for this shared understanding to develop will be explored in the second overarching theme of 'Journeying with Families'.

Thinking further about individuals' experiences in this work, all eight of the participants expressed the necessity of not only developing a shared understanding,

but also of advocating for this within their relationships with other school staff. From a place of recognising themselves the impact of parental mental health difficulties that children may be experiencing, participants spoke of their commitment to "getting everybody to be on the same page as you" (Dawn, 545-546):

> I've always thought that it's really important that the member of staff working directly with the child knows, because... […] her class teacher for example […] they need to have that understanding that if that child is coming to school and is erm...it...that they might not be ready to learn, and it's having that understanding that every day is different. (Fiona, 108-115)
>
> It may be a case of just talking in general terms sometimes it may be more specific…depends on the teacher's perception and experience of mental health because some...it's one of those subjects where some people...naturally have more...sympathy's the wrong word, but more understanding than others. (Helen, 441-447)
>
> We really had to deal with a, a shift in...in thinking, in culture, you know there was a hu', a massive culture of just, 'This child is naughty, move him on', you know, 'Put them into a different group', 'I don't want to deal with them'. (Gina, 375-379)

Although asserting a role for themselves in helping others to understand, the tone of participants' accounts suggests a sense of frustration in having to advocate on behalf of children with other adults in school who they perhaps feel should be more readily able to recognise and accept their need for additional support. Further examples of this frustration can be seen in the following extracts as participants describe their attempts to reason with other staff:

> We’re forever saying, you know, that child hasn't that morning woken up and said, ‘I'm going to go into school today and I am going, going for my teacher, I'm going to really disrupt her day’, that isn't what…has happened. (Dawn, 85-89)
>
> You begin to realise where some of these issues that the children...have are coming from and you can make people aware, you know that, you know they're not being deliberately, this isn't a deliberate thing that they're doing to wind you up. (Elaine, 127-131)
>
> It's about wanting the teacher to understand that actually there's a reason why the child’s coming in...with no...having not had breakfast or there's a reason why they’ve not got their PE kit every week. (Helen, 468-472).

Such accounts raise questions about how participants may understand the role they play in supporting both children’s pastoral needs and the development of other adults’ understanding in the school community. Given the previously highlighted level of uncertainty named by participants in knowing how to predict and respond to children’s needs themselves, it is also interesting to note how commonly they expressed frustrations in relation to how they perceived other staff’s actions.

Further difficulties sharing information regarding parental mental health difficulties with other members of school staff were raised by participants, referencing the need to balance parents’ confidentiality with teachers’ understanding. In attempts “to protect the families” (82-83), Dawn noted only sharing limited details of parents’ difficulties with staff, with Helen describing decisions about how much information to share as an “ongoing juggling act” (435). A sense of exasperation can be felt in these accounts, as participants contend with their feelings of frustration

towards others within the context of perceived barriers to promoting a shared understanding with them.

A final relationship within which participants spoke about advocating for a shared understanding was with children themselves in relation to how they may begin to understand the mental health difficulties faced by their parents. Angela was quick to name the difficulties associated with this, noting the challenges of unpicking situations children had "experienced all their life" (34) and which they see as "normality" (35). Dawn on the other hand, spoke far more comfortably about raising this subject with children, giving the example:

> I sat there with her children and said to them, 'You know when Mummy's crying, Mummy's feeling a bit sad today, she's worried about Daddy'…and I said 'It's ok to say those things'. (622-626)

The contrast between Angela's apparent reluctance and Dawn's readiness to begin such discussions with children could possibly be explained by Dawn's own reflections throughout the interview with regards to her personal experiences of mental health difficulties. Speaking about her passion to reduce stigma and provide support to families, the ease with which she often named and spoke about mental health was markedly different from the rest of the participants' more reserved, and at times avoidant stance when referring to these "issues". When considering participants' work with children of parents with mental health difficulties, their prior experiences and personal relationship to mental health could be argued to play a significant role in how they begin to make sense of the care they feel both compelled and able to provide.

4.3.2 Theme Two: Journeying with Families

The second overarching theme was developed from participants' experiences of working alongside both children and their parents. This theme emerged quickly throughout all participants' accounts, highlighting that the roles they take up in relation to parental mental health difficulties are not just about working with the children as stipulated in the research question, but actually journeying with families as a whole. As succinctly expressed by Dawn, "I'm not just picking up the child, I'm picking up the family" (51-52). Participants' data formed two superordinate themes within this overarching theme, which were:

- Challenges Working with Parents
- Efforts to Build Trust

4.3.2.1 Challenges Working with Parents. Challenges of working with parents was seen as a theme for five of the eight participants and was predominantly focussed on their experiences of parents who had been difficult to interact with. Reasons for this were often understood to result from behaviours linked to parents' mental health difficulties, such as limits to patience and perceived self-centredness. Angela for example, described:

> They want you to do something, and they want you to do it then and there and if you don't respond to a phone call or you, you're happen to be dealing with another parent, they can take that quite personally. (143-149)

The idea that participants may feel placed into a position of needing to manage parents' unpredictable and reactive emotional states resulted in expressions of potential uncertainty around knowing how best to work with concerns around adult mental health. Claire spoke further to this fear of getting it wrong, stating the need to be mindful about how things were communicated with a mother and recognising, "you don't want to, erm...sort of pu', be putting pressure on her or...doing things

which are going to have a negative effect on...her mental health or, you know, her wellbeing" (253-256). The attempts to balance wanting to offer support but being unsure how parents may react suggests that some participants would benefit from developing their confidence and understanding in this area.

Further difficulties experienced by participants working with parents included a lack of consistency in parents' level of engagement, understood to be influenced by their current state of mental health. This was felt to present challenges both for supporting parents to access help themselves, as well as for joining with participants' efforts to support their child. Elaine commented on her perceived role in only being able to "direct people" (114-115), similarly echoed by Helen's view that "some are more able to accept help…than others" (366-367), highlighting the potential limitations participants may experience in being able to support parents to access help. This may feel in stark contrast to the roles of this particular group of participants in their school settings, often being in a position to make key decisions around how budgets are spent and which children will receive support.

Other participants focussed on the challenges of working with parents' limited capacity to support with children's learning. Fiona, for example, commented, "progress is so slow and erm, just, yeah and I just feel that that, a lot of that comes from, that Mum's not in the best state of mind to be able to support her at home" (417-420). Acknowledging the benefit of parents being able to support with consolidating children's learning, Fiona had previously noted, "there's only so much that we can do at school" (408-409), suggesting a sense of frustration and desperation in her attempts to support this child to make progress within the context of the perceived impact of their parent's mental health difficulties. Claire was another participant who similarly implied parents' lack of engagement as a barrier to

children's progress, expressing her frustration at a parent who did not attend meetings by stating, "we can't do our job if she doesn't do those sorts of things" (405-406).

Considering again the particular role of these participants in their school settings (in this case, as SENCOs), concerns around children's attainment and progress could be seen as something which they perceive holding responsibility for. As such, there is an understandable attempt to defend against the discomfort of children failing to make progress, causing them to look for reasons outside of their control as to why this may be. With this in mind, it is interesting to consider where the perceived challenges of working with parents who have mental health difficulties may begin, as well as how exclusive such challenges are to this particular group of parents. As such, questions may be raised as to how having this label of being a parent who is known to have mental health difficulties, may impact on how school staff interpret 'challenge' and feel able to work towards solutions within these relationships.

4.3.2.2 Efforts to Build Trust. Leading on from the findings above, a further theme that emerged from all eight participants was their experience of attempting to build trusting relationships with parents who were known to have mental health difficulties. This was felt to be important for participants to develop a better understanding of a family's situation and, therefore, an awareness of what support they may be able to provide. Others focussed on the need of "getting them onside" (Claire, 419), with regards to being able to share concerns with parents about their child in school. In this, some participants reflected on the serious implications involved, recognising it's the "children that suffer" (Angela, 620) to a "detrimental"

effect (Gina, 436) when efforts are not made by school staff to build these relationships.

Considering why such relationships may have been difficult, participants reflected on their experiences of parents' high levels of mistrust and perception of being judged. Though admitting her stereotyped view, Claire stated, "sometimes with parents who have mental health difficulties they tend...to be, like this is obviously a massive generalisation, erm, but they tend to be kind of like not as trusting of professionals" (420-423). Elaine and Fiona both also referenced parents' own negative schooling experiences in an attempt to make sense of why they may be more difficult to engage in meetings about support for their child in school (Elaine, 197-200; Fiona, 306-309). The idea that school staff members simply add to the group of "professionals" these parents have to engage with, speaks to a distanced and authoritarian position participants may feel placed in as part of a system in which parents fear judgement around their parenting capacity and threats of social care involvement. The weight of trying to negotiate this can be felt in Fiona's exhalation and stuttered speech, as she stated, "I think just...[*sigh*], them knowing that you're...erm, supporting and not, you know, judging is really important (566-568).

Acknowledging the "deeply personal" (Brenda, 349) nature of parents' mental health difficulties and the potential for conversations around this to feel "intrusive" (Brenda, 361), themes further emerged from participants' reflections on the roles they perceived having when attempting to develop trust. Features of these relationships included needing to be reliable and available to listen, whilst offering support within a secure space. Examples from participants accounts included:

> I think when they've opened that up...to you and they've trusted you, if they then seek help from you, it's about being...there, reliable for them. (Angela, 247-249)
>
> I guess it's about how you approach the parents, you get used to which parents you can ask what questions if you like and which parents that you know you have to be...you have to back off quite a lot from and just...make sure that they know that they, they can talk to you if they need to. (Helen, 59-64)
>
> You have to just listen, sometimes that's all parents want. They just want you to listen, and erm, and, and once you've done that...it...it almost it's, it's half of the problem for them, you know, just sharing it. (Gina, 502-506)
>
> I think once you open it up on the table…and there's that, cotton wool around them if you like…then I think you can make a difference… (Dawn, 294-297)

Within such attempts to build trust, participants spoke about the need for patience and time to allow for relationships to develop. Elaine noted, "that doesn't happen overnight and you need...to work at it" (678-679), with Dawn describing how small steps of reaching out to greet parents each morning may develop into more of a conversation, "and before you know it…there's a level of trust there" (270-271). A couple of participants also identified elements of their personal life which they felt facilitated building a bond with parents. As referred to already, Dawn, for example, frequently shared her own experiences of mental health difficulties with parents to enable more open and honest conversations. Gina also commented on her attempts to relate to parents, describing sharing a language with a family as "the reason why we bonded" (123). Considering these experiences, participants can be seen to take up a very relational role, not just in the context of working with children, but also in

their attempts to journey with families through the difficulties that they face. Participants' expressions of determination and ongoing efforts to build these relationships are particularly notable, given the challenges they named in the previous superordinate theme.

Despite the agreement across participants of the necessity to build trust with parents, some reflected on the need to maintain boundaries within these relationships. Angela for example was quick to follow her statement around being there for parents with the idea that this was "in a professional way" (250-251), later commenting on a time she felt a parent had shared too much, as if she was a friend (803-807). Claire also reflected on the difficulties of having different responsibilities within the school setting and the challenge of balancing a pastoral role alongside a more authoritarian role (in her case as SENCO and Deputy Headteacher). She noted:

> It's quite difficult because if you're working...like in different kind of capacities so you can't, like, you can't necessarily be the person who's going to be their support in school and also be the person who's on their back all the time, erm and chasing them about attendance and coming to meetings […] it's trying to balance that dual role and maybe find...somebody else in school who can be, erm...like the, the good guy almost and be like their supportive person to enable you to be the person who has the other role. (425-436)

In this, it is interesting to note Claire's perception of those in a supportive role as the "good guy". This raises questions around the implications for staff in these roles, being expected to not only offer a part of themselves emotionally to parents as a source of support, but also to be able to manage potential conflict. Further difficulties are implied around how participants may experience knowing how to

define their job responsibilities within their roles, when having to work not only to support this group of children, but also their families.

4.3.3 Theme Three: Expectation to Find Solutions

The third overarching theme which emerged from participants' data addressed the number and weight of demands they experience when working with children of parents with mental health difficulties. Within this, there was an overriding sense of participants feeling the need to find and provide solutions, arising from both the expectations of others as well as the high standards set for themselves. The two superordinate themes encompassed within this were:

- Overwhelming Demands
- Weight of Responsibility

4.3.3.1 Overwhelming Demands. The theme of being overwhelmed by the complexity and conflicting nature of demands was present in all eight participants' accounts. In this, participants spoke of the challenge to find the right approach to support the highly individual needs of children and their families. Such was the magnitude of this task felt by Brenda, she proceeded to list the seemingly relentless number of factors needing to be considered, "dealing with a range of, of different...parents, different personalities, different contexts, different situations" (227-228). This sense of being overwhelmed was echoed by Helen who noted, "I think dealing with the children they're all...every situation is different, so the way we deal with them is different...erm...and what works in some situations doesn't work...in others" (581-584). The repetition within her following comment of "trying" to find the right approach suggests further the levels of complexity and uncertainty she may face in this work.

Further challenges named by participants which illustrated the demands they face were with regards to their role in arranging support. Within this, some participants spoke of having to ensure all members of their staff team were aware of their responsibilities (Angela, 217-220), highlighting different priorities in the context of working in schools. In reference to this, Brenda noted, “we're here to educate the children, you know that's kind of our prime aim, erm but we all know that if, you know they're not happy and safe they're not going to learn anyway” (517-520).

Participants also spoke of managing priorities with regards to the needs of children impacted by parental mental health difficulties “in a school where you’ve got lots of children with lots of needs” (Fiona, 344-345). Additional challenges arose in trying to coordinate meetings between busy staff members and persistently disengaged parents. Speaking of her experiences of having to organise the release of teachers from lessons for meetings with a parent who frequently did not attend, Claire described:

> It takes so much to sort of, erm pull all of those things together, and I know it's difficult because people don't necessarily see that like they just see, ‘Oh you, you just organised an appointment for me’, like, you know that's not really a big deal. (375-380)

Frustrations resulting from these situations were similarly raised by Fiona, noting, “with all the, resources being cut and budgets being cut in school, that time is precious” (480-482). These experiences prompted the participants to question their decisions around prioritising support for this group of children, noting the implications for what was then left available to other pupils. Though acknowledging their own reticence in voicing such reflections, the overwhelming responsibility felt by participants can be seen when negotiating these demands alongside the pressure of

being expected to make the right decisions around provision for the whole school community.

Following on from the ideas raised within the previous overarching theme of ‘Journeying with Families’, an additional demand faced by participants was the expectation of having to find ways to support the needs of both children and their parents. As highlighted by Brenda, “the children are, you know our first concern but obviously if they're living in a family that's experiencing, erm difficulties or someone with mental health problems, that's going to have a huge impact on them” (355-359). One implication of having to take up this dual role was expressed by participants to include additional demands on their time that “you've just got to somehow kind of fit it into your...into your schedule” (Gina, 226-227). As stated by Dawn, “I think you think about, ‘Oh my goodness I've done this today and I haven't got anything else done’. Or the impact of what you're doing for the family is taking it away from the time with the children” (562-566). This reflection implies a sense of frustration that the work she is being expected to pick up with regards to supporting families is taking away from the role she is employed for, to support the needs of children. The overwhelming nature of these conflicting demands was further highlighted by Elaine noting, “schools are...fighting to try and…stay, stay afloat with managing these parents and the needs of these parents and children…” (400-402).

Further implications of these conflicting demands were seen in the experience of participants feeling overwhelmed with regards to their lack of knowledge and expertise. Fiona for example commented, “I can’t support her with lots of things that she’s complaining about, but I can support her from the child’s...you know from the child’s...end” (602-605). This reflection could perhaps be seen as an attempt to clearly reassert the perceived boundaries of her role, recognising the need to

manage this parent's expectations. Helen could also be seen to question her own abilities, stating, "my level of expertise I'm sure...it's fine as a...as a Deputy and as a teacher but you...you think sometimes you actually need beyond...that to deal with some of these more complex...issues" (291-295). Accounts of participants being expected to "wear many hats" (Gina, 225) and step into positions beyond their defined roles when working with children and families impacted by parental mental health difficulties can be seen to further illustrate the overwhelming demands faced in this work.

4.3.3.2 Weight of Responsibility. Following closely on from the previous superordinate theme, six participants spoke further about the demands they faced in trying to find solutions to families' difficulties, suggesting the weight of the responsibility they perceived to hold. Within this, participants spoke of how such responsibility was both placed upon them in their roles due to the expectations of others, as well as revealing something about the high expectations they maintained for themselves.

With regards to the level of responsibility inferred by others' expectations, some participants spoke of the "pressure" (Fiona, 195) felt within their job roles. In reference to elements of risk surrounding mental health difficulties and the perceived impact on parenting capacity, participants admitted the high level of responsibility they felt in needing to be able to "tune into" (Fiona, 194) parents' support needs for fear of missing safeguarding concerns. As described by Helen, "that's one of the main...emotions constantly that am I missing something? Could I be doing more?...Erm...you know should I be asking different stuff? Or yeah as I say am I...am I missing what's going on in some ways" (622-625). In this reflection, Helen's repeated questioning and use of the pronoun 'I' suggests the degree to which she

very much holds this responsibility herself. Elaine spoke further of this “weight that you carry round with you” (623), naming more explicitly the fear of something going wrong with regards to parental mental health concerns and being held responsible in news headlines. Noting the uncomfortable nature of sitting with these feelings, participants could often be seen to try and move the conversation on to speak about elements of good practice and procedures for recording safeguarding concerns. This reluctance to reflect further on the challenges faced was particularly evident in Elaine’s account, remarking:

> Yeah […] it’s a huge responsibility, it, and to be perfectly honest, I probably don't try, I probably try not to [*laugh*] think about it too much, because you’d just drive yourself mad thinking, ‘What if, what if, what if’. (649-653)

Further sources of expectations placed on participants were communicated by Angela with regards to members of school staff wanting her to provide answers to the behavioural difficulties seen in children potentially impacted by parental mental health difficulties. The cynical tone to her exasperated account suggests further evidence of being overwhelmed by the responsibility to provide solutions in these difficulties situations:

> It's like they want you to come give you an answer, and it can be like, feel like you're letting people down but I don't have the answer to stop children running round the...school. It's not, and I think that sometimes is an Inclusion Lead, like if a child’s misbehaving and they’ve got SEN, you’re expected to go in there and wave your magic wand, and they’re gonna be perfect children so that...high expectations gonna be difficult at times to manage. (582-590)

For each of the six participants whose data was incorporated into this theme, similarities could be seen across the ways in which they spoke about their approach

to their roles in this work. This included repeated claims of feeling the need to “go in and fix everything” (Elaine, 113), doing “everything I can to try and put things into place” (Angela, 203-204) and “give solutions” (Angela, 238). Fiona further described her experience of wanting so desperately to provide support to a young child living with parental mental health difficulties, stating, “we need to crack her, because we need to break this mould of whatever […] this family cycle that she seems to be caught up in” (Fiona, 169-172). Two further quotes can be seen to further illustrate this theme:

> My role is...about the child and my...job is to erm kind of champion the child and, and...push for, what they need. (Claire, 261-263)
>
> We all make sure we’re available in the mornings, we all make sure that we’re available after, after school so if any parent wants to talk to us, we’re frontline and we’re just always there and available. We’re not behind a desk and we're not in offices [*laugh*], so, we’re there....for them. (Gina, 564-569)

Having such high expectations around the scope of support that participants hoped to be able to offer families and their perceived duty to provide this within their school setting is interesting to consider in relation to the previously named barriers to achieving a shared understanding with other staff members. Although expressed by participants in relation to more systemic, confidentiality polices, there are perhaps also elements of individuals’ own motivation to find solutions that further exacerbates the weight of responsibility that they experience holding.

4.3.4 Theme Four: Frustrated, Fearful and Fighting Alone

The previous overarching themes have all predominately spoken of the challenges experienced by participants when working with children of parents with mental health difficulties. The current theme emerged from participants speaking

about the impact of some of these challenges for their own emotional wellbeing, as well as what they felt was needed to support them in their roles. The four superordinate themes developed within this were:

- Hopeless and Powerless
- Uncontained Emotions
- Fighting Alone
- Need for Coping Strategies

4.3.4.1 Hopeless and Powerless. In contrast to the narratives of being a "fixer" and participants' motivation to find solutions to family's difficult situations, all eight participants named feelings of hopelessness and powerlessness in this work. For many, this stemmed from feelings of being deskilled and uncertain about what they could do to help, acknowledging their perceived lack of knowledge and expertise in this area.

Reflecting on these feelings, some participants spoke about their doubts in knowing how best to support children impacted by parental mental health difficulties in school. Gina, for example, commented, "they just need some therapeutic work they need somebody to, to really...have that input with them, and unfortunately we're just...we're just not trained enough to do that" (318-321), with Helen also considering her limited expertise in getting children to "open up" about their parent's health (278-281). Angela further expressed her uncertainties around recognising the impact of parental mental health difficulties for children in school, as seen in her broken attempts to process and articulate the questions she has:

> How would we spot, is there, is there...and I don't know, cause I don't know, I don't know as much...about supporting mental, like, err, about mental health

> support […] is, is there clear indicators in a child's behaviour, that a parent is mentally unwell at home? (749-754)

Participants' experiences in this work went beyond simply supporting children as addressed previously, and many also spoke about being unsure of how to respond to parents' own behaviours perceived to be linked to their mental health difficulties. Brenda, for example, described uncertainty when working with a mother who was understood to display paranoia and insecurity when speaking with school staff, recognising her own fears in unintentionally exacerbating the situation:

> You don't necessarily have an expertise in that area of…of...of...mental health so you are, you know, you're not necessarily working from a base of, you know maybe having clinical knowledge of what to do in that situation, so you're working a lot on your instinct [*laugh*]. (221-225)

Angela further described difficulties working with parents perceived to be showing "extreme mental health" (636) or when "having a crisis or breakdown" (728), asking, "how…h…how could we respond when a parent is, you know they've got mental health difficulties, they've clearly lost it in the meeting, they're shouting, they're swearing, have been verbally aggressive" (735-738). These experiences highlight the potentiality volatile situations participants are faced with in this work and speak to feelings of being fearful and powerless in knowing how best to respond.

Other participants reflected on feelings of hopelessness in knowing how to begin to support the expressed needs of parents' with mental health difficulties. In this, participants again referred to a lack of knowledge and expertise, both in relation to the subject of adult mental health as well as what services may be available. Fiona, for example, noted, "I can't support her with lots of things that she's complaining about" (602-603), repeating that being unsure what to say to a parent or

not knowing who else they could go to caused her to feel “helpless” (612; 619). Helen further echoed such feelings, noting, “I think it is yeah...just feeling quite...deskilled I guess in terms of how to support...some of these families where the issues are very complex and where the conditions...are very complex” (113-116). Participants’ recognition of having to do “maybe more than I've got knowledge to do” (Dawn, 137-138), prompted many of them to express the need for training when asked what they thought could support them in this work.

As well as acknowledging their own limitations in supporting these families, participants also spoke of the difficulties arising from underfunded systems and often inaccessible services, resulting in further instances of feeling hopeless and powerless to bring about change. Reflecting on their experiences of frustration in trying to access additional external support for families, participants began to question their own abilities and self-belief:

> That's the frustrating part for me and I think the challenging is like, when you come against that brick wall, that hurts me that I can't do nothing, because I believe I can do everything. It’s really, really hard…when…you can't do that. (Dawn, 702-706)
>
> I can't fix the system, I can just work within the system and try and find as many ways round [*laugh*] the system as I can to try and help support our families. (Elaine, 474-476)
>
> When I first came into this role, you know you kind of come in thinking that you can almost conquer all, then if you do the right paperwork, the right outcome will happen and you, you learn very fast that that’s not what happens. (Gina, 450-454)

Amidst participants' admissions of "you can't fix everything for everybody" (Elaine, 79-80) and feelings of guilt resulting from "not giving...anybody what they need" (Claire, 803-804), it was interesting to note the frequent moments of laughter that followed their disclosures. Suggestive of participants' psychological defences against the discomfort of these realisations, the impact of such emotionally demanding work for this sample of self-professed "fixers" can be clearly seen.

4.3.4.2 Uncontained Emotions. All eight participants reflected further on the intensity and regularity of overwhelming emotions experienced when working with children of parents with mental health difficulties, recognising the limited time and space given to help process such feelings. Words used by participants to describe the emotional experience of hearing about difficult family situations and supporting children in school included, "depressing" (Elaine, 213), "draining" (Angela, 475; Gina, 578) and "stressful" (Brenda, 157). Participants also named the "disturbing" (Angela, 277) and "traumatic" (Brenda, 377) nature of information parents had shared with them when speaking about their mental health difficulties, with Angela satirically commenting, "I feel like, I don't have to watch EastEnders, 'cause that is what my working life is like" (278-279). The use of these words and such comparisons creates a rich and striking picture of the emotional impact participants experience in this work.

Whilst naming these challenging emotional experiences, participants reflected on the limited time they perceived to have to fully process such feelings and recognise the impact on themselves. Brenda, for example, described, "it's probably afterwards when you come out of a situation afterwards that, that you perhaps feel that, that was tough, you know that was difficult, that conversation was difficult…."

(383-386). Both Dawn and Gina similarly referred to being unable to address their own emotions in the moment, describing:

> I don't think you think about yourself until you're sitting down and realise how tired you are. (Dawn, 567-568)
>
> You really do have to sometimes just put your emotions to the side for a second so that you can deal with that child. (Gina, 91-93)

In addition to having limited time to acknowledge the emotional impact of this work, some participants also spoke about the challenges of feeling unsupported to process their experiences. Words such as "offload" (Angela, 288) and "absorbing" (Claire, 811) were used by participants to describe how they felt when parents shared their difficulties, expressing being left alone to sit with these heavy and emotionally evoking scenarios. Angela questioned, "it can be quite hard for professionals sometimes, when they offload...on you...and it's where do you go…?" (287-289), with Claire similarly recalling, "the parent is kind of coming to you and...offloading onto you then you're then taking on all of that sort of emotional... stuff, and if you haven't got anywhere to...put that […] then that's just sort of, that's kind of sitting with you" (757-761). Participants further reflected on the impact of having to hold these emotional experiences themselves, noting how concerns about these families "play on your mind" (Helen, 213-214) and resulted in worries and fears from work being carried home with them (Claire, 825-830; Fiona, 242-247).

Following her reflections, Claire went on to describe the difficulty of not having access to anyone outside of the school system that could serve in this supportive role, suggesting the benefit of allowing staff to share and process their experiences with someone external, who could help to alleviate the intensity of emotions being held by the small number of people within her leadership team (864-870).

Referencing a supervision model of support, Claire acknowledged the availability of this in other professions (859-860), with Gina explicitly naming this as something that EPs working with similar difficulties would have access to (94-99). During these reflections, it was hard not to wonder about the potentially inferred meaning behind such comments from participants who knew the professional identity of the interviewer as someone who would have this specifically longed for support in their role as a Trainee EP. Questions are subsequently raised around how participants may feel undervalued in this work and highlight the lack of containment staff in schools may experience when expected to take on such emotionally demanding roles.

4.3.4.3 Fighting Alone. Following on from participants' expressions of feeling unsupported to manage the emotional demands of this work, six of the eight participants spoke further about their perception of being alone in fighting for access to the right support for children and families impacted by parental mental health difficulties. In this, participants spoke of the implications faced by schools as a result of overstretched and underfunded services. Battling to get children and their families referred on to more specialist professionals or having to wait for prolonged periods of time before help was in place, participants described the impact both for them emotionally and for the roles they were consequently having to step into.

Reflecting on the high thresholds for referrals and long waiting times for support, participants spoke of their experiences in having to hold high levels of perceived risk in the absence of other available provision. In this, Elaine suggested the irony of so-called "early help" services, recalling that although such support was once available in a timely way, "it seems to be now that we have to get to critical mass before anything...is done" (397-399). The sense of frustration and

helplessness within this statement can be felt, with the suggestion that without these services, she is the one being left to deal with the impact of parental mental health difficulties perceived to be reaching this “critical” state.

Considering further the implications of their experiences of services being unavailable, some participants described the roles they were being required to step into, to ensure families were able to access a form of more immediate support. Referring to the “battle” of getting Child and Adolescent Mental Health Services (CAMHS) involved (Gina, 57), some spoke of needing to “plug a gap” (Brenda, 274) in terms of providing therapeutic interventions for children from within their own resources at school. Others were seen to reflect more on the “appalling” (Dawn, 142) state of adult mental health services and the implications this had for trying to support parents themselves, both emotionally and practically. Having acknowledged the absence of appropriate services for “parents that are really struggling” (143-144), Dawn noted, “…myself and my team are catching as many people as we can…” (501-502). Such an image of school staff being forced to provide this safety net to families speaks again of participants’ experiences of fighting alone in this work.

Claire in particular gave a very detailed account of her relentless efforts to support a family impacted by parental mental health difficulties. In this, she described feeling as though she was the only person fighting for the family to access support:

> When it feels like you are the person who's just doing all of the pushing, erm you know and all of the chasing and, and nothing’s ever kind of coming back from anybody else, that's, that's really tough as well because it just, you know, it just feels like okay well, I'm on my own here with this and y’, and...you feel, like feeling responsible for that… (742-748)

Claire went on to further describe the impact of perceiving to be the only person holding responsibility for this family, indicating a level of anxiety around being stuck with a situation that will never improve due to appropriate support being inaccessible.

Participants further recalled experiences that suggested a sense of rejection and abandonment from others when support services were not available. Claire, for example, described agencies who will “just bat it back to school” (722), with Elaine similarly recounting referrals not being accepted, with the message that schools themselves should be left to manage the need (614-618). Gina further described feelings of being discredited when CAMHS turned down referrals after the school had asked for extra support (331-337). Reflecting on these experiences, the implications of being left to fight alone could be seen to impact on Gina’s drive for ongoing self-sufficiency to avoid future frustration and disappointment:

> I think I've learned to...to...depend on myself and my team actually more, more so than anything […] it's been...a huge eye opener...erm, for me...with my, this being my first, you know, proper SENCO role, erm, that actually, you need to coordinate more...erm, and depend less almost...on outside agencies. (506-514)

A final area in which a couple of participants spoke of fighting alone was in relation to promoting a shared understanding. This idea is closely linked to participants’ experiences within the previous superordinate themes of ‘Advocating for a Shared Understanding’ and ‘Overwhelming Demands’, but was interpreted to incorporate something more here in needing to actively challenge others’ misconceptions of the role school staff have when working with this group of children. This was considered to be especially relevant within the context of the wider education system, with Brenda commenting, “I think that, that’s sometimes

difficult that you think that you're...that you have to fight for that space sometimes because everybody is worried [*laugh*] about attainment and the curriculum" (527-530). In this, Brenda acknowledged the implications for government funding, as a result of the restricted and inaccurate view of schools' responsibilities in providing pastoral support, suggesting that "people forget […] that's a whole element of what happens in school" (523-524). The implications of this view also being held amongst school staff was further seen to be a recurrent theme in Fiona's experiences, persistently trying to ensure teaching staff were aware of how they could be supporting a child's emotional needs (198-206). Participants can, therefore, be seen to experience taking up a position to actively fight for a shared understanding, both within their school communities and society as a whole, of the roles they have working with children of parents with mental health difficulties.

4.3.4.4 Need for Coping Strategies. A final theme that emerged from seven of the eight participants' accounts was recognising their own need for coping strategies and support systems to help manage the previously evidenced emotional impact of this work. Within the coping mechanisms listed, participants named common strategies such as the use of "breathing exercises" (Elaine, 716) when deciding how to respond in difficult situations and having "a glass of wine" (Angela, 175) at the end of a demanding day. Participants also spoke about their experiences of listening to parents' difficulties and needing to find ways of "parking some of the information, that stuff, because it can be quite heavy" (Angela, 282-283). Dawn further acknowledged:

> Sometimes the baggage…from the child's family, I need to just back off for a little while. And it is a little while, it might be just that day and then when I've

> gone home, had some dinner, had a sleep…you come back the next day and you're ready for it. (236-240)

Such descriptions highlight further the overwhelming and emotional demands of this work, with participants recognising the need to consciously address the impact on their own wellbeing. The extent of this impact can also be seen in participants' more unconscious coping mechanisms as previously detailed above, such as attempts to deny and avoid dwelling on these challenges, as well as the use of humour and laughter to defend against the uncomfortable feelings being evoked.

Participants described further ways of coping with the demands of this work, recognising the value in sharing the burden of responsibility with those in their staff team (Elaine, 660), as well as voicing their difficult experiences with trusted others. Angela, for example, spoke of being able to offload emotions with friends who worked in similar jobs to her (124-125), with Brenda, Dawn, Gina and Helen all describing the importance of having a close team of colleagues with whom they felt able to admit uncertainty and seek support. Participants specifying who they chose to discuss their feelings with, as including those who hold shared experiences of this challenging work, suggests again the need for spaces in which they can be supported without fear of being judged.

Some participants also referenced being able to seek advice from other professionals as a helpful way to cope with the demands of this work. Helen, for example, described the benefit of getting the perspective of the school EP on how to respond to a parent who disclosed having mental health difficulties (658-664). Claire also detailed her positive experience of working alongside a mother's Mental Health Support Worker to better understand her needs and the ways in which school staff could support her (497-502). Participants' reflections on successful multi-agency

working to support families living with parental mental health difficulties were limited, however, some did express that it would be beneficial to be able to speak with professionals from child and adult mental health services to ask for advice (Brenda, 482-486; Gina, 477-482). Participants' desire for additional support and shared responsibilities can be seen to further illustrate their need for coping strategies when working with children of parents with mental health difficulties.

4.4 Summary of Findings

The overarching themes that emerged from participants' data speak of the wide range of emotionally demanding elements to their role, as well as their ongoing efforts to ensure children living with parental mental health difficulties and their families are well supported. These findings will be discussed with reference to existing literature and theoretical frameworks in the next chapter, alongside relevant implications for practice.

Chapter 5: Discussion

5.1 Chapter Overview

Due to the idiographic focus of IPA which seeks to understand individuals' experiences, the aim in discussing the findings is not to produce broad generalisations, but instead to look at how the commonalities between participants' experiences may have wider implications (Pringle et al., 2011; Reid et al., 2005). Having maintained transparency throughout the research process and in relation to the level of homogeneity amongst the sample, the researcher will aim to assert the theoretical transferability of the findings to a national context (Smith et al., 2009; Walker et al., 2005).

To achieve this, findings will be summarised in answer to the research question within the four overarching themes that emerged. Within each theme, findings will be discussed in the context of existing literature to ascertain how the knowledge gained from this study sits within what is already known about the topic of parental mental health difficulties. Findings will be also considered according to relevant theoretical frameworks, and implications for EP practice and the education system as a whole will be detailed. Plans for the dissemination of findings from the current study will then be outlined, alongside its limitations and suggestions for future areas of research. The researcher's own reflections on this research process will then be addressed.

5.2 Discussion of Overarching Themes

This study aimed to explore the lived experiences of Pastoral Support Leads in the context of the UK education system of the phenomenon of working with children of parents with mental health difficulties. The research question was:

How do Pastoral Support Leads in primary school settings experience working with children living with parents who are known to have mental health difficulties?

Four overarching themes emerged from the analysis of eight participants' interview data and will be discussed in turn. The order of their presentation aligns with the previous chapter and was chosen to reflect the sense-making process within the narratives developed, from considering the demands participants face and the resulting roles they take up, to recognising the consequent emotional implications of this work.

5.2.1 Compelled to Care

The first overarching theme emerged from participants' attempts to make sense of how they perceive children of parents with mental health difficulties may be impacted. Reflecting on this, participants spoke about the care they subsequently felt compelled to provide and their attempts to advocate for a shared understanding of the child's needs to ensure they were appropriately supported in school.

5.2.1.1 Summary of Findings: Perceived Impact and Providing Safety. In answer to the research question, participants experienced working with this group of children as varying in nature, describing witnessing both externalised and internalised behaviours. The five participants for whom the 'Perceived Impact on Children' was identified as a theme further described experiences of uncertainty around how these children may present in school each day, with one participant expressing a warning against the tendency to expect "bad behaviour".

Heeding such caution around the assumed implications for children's behaviour is particularly relevant in light of the previous literature reviewed, which highlighted inconsistencies in teachers' reporting of internalised behaviour in

association with elevated levels of parent symptomology. This prompted researchers to question the awareness and visibility of such behaviours in schools (Connors-Burrow et al., 2015; Gross et al., 2009; Martineli et al., 2018; Wright et al., 2000). Studies that interviewed school staff further documented their expressed difficulties in knowing how they would identify this group of children in their class (Bibou-Nakou, 2004), predominantly naming disruptive behaviour or outward appearances as indicators of parental difficulties (Laletas et al., 2017; Laletas et al., 2018; Reupert & Maybery, 2007; Sims et al., 2012). Findings from the current study can, therefore, be seen to sit within the context of this existing literature, confirming that although school staff are well placed to recognise concerns in the behaviour of children living with parental mental health difficulties, they still experience some degree of uncertainty in being able to predict and make sense of the impact this could be having.

Participants' expressions of empathy, evoked in response to the perceived impact of parental mental health difficulties, were seen to result in their professed need to provide these children with a sense of safety in school. This response highlighted participants' experiences of attempting to make sense of children's home environments, with language used to suggest what may be missing in terms of security and comfort. Their subsequent attempts to create a nurturing environment in school are encouraging given the findings of research previously detailed, that evidences the benefit for these children's outcomes of the presence of an alternative caring adult (Cowling et al., 2004; Foster et al., 2005; Spierling et al., 2019) and classrooms characterised by warm, positive and sensitive adult-child interactions (Yan et al., 2016). Children of parents with mental health difficulties have also

expressed the desire for trusted adults from whom they can seek support (Totsuka, 2010; Van Parys & Rober, 2013; Yamamoto & Keogh, 2018).

In answer to the research question, participants' experiences of working with these children can, therefore, be seen to be driven by feelings of empathy and the need to take up a role in providing support in the form of comfort and safety. What remains unclear, however, is whether these Pastoral Support Leads experience working preventatively, before children's concerning behavioural displays become visible in school.

5.2.1.2 Links to Theoretical Frameworks and Implications for Practice. In attempts to make sense of their understanding of how children who are adversely impacted by parental mental health difficulties may behave in school, a few participants referenced ideas in relation to attachment and children's readiness for learning. Attachment theory describes the formation of emotional bonds between a child and their caregiver which, based on the nature and quality of these interactions, serve to contain a child's fears and uncertainties, knowing the availability of a secure base from which to explore their surroundings (Ainsworth & Bell, 1970; Bowlby, 1969). Without the early experiences of sensitively attuned and predictable responses, however, children may develop a sense of mistrust and difficulties in communicating their emotions to others (Bowlby, 1969; 1988).

Acknowledging the potential implications of mental health difficulties for parents' capacity to respond sensitively and consistently to their child's needs, research has documented how children's attachment relationships may be impacted (Brockington et al., 2011; Cleaver et al., 2011). Patterns of insecure attachment can consequently be seen to have implications in the classroom for a child who is unable to tolerate uncertainties that arise from the learning process, and who experiences

difficulty forming trusting bonds with adults in school (Geddes, 2006; Geddes et al., 2017). The framework of attachment theory, therefore, has implications for the roles of staff in school in helping to form relationships and create classroom environments that serve as a secure base from which learning can take place (Geddes, 2006; Maslow, 1943).

Implications for both Pastoral Support Leads and other members of school staff can, therefore, be seen to include a need to establish relationships that are sensitive and attuned to the needs of children living with parental mental health difficulties, and which foster a sense of safety and acceptance (Bergin & Bergin, 2009; Bombèr, 2015; 2020). In addition, there are implications for EP practice in line with the requirements of professional competencies to support those who work and care for children to understand their needs through the application of psychological theory (BPS, 2019; HCPC, 2015). Although a few participants in this study did refer to an understanding of attachment in their attempts to make sense of children's behaviour, themes emerged from their accounts that suggested a very reactive approach in responding to children's presentations in school each day. Instead, EPs have a role in advocating for preventative action in supporting potentially vulnerable children through providing training opportunities and working with school staff to ensure children's attachment needs are understood (Geddes et al., 2017).

5.2.1.3 Summary of Findings: Advocating for a Shared Understanding.

With their own perceptions of how children may be impacted and the support they may require, each of the participants described the barriers of developing an understanding with parents amidst sensitivities around information sharing, as well as the challenges faced in advocating for this to be shared amongst other school staff. Such findings are consistent with the previously reviewed literature which also

spoke of the barriers identified by school staff in this work to include a lack of policies in relation to gathering and sharing information about parental mental health difficulties (Bibou-Nikou, 2004; Laletas et al., 2017; Reupert & Maybery, 2007; Sims et al., 2012). Similarities between these findings are important in the context of this study which is the first to explore the experiences of this work for school staff within the UK. Highlighting that these challenges exist within a national context thus further promotes the need to find ways of developing necessary frameworks that prevent these children from remaining “invisible” and “hidden” (Carers Trust, 2016; The Children’s Society, 2018; James, 2017; Rouf, 2014).

Looking to understand limits to information sharing in the context of parental mental health difficulties, previous research has highlighted the implications of stigma for parents’ reluctance to disclose their difficulties and seek support for both themselves and their children (Cowling et al., 2004; Halsa, 2018; Howard & Underdown, 2011; Parker et al., 2008). Others have documented children’s own attempts to maintain a sense of ‘normality’ with regards to their home environment, finding ways to avoid attention (Haug Fjone et al., 2009) and describing the need for school as respite from having to think or talk about their parents’ difficulties (Bromley et al., 2013; Grové et al., 2016). Findings from this study with regards to participants’ experiences of struggling to achieve a shared understanding can, therefore, be seen to sit within the context of existing research which highlights an urgent need to find spaces in which conversations around parental mental health difficulties can take place.

5.2.1.4 Links to Theoretical Frameworks and Implications for Practice.

Social cognitive theoretical frameworks which look to explain the process and impact of stigma detail the distinction between public stigma, resulting in stereotypes,

prejudice and discrimination, and self-stigma, resulting in feelings of shame (Corrigan, 2000; Corrigan & Watson, 2002; Goffman, 1963). In the case of parental mental health difficulties, the effects of stigma can, therefore, be seen in relation to parents' own hesitancy in disclosing their difficulties, as well as their children's reluctance to share details with those outside of the family. Sociological theoretical frameworks further highlight the nature of mental health stigma as being constructed through interpersonal interactions, implicating social contexts in the maintenance of stigma (Haug Fjone et al., 2009; Link & Phelan, 2001; Pescosolido et al., 2008; Weiss et al., 2006). This understanding is important for thinking about how those working with this group of children can advocate for a shared understanding to support their needs at both an individual and systemic level in schools (Hinshaw, 2005; Henderson & Gronholm, 2018; Thornicroft et al., 2016).

Implications for schools, therefore, need to include prioritising ways of reducing public stigma associated with mental health within their school community (Beardslee et al., 2010), as well as supporting children's self-stigmatisation by enabling them to seek help in ways that are preferable to them (Grové et al., 2015). Whole school approaches to developing staff's mental health literacy and creating spaces where families feel safe to acknowledge and share their experiences of living with such difficulties are essential for this (Hinshaw, 2005; Tanner, 2000). A role for EPs is highlighted in promoting organisational levels of change to reduce stigma by supporting school staff to recognise and respond to the mental health needs of their community (BPS, 2019; Fallon et al., 2010; HCPC, 2015).

5.2.2 Journeying with Families

Having named the perceived impact of parental mental health difficulties and the resulting care they felt compelled to provide for children, the next overarching

theme emerged from participants' experiences of taking up roles to journey with families as a whole. Reflecting on this, participants named the challenges and efforts to build trusting relationships with parents to enable support for both them and their children.

5.2.2.1 Summary of Findings. Participants experienced challenges of working with parents who were known to have mental health difficulties, which included unpredictable emotional responses and inconsistent levels of engagement. Several participants implicated this as a barrier to the child's academic progress, feeling as though they were limited as a school in terms of what could be achieved without parents' partnership. In their attempts to make sense of these experiences, participants named parents' level of mistrust and fear of being judged, acknowledging the time and efforts required to build trusting relationships. The need to increase their own knowledge about adult mental health to support their work with parents was something later raised by participants themselves as an area for their own development.

The previously reviewed literature similarly named a role for school staff in working holistically with families living with parental mental health difficulties, needing to build an understanding of parents' situations and create an environment where such conversations could take place (Bibou-Nakou, 2004; Laletas et al., 2017; Laletas et al., 2018; Sims et al., 2012). Participants' interpretations of how parents' levels of mistrust may result in some of the challenges present in this work also similarly align with previous research that has explored the views of mental health service users, documenting their experiences of discrimination from professionals in relation to their parenting capabilities (Jeffrey et al., 2013).

Although a family-focussed approach is in line with government guidance and legislation for supporting children's needs (Children and Families Act 2014; DfE & DHSC, 2015), as well as being evidenced as best practice for education settings when working with parental mental health difficulties (Beardslee, 2010; Foster et al., 2016; Gallagher & Gosling, 2013), the commonality and demanding nature of participants' experiences of this work is interesting to note. The literature search strategy detailed in Chapter 2 was repeated following the data analysis returning one more recently published paper of relevance (Laletas et al., 2020), in which preschool teachers from Australia had been interviewed. Similar themes emerged as in the current study, with an emphasis on the emotional challenges and efforts to engage with families impacted by parental mental health difficulties. This, along with the current study, can be seen to add to the knowledge base surrounding the phenomenon of working with children of parents with mental health difficulties, highlighting work with parents as central to participants' experiences. With this in mind, the researcher felt that the following quote from the participant Dawn was fitting for the title of this thesis: "I'm not just picking up the child, I'm picking up the family". This is an important finding for thinking further about how school staff may be supported within a national context for the roles they take up in this work.

5.2.2.2 Links to Theoretical Frameworks and Implications for Practice.

Bronfenbrenner's (1979) Ecological Systems Theory considers the ways in which the multiple systems in a child's surrounding environment interact and impact on their development. The first level is known as the microsystem and includes influences that have direct contact with the child, namely their family and school. Positive and collaborative interactions between these systems are understood to be essential for supporting a child's development. In their proposed joint systems approach to

addressing perceived problems with children, Dowling (1994) highlights the need to not just recognise the role each system plays in a child's development, but to also consider the ways in which these systems can be enabled to work well together. This framework is particularly relevant in the context of findings from this study which highlight the challenges experienced by participants to build trust and work effectively with parents who are known to have mental health difficulties.

In considering how school staff and parents can be supported to work together to build an understanding of the child in context, a systems framework can be useful for thinking about how problems are perceived (Dowling, 1994; Souter, 2001). Reflecting on examples from several participants' experiences in the current study, a sense of disillusionment can be seen in assertions such as "there's only so much that we can do", thus situating the problems of a child's lack of progress and behaviour outside of the school, and with the parent. As previously mentioned in relation to these findings, participants may have been unconsciously defending against uncomfortable feelings of being unsure how to further support these children, resulting in the projection of incompetence and failure onto the parents involved (A. Freud, 1993). Elements of systemic and psychoanalytic theory, can also be helpful for thinking about participants' perceived mistrust of parents, considering the potential transference of unresolved feelings from their own schooling experience or fear of being judged by professionals (Dowling, 1994; S. Freud, 1901; Osborne, 1983). This idea links to the 'organisation-in-the-mind' that some parents may hold of schools, as places of having to prove themselves and manage conflict with authority (Hutton, 2000). Such views and conflicting narratives between systems can consequently lead to polarised positions of where change is perceived to be needed

to support a child and presents challenges for partnership working between parents and schools (Bateson, 1972; Osborne, 1994).

Implications for practice can, therefore, be seen to include a need for schools to work with a joint systems approach, particularly when trying to establish positive and collaborative relationships with parents known to have mental health difficulties. Implications for EP practice are also highlighted in being a professional who can remain external to this relationship, supporting both school staff and parents to find commonly agreed goals and targets for change (Osborne, 1994). This role for EPs can be seen to sit within a consultation model of service delivery, which aims to support professional functioning to enable change through a problem-solving approach (BPS, 2019; Newman & Ingraham, 2017; Nolan & Moreland, 2014; Schein, 1999; Wagner, 2000). This framework is essential for enabling school staff to journey with families through difficult situations and ultimately for supporting children of parents with mental health difficulties to thrive in school.

5.2.3 Expectation to Find Solutions

Following reflections on their work with both children and parents impacted by parental mental health difficulties, the third overarching theme emerged from participants' experiences of the multiple demands they faced. In this, participants described the weight of the responsibility they held in being expected to find solutions to challenges raised in this work.

5.2.3.1 Summary of Findings. In answer to the research question, all participants experienced working with children of parents with mental health difficulties as overwhelming. Such feelings were associated with experiences of trialling numerous approaches in attempts to support complex family situations and negotiating the resulting demands on their own time and schools' spending budgets.

This included conflicting priorities in relation to supporting both this group of children and their parents, as well as the needs of other pupils. In addition, participants described a particular challenge within the school context, needing to balance resources and manage others' expectations around the primary tasks of ensuring children's education, alongside supporting their emotional wellbeing. The challenges for school staff working with these interrelated tasks are widely documented (Bibby, 2011; Lindsey, 1994; Tucker, 2015), and were likewise reported by participants in the previously reviewed literature (Bibou-Nakou, 2004; Laletas et al., 2017; Reupert & Maybery, 2007; Sims et al., 2012).

As detailed in the literature review, however, all of the previous research in this area has sought the views of participant groups predominantly made up of staff who were classroom-based. It is, therefore, interesting to note the similarities of these experiences for participants in this study, who all hold roles of Pastoral Support Leads in their settings and, therefore, could be argued to be further removed from the curriculum and attainment pressures associated with a more direct teaching role. Beyond what was seen in previous studies, however, was the extent to which these participants shared their experiences of holding responsibility for ensuring children's and families' needs were understood and appropriately supported. Although a degree of ownership is potentially inevitable due to their positions within senior leadership teams, it is interesting to note the expressed weight of holding these responsibilities, given the difficulties the researcher experienced in trying to recruit teachers for the originally planned study as referenced in Chapter 3.

During this process, a number of school settings explained that teaching staff were not often made aware of families' personal circumstances and, therefore, would not meet the inclusion criteria to take part. Whilst appreciating the need for a degree

of confidentiality, this was surprising to hear, given the key role teachers have in supporting the emotional needs of children in their class and how essential the knowledge of potential childhood adversity is for informing best practice (Bombèr, 2015; 2020). This situation raises several questions around national policies for information sharing that exist both within schools and within professional networks involved in parental mental health as a whole. Acknowledging the position Pastoral Support Leads are consequently placed in, as the ones who are holding this knowledge and responsibility within their school setting, implications may be seen for the identity several participants expressed having, of needing to fix situations and provide answers to difficulties arising in this work.

5.2.3.2 Links to Theoretical Frameworks and Implications for Practice.

Experiences described by participants of the different roles and perceived priorities between staff in schools can be understood within psychodynamic frameworks which look to explain behaviour in relation to unconscious psychological processes. According to Klein's (1946) object relations theory, objects or individuals are perceived as separate polarities of wholly 'good' or wholly 'bad' to allow an infant to conceive of positive features of their world as distinct from those which cause distress. Several psychological defence mechanisms can be seen to result from this position as a way of coping with subsequent anxiety, splitting off undesirable aspects and unwanted feelings and projecting these out to be associated with others (Bartle & Eloquin, 2021). Such processes can further result in the recipient of projections experiencing something of these emotions as if they belonged to them, known as projective identification (Klein, 1946; Ogden, 1982; Waddell, 1998).

Applied to the context of schools in which these defences may occur at a systemic level (Eloquin, 2016; Hinshelwood, 2009), splitting the roles of staff has the

potential to create the idealised view of classroom teaching as wholly concerned with children's academic progress, whilst tasking those in senior leadership positions with sole responsibility for managing children's behaviour and supporting vulnerable families (Dunning et al., 2005; Osborne, 1994). The experiences of participants in the current study can be seen as a further example of splitting, perceiving to hold full responsibility within their school community for supporting the needs of children and families impacted by parental mental health difficulties. Examples of projection in this case may be seen in the description one participant gave of staff's expectations of her to be able to "wave your magic wand" and solve the challenges raised by children's behaviour. This could be seen to result in the projective identification of several participants in naming the overwhelming challenges associated with seeing themselves as a "fixer", potentially taking on this projected expectation from others.

Implications for practice can consequently be seen in needing to support school staff, particularly those who hold positions of leadership and take on feelings of responsibility, in finding ways to process these emotional experiences and manage the demands faced in their roles of working with children of parents with mental health difficulties. With their knowledge of psychological theory, EPs have an essential role in supporting staff to engage and reflect on their experiences to develop an understanding of the often complex and highly emotive dynamics at play within school systems (Kenneally, 2021; Pellegrini, 2010). Furthermore, issues around a lack of robust information sharing policies can be seen to increase the weight of responsibility staff in Pastoral Support Lead roles experience holding in relation to their knowledge of parental mental health difficulties. As highlighted in the discussion of previous overarching themes from this study, there is an urgent need to advocate for systems, both within schools and in society as a whole, that support

an understanding of the needs of families living with parental mental health difficulties in order to develop strategies of best practice for working with this population.

5.2.4 Frustrated, Fearful and Fighting Alone

From identifying the demands participants faced working with children of parents with mental health difficulties and the resulting roles they took up, the last overarching theme emerged from participants' experiences of the emotional impact of this work. Reflecting on being left alone, both to fight for access to support for families and to process the impact on their own wellbeing, participants described their feelings of frustration and fear.

5.2.4.1 Summary of Findings. The experience of working with children of parents with mental health difficulties was seen to result in feelings which highlighted the negative emotional impact of this work. Participants named feeling powerless in knowing how best to support children and their families, reflecting on experiences that had left them feeling deskilled in roles that they were being left to take up, and hopeless about the lack of external support available. Recognising the sometimes emotive and traumatic nature of families' situations, participants experienced having nowhere to process their resulting emotions and needing to find their own ways to relieve the impact of this work for their own wellbeing.

The intensity of negative emotions experienced when working with children of parents with mental health difficulties can be seen across the previous literature reviewed, with school staff in Australia and Greece similarly naming feelings of anxiety and isolation (Bibou-Nakou, 2004; Laletas et al., 2017; Reupert & Maybery, 2007). Findings from these studies, along with data from the current study, can be seen to sit within literature that highlights the commonality of the experience of such

feelings in working with families who are impacted by other difficulties and life events which result in school staff needing to take up a role in offering emotional support to children and their parents. This has included feelings of distress and uncertainty in how to manage situations of domestic abuse or family conflict (Davies & Berger, 2019; Ellis, 2012; Graham et al., 2011), feeling deskilled and wary of causing upset when supporting children who experience bereavement (Holland, 1993; 2008), and feeling overwhelmed and in need of their own support when working with children of parents who are physically unwell (Altschuler et al., 1999).

Recognising the similarities across these contexts, the negative emotions experienced by participants may, therefore, not be considered to be exclusively related to work concerning parental mental health difficulties, but a feature that can be seen when working more generally with families who experience distress. The findings from this study subsequently have the scope to inform implications more widely, seeking ways to understand how school staff, and particularly those in pastoral roles, can be supported in their work. This is essential in light of evidence which cites the associations between increased emotional demands and difficulties relating to parents, with greater burnout rates amongst school staff in the UK (Kinman et al., 2011; Ofsted, 2019). Recent statistics highlight the urgent need for such support, with 62% of education professionals describing themselves as stressed, increasing to 77% for those in senior leadership positions (Education Support, 2020b). Furthermore, over half of this group of education professionals reported that they did not receive sufficient guidance about their wellbeing at work.

5.2.4.2 Links to Theoretical Frameworks and Implications for Practice.

The process of providing support to help an individual manage their emotions is known, within a psychodynamic framework, as containment (Bion, 1963). This idea

originates from the way in which a caregiver helps an infant to process their expressed negative emotions, returning them in a way that is more tolerable. This may be, for example, by providing reassurance or acknowledging and validating the emotion. This 'container-contained' relationship allows the child to feel a sense of safety, knowing that their unmanageable feelings are being held in mind by somebody else (Bion, 1984). Applied to the context of schools, this sense of containment may be provided by staff who are working with children who have experienced trauma or adversity and have difficulties regulating their own emotions (Hyman, 2012). As has been seen throughout participants' accounts in the current study, Pastoral Support Leads may also be in a position of providing further containment for the concerns of parents and other staff members (Hulusi & Maggs, 2015; Partridge, 2012).

In offering this level of support to others, participants acknowledged feeling unsupported themselves and the emotional implications of this. This impact is known as secondary trauma and relates to the stress that can result from hearing about, and attempting to help, others who are experiencing difficulty (Figley, 1995). In this, it is recognised that those working with such individuals benefit from being supported themselves to process and make sense of their own emotional responses (Knight, 2013; Salus, 2004). Acknowledging the intensity of participants' emotional responses to work with children of parents with mental health difficulties in this study, as well as evidence of similar feelings reported by school staff supporting families in distress more widely, there is the need for an additional level of containment to be available for these individuals themselves (Ellis, 2018; Hawkins & Shohet, 2012; Hulusi & Maggs, 2015; Hyman, 2012). The need for this can be seen, not only in participants' conscious expressions of the emotional impact of this work, but also by the

unconscious processes that were seen in their attempts to defend against these uncomfortable feelings through humour and denial (A. Freud, 1993). Further defence mechanisms could be seen in participants projecting the responsibility and need to intervene onto other agencies such as CAMHS, when feeling anxious and deskilled at the prospect of having to provide therapeutic support to children themselves.

Implications can consequently be seen for practice, both within schools and the education system as a whole, to ensure staff are well supported in the roles they are being expected to take up. With their knowledge and awareness of the aforementioned psychological processes, there is a key function of EP practice in being able to offer support through consultation and supervision to school staff, both at an individual and group level (BPS, 2019; Ellis, 2021; HCPC, 2015; Jackson, 2002; 2008; Partridge, 2012). With an insight of the demands faced by school staff and the emotional implications of their work, a further role for EPs is seen in the wider education system, advocating for policies that prioritise support for staff wellbeing. This is particularly pertinent within recently devised whole-school approaches to mental wellbeing (DH & DfE, 2017; Garland et al., 2021), ensuring that a focus remains not just on pupils, but also considers the mental health needs of staff and parents within the wider school community.

5.3 Summary of Implications for Practice

The findings from this study can be seen to have multiple implications for practice, highlighting the roles Pastoral Support Leads in primary schools experience taking up when working with families living with parental mental health difficulties. Addressing the issues raised in this work is essential for ensuring that the needs of both families and school staff are supported, which will ultimately enable children to

thrive within the systems around them. The implications can be summarised into four key areas:

- *Working with a family-focussed, systemic approach.* Participants' experiences of needing to fill the perceived gaps in support for children and their parents, highlights the current lack of a coordinated, multi-disciplinary response in work with families living with parental mental health difficulties. Questions of clarity around roles and responsibilities can be seen not just in participants' experiences from a school-based perspective, but are similarly reported amongst adult mental health service professionals working with patients who are parents, as detailed in Chapter 1 (Aldridge & Becker, 2003; Maybery & Reupert, 2009; O'Brien et al., 2011; Parker et al., 2008; RCP, 2011; Slack & Webber, 2008). As has been widely documented, there is an urgent need for policies that promote collaborative partnerships across education, health and social care sectors, to develop a shared understanding of families' needs and to consider how services can work together to support them (Beardslee et al., 2010; Foster et al., 2016; Loshak, 2013; MacFarlane, 2011; Rouf, 2014; Tanner, 2000; Viganò et al., 2017). A role for EPs is highlighted in advocating for change at an organisational level, whilst keeping in mind the needs of children, and the adults who care for and work with them (BPS, 2019; HCPC, 2015).
- *Creating policies within schools that work to reduce stigma and enable a shared understanding.* Acknowledging the challenges participants experience in developing and advocating for a shared understanding of families' situations, there is a need to cultivate sensitive and culturally responsive practice within school communities that destigmatises help-seeking and

conversations around mental health difficulties. This is essential for facilitating trusting relationships, in which both children and parents feel able to share their experiences to ensure their needs can be understood and appropriately supported. Robust policies that detail procedures for school staff to follow when working with these families can additionally provide a containing function for the evidenced frustrations and fears experienced in this work (Ellis, 2018: Laletas et al., 2020). With their knowledge of school systems and skills working with a consultative approach, there is a role for EPs in supporting staff to develop policies that are responsive to the needs of their school community and ensure that collaborative partnerships can be established and maintained.

- *Developing the mental health literacy and confidence of school staff.* Following participants' high levels of uncertainty and experiences of feeling deskilled, the need to develop the perceived competence and knowledge base of school staff working in the context of parental mental health difficulties is highlighted. This is both in relation to understanding and recognising the potential impact on children, as well as the support needs of parents themselves. A role for EPs can thus be seen in encouraging schools to review staffs' knowledge, skills and capacity to form relationships that can act as a secure base from which children's needs can be understood and supported (Geddes, 2006; Geddes et al., 2017; Bombèr, 2015; 2020). Further support may then be provided to schools through delivering training to build on staff's knowledge of child development and relevant theoretical frameworks. Within this is also the need to develop ways of working preventively, supporting

school staff to identify children who may be at risk from adversity and implementing early intervention strategies.

- *Providing containment for school staff working with families in distress.* With an insight into the emotional demands faced by school staff, and an understanding of theoretical frameworks which look to explain human behaviour, there is an important role for EPs in offering support to contain the frustrations and fears experienced. Although the need has been highlighted within this study specifically in relation to the experiences of Pastoral Support Leads working with children of parents with mental health difficulties, the transferability of implications from these findings is relevant to all school staff working with families who experience adversity and distress. The need for access to such support is even more pertinent given the current context of the Covid-19 pandemic, which has not only seen increased rates of mental health difficulties amongst parents (Shum et al., 2021), but also a decline in the mental health and wellbeing of education professionals (Education Support, 2020a). In order for school staff to continue in their roles of supporting children and parents, as well as each other, it is a priority to ascertain how they can be supported themselves to manage the emotional impact of their work.

5.4 Dissemination of Findings

The dissemination of research findings that contribute to the professional knowledge base is identified as a core competency of EP practice (BPS, 2019; HCPC, 2015). Disseminating the impact of findings is further considered to be essential for establishing the credibility and quality of research (Yardley, 2000), as well as adhering to ethical considerations of social responsibility (BPS, 2014).

Recognising the range of audiences that the research findings are relevant to, the researcher has plans for dissemination within both a local and national context. Although there are limits to the generalisability of findings from IPA research due to the small and purposive sample, as well as the researcher's subjective interpretation of data, it remains important to ensure that the knowledge gained from participants' experiences can be used to meaningfully inform the targets for change that have been highlighted.

The first way in which findings will be disseminated is through providing a short, written summary of the overarching themes and implications for practice to the eight participants who took part in this study. As part of the recruitment process, participants were given the opportunity to provide their contact details for this purpose, to which all agreed. The unanimous interest in the outcomes of their participation, along with the shared desire to receive further training as expressed during their interviews, is encouraging given the importance of the roles participants experience taking up when working with children of parents with mental health difficulties. It is hoped that through this feedback process, participants will feel that their voices have been accurately captured and that their expressed support needs are being advocated for.

Further plans for dissemination include presenting the findings and implications of this study to colleagues within the LA Educational Psychology Service where the researcher is completing their training placement. Although participants' school settings will remain anonymous, the findings highlight some of the training and support needs of a number of school communities within the local context that the research took place, and thus, have the potential to inform the support EPs within the LA can offer to their link schools. The research will also be presented to

current cohorts of Trainee EPs at the researcher's training provider, to share the knowledge gained with the hope to inform their future practice.

Plans for the dissemination of findings and implications of this study at a more national level include speaking with the charity 'Our Time', who provide monthly workshops for young people impacted by parental mental health difficulties, as well as educational programmes aimed at helping school staff to recognise and support the needs of this group of children (Our Time, 2020). The knowledge gained from the lived experiences of this study's sample of Pastoral Support Leads will be invaluable in ensuring the relevance of such training materials and resources. A further key aim of the charity is to campaign for a greater understanding of the needs of families living with parental mental health difficulties through establishing local partnerships and advocating for policy development at a national level, which the findings from this study will also help to inform. The researcher additionally plans to explore options for the publication of this study in a peer-reviewed journal and through presentations at national professional conferences.

5.5 Limitations of the Current Study

In attempting to establish the credibility and trustworthiness of the current study it is important to address the limitations identified, both in relation to the research process itself, as well as the extent to which the findings can be claimed to add to the knowledge base. Although strengths of this study can be seen in the appropriateness of the methodology for answering the research question and the rich data gathered, the idiographic nature of IPA research places limitations on the generalisability of findings beyond individuals in this sample. This tension, however, has been carefully negotiated by detailing the inclusion criteria and contextual information for participants to allow for the transferability of the implications

highlighted to be considered more widely. Further steps have also been taken to address the subjective nature of the researcher's interpretation of data, following a clear and established procedure as described in Chapter 3, along with providing a transparent audit trail of the development of themes from the data.

Despite the efforts taken to recruit a sample with an appropriate degree of homogeneity with regards to their experience of the phenomenon of interest, differences between participants emerged throughout interviews that may have impacted on this. For example, participants described experiences which suggested the varying degree to which they have direct, daily contact with children and families impacted by parental mental health difficulties. This may influence the roles participants experience taking up and could be interesting to consider further in relation to who else within school settings may be able to speak meaningfully about experiences of this work if they were made aware of families' situations. Furthermore, some of the similarities between participants may have also been seen to impact on the data gathered. For example, it was interesting to note themes around feeling compelled to provide comfort and taking up a parental role within a sample that was comprised entirely of women. This raises questions not only around how men may make sense of their experiences of working with children of parents with mental health difficulties, but also what characteristics and experiences may influence individuals to take up such roles.

Following the critique of the previously reviewed literature that reported on individuals' experiences of hypothetical or assumed knowledge of parental mental health difficulties, a strength of this study can be seen in the fact that participants were recruited having had lived experience of the phenomenon, as specified in the inclusion criteria. Despite this, further limitations around the homogeneity of the

experience between participants emerged as the details of different families' circumstances were spoken of. For example, some participants described their experiences within the context of families' very complex and difficult situations, with additional issues perceived to be impacting on parents' mental health, such as domestic abuse, social care involvement, housing difficulties and a lack of support networks. Within this, participants had knowledge of parents with a range of different mental health conditions, predominantly describing experiences of working with children living with more severe and complex parental needs. The decision to speak of such challenging experiences may be expected from a sample of self-selecting participants in response to the recruitment advert. This does, however, limit what can be known from the findings of this study in relation to how Pastoral Support Leads may experience working with children in situations that are perceived to be less complex, or indeed, whose parents have not shared details concerning their mental health difficulties with school staff.

Further limitations of this study may be seen due to the research taking place within the context of the Covid-19 pandemic. Firstly, the increased demands faced by school staff resulting from national lockdowns and school closures (Education Support, 2020a), may have had implications for those who felt they had the capacity to volunteer to participate in this research study. Furthermore, as detailed in Chapter 3, interviews took place remotely via a video conferencing platform to comply with government guidance around social distancing and non-essential travel. Several limitations of conducting interviews in this way have been suggested, including the potential impact on rapport building and disruptions caused by the additional technical considerations (American Psychological Association, 2013; The Division of Clinical Psychology, 2020). These issues were addressed by encouraging

participants to be in a private and comfortable setting, as well as acknowledging the procedure for requesting comments to be repeated in cases of sound quality being affected. Importantly, research evidence has previously supported the use of remote methods as a useful and effective form of data collection (Lo Iacono et al., 2016; Sturges & Hanrahan, 2004). Considering the rich data gathered from participants, which included detailed descriptions of their personal experiences, the researcher does not feel that conducting interviews in this way has had a significant impact on the quality and content of data collected.

5.6 Suggested Areas for Future Research

In light of the findings from this research study and the suggested implications for practice, several important areas for future research can be seen. These include:

- Wider scale exploration of the experiences of Pastoral Support Leads working with children of parents with mental health difficulties to consider the generalisability of the findings and implications for practice highlighted in this study. One method for collecting such data could be through questionnaires that look to ascertain the commonality of experiences shared by participants at a national level.
- Exploring the views of parents with mental health difficulties and the specific barriers they may experience in being able to share details with staff at their child's school setting. Having this understanding would support school staff to develop policies that encourage and advocate for a shared understanding of the needs of children living with parental mental health difficulties.
- Investigating the experiences of Pastoral Support Leads, as well as other members of school staff, who take part in supervision with a professional, such as an EP. Such knowledge could help to build an understanding of what

support is valued by school staff working with vulnerable pupils and the impact that receiving such support may have for their own wellbeing.

- Research to review the impact of training received by school staff in supporting the needs of children living with parental mental health difficulties, as well as those who have experienced adverse childhood experiences more generally. This understanding could help to inform continuing professional development programmes for school staff, as well as initial teacher training programmes.
- Exploring the experiences of Pastoral Support Leads in other settings, such as secondary schools, where there may be more limited opportunities to build relationships between school staff and parents, which may impact on the understanding staff are able to build of families' home situations and pupils' resulting support needs.
- Given the different roles participants in this study experience taking up with regards to providing support to both children and their parents, it would be interesting to explore how Pastoral Support Leads understand and define their role more generally to consider further their training and support needs.
- Reviewing the impact of recent government initiatives for whole school approaches to mental wellbeing (DfE, 2018), to consider what changes can be seen in relation to the support families and staff members feel able to access.

5.7 Reflections on the Research Process

The researcher has chosen to write this section in the first person to facilitate a necessary degree of personal reflexivity and consider their positioning throughout the process. Beginning the research project, I was excited and daunted at the

prospect of finding a topic that felt important, both for the profession as a whole, as well as for me personally to dedicate myself to. Having reflected on experiences in my role as a Trainee EP and events within my own life that I recognise have influenced my decision to pursue a career in this profession, I felt motivated by the topic chosen. After conducting a review of the existing literature and recognising a gap in the knowledge base within a UK context, I felt further compelled to conduct this research into the experiences of school staff working with children of parents with mental health difficulties. It was additionally perceived to be particularly timely, given the initiatives within recent years that have aimed to promote a more open dialogue around mental health in society.

From a place of feeling motivated to conduct research in this area, the recruitment challenges that arose from a lack of school staff's awareness of parents' situations resulted in moments both of doubt, as well as feeling further convinced of the need to explore the experiences of those working within these systems. As referenced previously, I also acknowledged some challenges of the dual role participants saw me in when beginning this project, both as a researcher and also as someone who worked within a service that they buy into. Despite not having any pre-existing relationships with participants, I wondered about the extent to which their perceptions of me in my role may have influenced their willingness to volunteer, as well as the experiences they felt prompted to speak of.

During the interviews, I was struck by participants' openness in sharing aspects of their personal difficulties by naming some of the raw emotions and challenges experienced. In this, were moments of feeling conflicted in terms of my ethical responsibility to participants' wellbeing in knowing how far to probe their disclosures and to resist my inclination to provide reassurance. Recognising the

privilege it was to be trusted with their accounts, I quickly felt a considerable responsibility to ensure their individual voices were accurately and meaningfully captured. This was particularly challenging in writing up the findings, having to make difficult decisions between honouring the idiographic nature of their experiences, whilst attempting to refine the data into themes. A commitment to individuals' accounts has further prompted me to ensure that the findings and implications from this study are meaningfully fed back to participants and the networks surrounding them to consider how the knowledge gained can be used to inform practice, both for those who work with potentially vulnerable children, as well as families who experience adversity themselves. I have additionally been prompted to consider aspects that I will carry into my own practice once qualified as an EP.

Aware of the double hermeneutics involved within IPA research and needing to make my own interpretations of the data, I was quickly able to recognise the value of keeping a reflective journal. This was particularly important for me, given the personal significance of the research topic and opinions I hold of the importance of destigmatising conversations around mental health, needing to bracket off my assumptions and resist over-identifying with participants' experiences. Acknowledging the often emotive content of participants' accounts, I further noticed myself needing to make a conscious effort to remain curious about their experiences, instead of wondering about the details of families' situations. Furthermore, it was important to resist sensationalising what I perceived to be emotive and powerful quotes from participants, paying close attention to the context within which their words were being spoken to ensure their own process of sense-making remained central to my interpretations.

Conducting this project has taught me about important concepts related to the purpose of research and it has been interesting to reflect on how different decision points along the way have impacted on the implications I have been able to draw from the findings. Though it was not possible within the scope and timescale of this study, I would be interested to explore the option of including participants in the process of analysis if I was to complete a similar research project again, potentially by feeding back my interpretations at an earlier stage and including their responses to this. Completing this project during the context of the Covid-19 pandemic I believe has resulted in specific challenges, exacerbating the often isolating experience of conducting research as an individual. In this, I have valued not only the support offered throughout supervision and meeting regularly with colleagues who were conducting IPA research, but also the thought-provoking debates that these spaces have provided which encouraged me to remain actively engaged in the process.

Chapter 6: Conclusions

This research study has looked to explore the experiences of school staff working with children of parents with mental health difficulties. Despite being considered as a potential source of adversity in childhood, with implications for children's social, emotional and cognitive development, the needs of this population are widely reported to be absent from both a legislative and professional perspective.

With a recognised role in providing emotional support to pupils, eight Pastoral Support Leads from primary schools within the UK were asked about their experiences of working with children living with parents who were known to have mental health difficulties. Through the use of IPA methodology, findings emerged under four overarching themes that encapsulated the roles individuals experience taking up, as well as the emotional impact of this work. In answer to the research question, Pastoral Support Leads experience overwhelming and conflicting demands in perceiving to hold a large weight of responsibility, not just for supporting the needs of children in their care, but also those of their parents. Within the context of complex family situations, and strong feelings of uncertainty around their own knowledge and expertise, participants experience being left to fight alone for the safety and wellbeing of families impacted by parental mental health difficulties.

Having highlighted these challenges, there is an urgent need for continued efforts at a national level to develop whole-family approaches to this work, establishing collaborative relationships between professional networks and advocating for a shared understanding of families' needs. Implications for the education system in particular, require school staff to be supported to develop skills in recognising and supporting children's needs, as well as creating policies and procedures within their communities that work to destigmatise conversations around

mental health and enable families to seek support. Although based on a small-scale study, this research has raised important implications at both a local and national level for school staff who continue in their challenging efforts to journey with families impacted by parental mental health difficulties. A key role for EPs working within school systems can be seen in promoting the use of psychological theory to support an understanding of children's developmental and attachment needs, as well as offering consultative and supervisory spaces to contain the emotional responses of those working to support families who experience adversity.

Word Count: 38,472

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Appendix A

Inclusion and Exclusion Criteria Applied to Retrieved Articles for the Literature Review

Table 1
Inclusion/Exclusion Criteria Applied to Retrieved Articles for the Literature Review

Criteria	Inclusion	Exclusion	Rationale
Quality assessment	Literature published in a peer reviewed journal.	Any other literature which has not been published in a peer reviewed journal.	To ensure literature is from credible and reputable sources where the quality of research has been reviewed.
Type of literature	Research literature in journal articles.	Opinion pieces, theoretical literature or policy literature.	To ensure literature being reviewed is appropriate to answering the literature review question, i.e. investigations that have gathered and analysed data from the perspective of staff in education settings.
Study design	Research aiming to gather data from the perspective of staff working in education settings with children of parents who experience mental health difficulties.	Any other research that has not aimed to gather data from staff in education settings working with the target group.	To answer the literature review question of what is known about working with children of parents with mental health difficulties from the perspective of staff in education settings. This will include data gathered from staff working with the target group, using both qualitative and quantitative methods.
Subject of interest	Research that is focussed on work with children whose parents have mental health difficulties as the primary group of interest.	Research that is focussed on parental mental health in relation to parents themselves, for example, considering risk factors and their own experiences.	To answer the literature review question, the subject of interest must be children of parents with mental health difficulties.

Participants	Participants who are members of staff working in education settings.	Participants who do not work in education settings, for example, parents, children or other professionals, or studies that do not consider the views of education staff as separate to the whole group data.	To gain an understanding from the perspective of staff in education settings of their work with children of parents with mental health difficulties.
Language	Full articles published in English.	Articles not published in English, or if the full text is not available in English (for example, if only the abstract has been translated).	English is the language spoken by the researcher. Literature not published in this language may contain translation inaccuracies. Considering information available from abstracts only will not be sufficient for the literature to be critically reviewed.

Appendix B

List of Journals Hand Searched for Literature Review

British Journal of Educational Psychology

British Journal of Psychology

Educational and Child Psychology

Educational Psychology in Practice

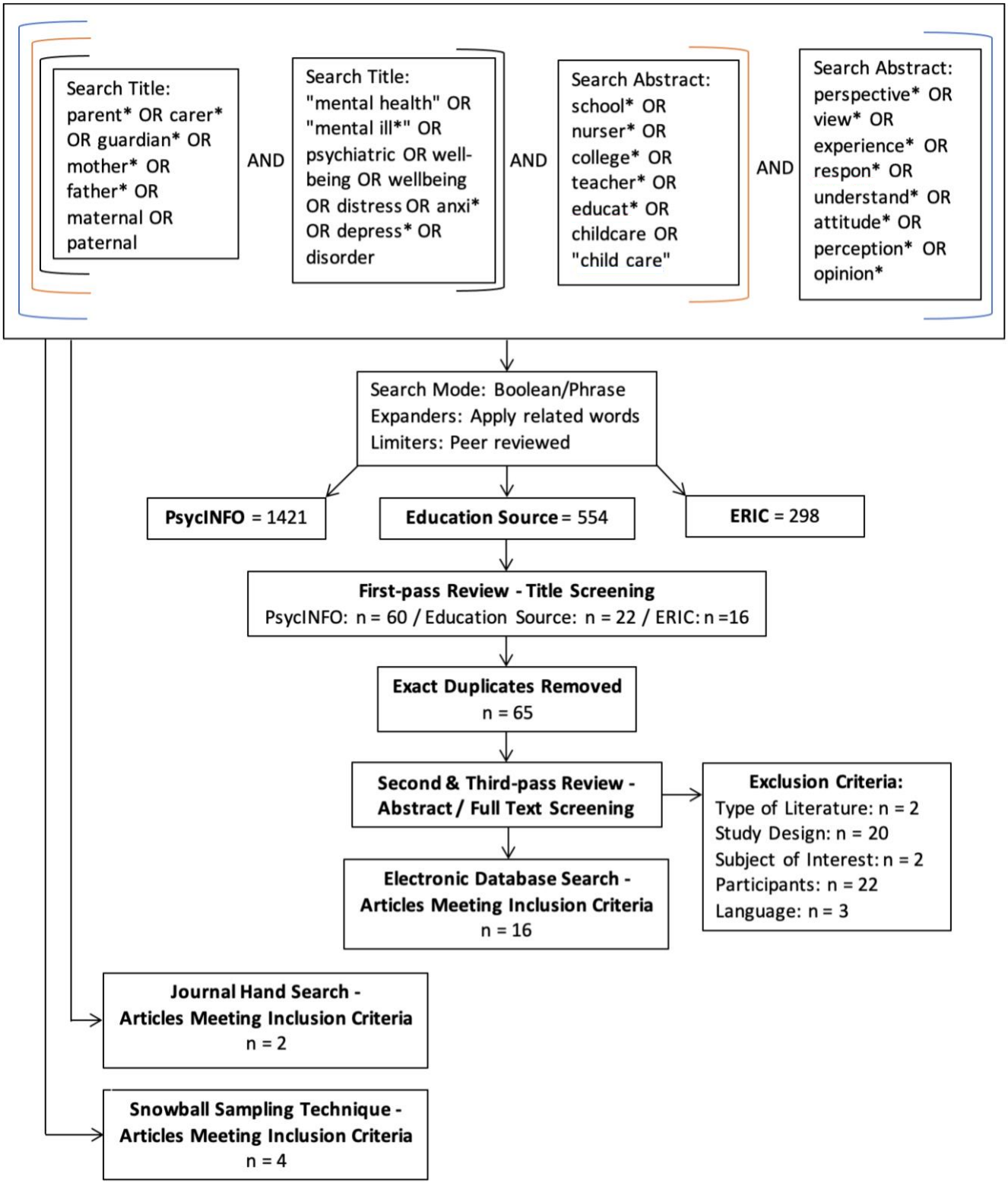
Journal of Child and Family Studies

Journal of School Psychology

School Psychology International

Appendix C

Systematic Search Strategy for Literature Review



Appendix D

Articles Meeting Inclusion Criteria for Literature Review

Table 1
Articles Meeting Inclusion Criteria Following Implemented Search Strategy

Source	Article reference
Electronic databases	Bibou-Nakou, I. (2004). Helping teachers to help children living with a mentally ill parent: Teachers perceptions on identification and policy issues. *School Psychology International*, *25*(1), 42-58. Callender, K. A., Olson, S. L., Choe, D. E., & Sameroff, A. J. (2012). The effects of parental depressive symptoms, appraisals, and physical punishment on later child externalizing behavior. *Journal of Abnormal Child Psychology*, *40*(3), 471-483. Choe, D. E., Olson, S. L., & Sameroff, A. J. (2013). Effects of early maternal distress and parenting on the development of children's self-regulation and externalizing behavior. *Development and Psychopathology*, *25*(2), 437-453. Conners-Burrow, N. A., Swindle, T., McKelvey, L., & Bokony, P. (2015). A little bit of the blues: Low-level symptoms of maternal depression and classroom behavior problems in preschool children. *Early Education and Development*, *26*(2), 230-244. Gross, D., Conrad, B., Fogg, L., Willis, L., & Garvey, C. (1995). A longitudinal study of maternal depression and preschool children's mental health. *Nursing Research*, *44*(1), 96-101. Gross, H. E., Shaw, D. S., Burwell, R. A., & Nagin, D. S. (2009). Transactional processes in child disruptive behavior and maternal depression: A longitudinal study from early childhood to adolescence. *Development and Psychopathology*, *21*(1), 139-156. Jung, E., Raikes, H. H., & Chazan-Cohen, R. (2013). Maternal depressive symptoms and behavior problems in preschool children from low-income families: Comparison of reports from mothers and teachers. *Journal of Child and Family Studies*, *22*(6), 757-768. Laletas, S., Reupert, A., & Goodyear, M. (2017). “What do we do? This is not our area”. Child care providers' experiences when working with families and preschool children living with parental mental illness. *Children and Youth Services Review*, *74*, 71-79.

Electronic databases (continued)	Lereya, S. T., & Wolke, D. (2013). Prenatal family adversity and maternal mental health and vulnerability to peer victimisation at school. *Journal of Child Psychology and Psychiatry*, *54*(6), 644-652.
	Martineli, A. K. B., Pizeta, F. A., & Loureiro, S. R. (2018). Behavioral problems of school children: Impact of social vulnerability, chronic adversity, and maternal depression. *Psicologia: Reflexão e Crítica*, *31*(1), 1-11.
	Pass, L., Arteche, A., Cooper, P., Creswell, C., & Murray, L. (2012). Doll play narratives about starting school in children of socially anxious mothers, and their relation to subsequent child school-based anxiety. *Journal of Abnormal Child Psychology*, *40*(8), 1375-1384.
	Sims, M., Davis, E., Davies, B., Nicholson, J., Harrison, L., Herrman, H., Waters, E., Marshall, B., Cook, K. & Priest, N. (2012). Mental health promotion in childcare centres: Childcare educators' understanding of child and parental mental health. *Advances in Mental Health*, *10*(2), 138-148.
	Wright, C. A., George, T. P., Burke, R., Gelfand, D. M., & Teti, D. M. (2000). Early maternal depression and children's adjustment to school. *Child Study Journal*, *30*(3), 153-168.
	Wu, Y. P., Selig, J. P., Roberts, M. C., & Steele, R. G. (2011). Trajectories of postpartum maternal depressive symptoms and children's social skills. *Journal of Child and Family Studies*, *20*(4), 414-423.
	Yan, N., & Dix, T. (2016). Mothers' depressive symptoms and children's cognitive and social agency: Predicting first-grade cognitive functioning. *Developmental Psychology*, *52*(8), 1291-1298.
	Yan, N., Zhou, N., & Ansari, A. (2016). Maternal depression and children's cognitive and socio-emotional development at first grade: The moderating role of classroom emotional climate. *Journal of Child and Family Studies*, *25*(4), 1247-1256.
Journal hand searches	Laletas, S., Goodyear, M., & Reupert, A. (2018). Parental mental illness: Cross-sectional analysis of family focused practice within the early childhood sector. *Journal of Child and Family Studies*, *27*(5), 1650-1660.
	Reupert, A., & Maybery, D. (2007). Strategies and issues in supporting children whose parents have a mental illness within the school system. *School Psychology International*, *28*(2), 195-205.

Snowball sampling technique	Alpern, L., & Lyons-Ruth, K. (1993). Preschool children at social risk: Chronicity and timing of maternal depressive symptoms and child behaviour problems at school and at home. *Development and Psychopathology, 5*(3), 371-387. Leis, J. A., Heron, J., Stuart, E. A., & Mendelson, T. (2014). Associations between maternal mental health and child emotional and behavioural problems: Does prenatal mental health matter?. *Journal of Abnormal Child Psychology, 42*(1), 161-171. Sinclair, D., & Murray, L. (1998). Effects of postnatal depression on children's adjustment to school. Teacher's reports. *The British Journal of Psychiatry*, *172*(1), 58-63. Trapolini, T., McMahon, C. A., & Ungerer, J. A. (2007). The effect of maternal depression and marital adjustment on young children's internalizing and externalizing behaviour problems. *Child Care, Health and Development, 33*(6), 794-803.

Appendix E

Data Extraction Table

Article Details	Methodology (Participants & Measures)	Main Findings	Critical Appraisal
Alpern & Lyons-Ruth (1993) *United Kingdom*	Longitudinal cohort study 64 children (4-6 years old), their mothers and teachers Quantitative data • Center for Epidemiologic Studies Depression Scale • The Preschool Behaviour Questionnaire (subscales: Hostile Behaviour, Anxious Behaviour, Hyperactive Behaviour)	Chronic maternal depression (defined as at both time points) significantly related to elevations in hostile behaviour, as rated by teachers. Previous maternal depression (in infancy) significantly related to increased anxiety symptoms, as rated by teachers. Recent maternal depression (not in infancy) significantly related to increased hyperactivity, as rated by teachers.	+ Control measures from children in the same classes. + Different subscales used may help to highlight developmental, phase-specific impact of maternal depressive symptoms. - Maternal depression assessments at 18 months and 5 years – question stability of symptoms across this time to define chronicity.
Bibou-Nakou (2004) *Greece*	15 groups of 8 primary school teachers Qualitative data • Focus groups using semi-structured interview schedule • Individual written answers to case vignettes • Thematic analysis	Themes; - identify risk/protective factors - early identification difficulties - lack information collecting systems - lack of policies around responding - fragmentation of inter-agency work - blurring of role boundaries - anxiety; lack of training / knowledge	+ Rich information gained from focus groups. + Highlight views and needs of staff. - Question validity of experiences. - Methods of data analysis unclear.
Callender et al. (2012) *United States of America*	Longitudinal cohort study 245 school-age children, their parents and teachers Quantitative data • Brief Symptom Inventory (Depression Scale)	Conclusions: Higher maternal and paternal depressive symptoms predicted higher levels of later child externalising problems. Structural equation model: Parents' negative perceptions of a child's responsiveness and reciprocal	+ Multi-informant to reduce reporting bias – parents' ratings aligned with teachers'. - Sample not representative of population.

	• Teacher Report Form (subscales: Attention Problems, Aggressive Behaviour)	affection mediated associations between depressive symptoms and frequency of physical punishment. Higher frequency of physical punishment predicted increased child externalising behaviours, as rated by teachers at 5.5-years old.	- Depressive symptoms measured only in infancy – question impact of symptomology over time/at present.
Choe et al. (2013) *United States of America*	Longitudinal cohort study (as Callender et al., (2012)) 241 school-age children, their mothers and teachers Quantitative data • Brief Symptom Inventory (scales: Depression, Interpersonal Sensitivity, Anxiety and Hostility) • Caregiver-Teacher Report Form (subscales: Attention Problems, Aggressive Behaviour) • Teacher Report Form (subscales: Rule-Breaking Behaviour, Aggressive Behaviour)	Conclusions: Higher levels of maternal distress related to smaller decreases in children's externalising behaviour across childhood. Structural equation model: Elevated maternal distress associated with less inductive discipline and maternal warmth, which in turn was related to children's poorer self-regulation at 3-years old. Higher levels of self-regulation negatively predicted children's externalising behaviour, as rated by teachers at 6- and 10-years old.	(Cohort as Callender et al. (2012)) Critical appraisal of participants and measures as Callender et al. (2012).
Conners-Burrow et al. (2015) *United States of America*	Cross-sectional cohort study 264 pre-school-age children, their mothers and teachers Quantitative data • The Family Map Inventories: Early Childhood • Preschool and Kindergarten Behavior Scales (subscales: Externalising Problems, Internalising Problems)	Low-level maternal depressive symptoms significantly predicted higher levels of child's externalising behaviour problems, compared to if no maternal depressive symptoms. Greatest for subscales of antisocial/aggressive behaviour, then self-centred/explosive behaviour, then attention problems/overactivity. Relationship only marginally significant for internalising problems.	+ Focus on low-level symptoms (cited existing evidence base associated with clinically elevated symptoms). + Control for family demographics, but sample not widely representative. - Concurrent reports of maternal depression and child behaviour – question impact of chronicity. - Relationship correlational – question causality and direction of this.

Gross et al. (1995) *United States of America*	Longitudinal cohort study 97 2-3 year olds, their mothers and day-care providers 97 3-4 year olds, their mothers and teachers Quantitative data • Center for Epidemiologic Studies Depression Scale • Kohn Social Competence Scale (factors: Interest-Participation, Cooperation-Compliance) • Kohn Symptom Checklist (factors: Apathy-Withdrawal, Anger-Defiance)	Maternal depression significantly related to lower social competence and more behaviour problems, as rated by teachers concurrently and longitudinally. Differences related to age; younger children showed lower interest (2-year old), middle children showed more apathy (3-year olds), older children showed more defiance (4-year olds). Differences related to gender; boys showed more aggressive and aversive behaviour, older girls showed less interest and more apathy (effect not seen in younger girls).	+ Community sample – demonstrated impact of non-clinical level symptoms, however, life events not controlled for. + Stability in maternal depression scores – longitudinal relationship similar to concurrent relationship. - Question gender bias in teachers' reporting of behavioural presentations.
Gross et al. (2009) *United States of America*	Longitudinal cohort study 289 school-aged males, their mother and teachers Quantitative data • Beck Depression Inventory • Teacher Report Form (subscales: Externalising and Internalising Behaviours)	Higher maternal depressive symptoms associated with higher levels of externalising symptoms, as rated by teachers during early adolescence – no difference found for internalising symptoms.	+ Depression rating at ten time points to ascertain trajectory. + Multi-informant – teacher ratings showed same pattern as youth self-reported questionnaire assessing frequency of offending. + Results seen more significantly in moderate-high group compared to low and moderate-low group, as opposed to high group – highlight need to explore protective factors. - Query reporting bias in relation to internalising symptoms. - Sample from primarily low-income, urban settings.
Jung et al. (2013)	Secondary analysis of cohort study data	Children of mothers with elevated depressive symptoms not show higher aggressive and hyperactive	+ Multi-informant – allows for comparison of what may be seen.

United States of America	914 3-4 years olds, their mothers and teachers Quantitative data • Center for Epidemiologic Studies Depression Scale • Family and Child Experiences Survey Interviews	behaviours compared to children of mothers with non-elevated depressive symptoms, as rated by teachers (mother's ratings did show a difference). Both mothers and teachers reported higher internalising behaviours (sad, depressed, worried) in children of mothers with elevated depressive symptoms.	- Rated frequency of depressive symptoms in the last week – causality limited as data cross-sectional, question long-term impact and influence of situational factors. - Low-income families.
Laletas et al. (2017) *Australia*	8 staff from childcare centres working with preschool-aged children (4 workers, 4 directors) Qualitative data • Semi-structured interviews • Interpretative phenomenological analysis	Themes; - issues concerning child development - tensions; referrals + worker anxiety - inadequate knowledge and training - strategies working with families	+ Rich data concerning staff experiences. + Clear discussion of potential researcher bias. - Variability in qualifications and experience levels + limited to early years setting.
Laletas et al. (2018) *Australia*	Cross-sectional cohort study 40 preschool teachers and 39 childcare providers Quantitative data • Family Focussed Mental Health Practice Questionnaire	Both groups of participants rated being able to assess parents' awareness and knowledge of the impact of parental mental health difficulties. Both reported having the knowledge, confidence and skills to work in a family focussed manner. Childcare providers scored significantly higher than pre-school teachers in providing parenting support and assessing the impact of parental illness on the child. Also more willing to provide information to families and make referrals to support programmes.	+ Discussions around the different roles of childcare/education staff working with these families. - Concerns about reliability of tool used within this profession. - Query bias in self-appraisal methods being used to assess practice. - Generalisability of sample – high levels of qualification and experience, potentially skewing data in terms of perceived ability.

		Preschool teachers scored lower on collaborative, inter-professional practice.	
Leis et al. (2014) *United Kingdom*	Longitudinal cohort study 2891 school-aged children (10-11 years old), their mothers and teachers Quantitative data • Edinburgh Postnatal Depression Scale • Crown Crisp Experiential Index • Strengths and Difficulties Questionnaire	Elevated prenatal maternal depression and anxiety symptoms not associated with increased emotional and behavioural problems, as rated by teachers (mothers rated higher levels across hyperactivity, emotional symptoms, conduct problems and peer problems). Maternal ratings suggest effects associated with prenatal maternal depression and anxiety above the impact of later occurring symptoms.	+ Multiple assessments of maternal mental health; prenatal, infancy and childhood (total of 9 times) – consider if developmental phase-specific impact of maternal symptoms. + Multi-informant; allows for discussion around differences between participants – query reporting bias and behavioural presentation in different settings.
Lereya & Wolke (2013) *United Kingdom*	Secondary analysis of longitudinal cohort study data 8,829 school-aged children (7-10 years old), their parents and teachers Quantitative data • Crown-Crisp Experiential Index • Edinburgh Postnatal Depression Scale • Strengths and Difficulties Questionnaire (Question: 'Child is picked on or bullied by other children')	Prenatal maternal mental health problems increased likelihood of peer victimisation, as rated by teachers at age 7-years old (not seen at 10y, child report at 8y, parent report across three ages). Structural equation modelling; indirect impact of increased partner conflict and maladaptive parenting on children's behaviour and outcomes.	+ Multi-informant – used of child, parent and teacher reported data. - Question predictive value of maternal mental health – impact of family adversity (financial difficulties, substance abuse) seen across all respondents at all ages. - Question visibility of outcomes to teachers. - Paternal mental health data – no effect seen but missing full data set.
Martineli et al. (2018) *Brazil*	Cross-sectional cohort study 85 school-aged children, their mothers and teachers Quantitative data • Patient Health Questionnaire	Children of mothers with current depression symptoms more likely to present with externalising behavioural problems (conduct problems and hyperactivity), as rated by teachers.	+ Multi-informant – mothers and teachers. + Predictive power – maternal depression most significant variable, compared to low maternal educational level, low family income, and the presence of more chronic adversity.

	• Strengths and Difficulties Questionnaire	Effect not seen in teachers' reports of emotional symptoms (however, was seen to be higher in mothers' reports).	- Question reporting bias and visibility of emotional symptoms to teachers. - Current depressive symptoms – question longitudinal impact.
Pass et al. (2012) *United Kingdom*	Cohort study 122 4.5 years old children, their mothers and teachers Quantitative data • Doll Play (DP) Narratives (codes relevant to social anxiety designed for story stems related to starting at school) • Structured Clinical Interview for DSM- IV • Child Behavior Checklist Caregiver-Teacher Report Form (subscale: Anxious-Depressed) • Social Worries Questionnaire	Children of mothers with social phobia significantly more likely to give anxiously negative responses in DP, which in turn predicted anxious-depressed symptoms and social worry problems, as rated by teachers.	+ Multi-informant – attempt to access child's perspective through DP. + Controlled for childhood behaviour at baseline – based on maternal reports of behaviour inhibition. + Most mothers did not retain social phobia diagnosis (though symptoms remained elevated), but effects still significant – highlighting importance of early childhood exposure. - Limited generalisability – mothers of high socio-economic status, query impact of adversity experienced.
Reupert & Maybery (2007) *Australia*	8 members of school staff (6 teachers; 2 primary, 4 secondary, 2 school counsellors, 1 high school headteacher) Qualitative data • Semi-structured interviews • Thematic analysis	Themes: - identification of children - training in supporting children - educational strategies - developing relationships - home-school communication - whole school strategies Staff expressed having inadequate training. Different role boundaries amongst participants for building relationships and establishing communication with home. Teaching practices need to focus on wellbeing,	+ Homogeneity amongst participant experience with provided definition of mental health and purposive sampling. - Limited generalisability in small sample. - Bias in representation – participants selected by parents to show good practice.

		with school-wide culture needed to ensure sensitivity and support.	
Sims et al. (2012) *Australia*	19 early childhood staff (9 educators and 10 managers) Qualitative data • Semi-structured interviews • Thematic analysis	Themes; - understanding child and parental mental health; social and emotional wellbeing + causes of mental health difficulties for children and parents - practice in promoting mental health Staff able to identify markers of good development. Showed knowledge of individual and familial risk factors for mental health difficulties and ways to promote mental health. Expressed feeling inadequately prepared for this and a need for further training.	- Structured questions may have limited range of responses about how they experienced their role. - Limited generalisability to different settings.
Sinclair & Murray (1998) *United Kingdom*	Longitudinal cohort study 92 5-year old children, their mothers and teachers Quantitative data • Standardised Psychiatric Interview • Schedule for Affective Disorders and Schizophrenia • The Adjustment to School Questionnaire (factors: General Readiness for School, Personal Maturity) • The Prosocial Behaviour Questionnaire • The Temperament Assessment Battery for Children • The Preschool Behaviour Checklist	More recent maternal depression related to higher activity levels in boys and more likely to score above clinical cut off for behavioural disturbance, as rated by teachers (compared to controls). No effect of maternal depression seen for teacher ratings of child prosocial behaviour or temperament.	+ Scores of maternal depression taken at 5 time points – helpful for assessing impact of recency and chronicity. + Discussions around impact of confounding factors – e.g. rates of parental discord, gender and social-class. - Validity of responses – missing up to three teacher responses on some measures due to expressing insufficient experience of the child (after one term) – question how many more may have felt this too? - Validity of measures – girls exposed to longer and more recent episodes of maternal depression, yet rated as least hyperactive and distractible (even compared to controls) – not

			assessed other outcomes and query visibility to teachers.
Trapolini et al. (2007) *Australia*	Longitudinal cohort study 92 pre-school age children, their mothers and teachers Quantitative data • Composite International Diagnostic Interview • Center for Epidemiological Studies Depression Scale • Child Behaviour Checklist • Caregiver-Teacher Form	Higher levels of maternal depression significantly associated with increased ratings of internalising behaviours, as rated by teachers (not dependent on subgroup) – non-significant trend for externalising behaviours. For parents, externalising and internalising behaviours rated as highest when chronic (3-4 times) vs. never.	+ Assessed maternal depression over time – aim to differentiate between impact of chronic and episodic symptoms. + Multi-informant – teacher, mother and father. - Query differences in behaviour ratings – discussion around part-time pre-school attendance.
Wright et al. (2000) *United States of America*	Longitudinal cohort study 29 school-aged children (5-8 years old), their mothers and teachers Quantitative data • Beck Depression Inventory • School Adaptation Interview • Social Skills Rating System (subscales: Social Skills, Problem Behaviors, Academic Competence) • Teacher Report Form (factors: Externalising and Internalising)	Children of previously depressed mothers doing less well academically, exhibited more adjustment and behaviour problems (antisocial and aggressive), and had greater difficulty interacting with peers, as rated by teachers. Significant associations not seen for internalising behaviours.	+ Multi- informant – mothers' ratings consistent with greater difficulties adjusting to school and behaving appropriately in school, but used different measures. + Associations still significant after controlling for current depression. - Limited generalisability - small sample and ethnic homogeneity. - School Adaptation Interview – novel measure. - Question teacher visibility of internalising behaviours.
Wu et al. (2011) *United States of America*	Longitudinal cohort study 1363 school aged children, their mothers and teachers Quantitative data	Higher maternal depressive symptoms at 1 month old not significantly predict lower social skills at 6 years old, as rated by teachers (significantly poorer social skills seen at 4.5 years old based on mothers' reports).	+ Multi-informant – highlighted different perspectives, discussion around impact across setting. + Assessed impact in terms of rate of change in maternal symptoms (not found to be linked to child outcomes).

	• Center for Epidemiological Studies Depression Scale • Social Skills Rating System (subscales: Cooperation, Assertion, Self- control)		- Authors questioned chosen measure of social skills, suggested use of observations.
Yan & Dix (2016) *United States of America*	Longitudinal cohort study 1364 pre-school-aged children, their mothers and caregivers, and teachers Quantitative data • Center for Epidemiological Studies Depression Scale • Child Behavior Checklist • Teacher's Report Form (subscale items: Depressed / Withdrawn) • Academic Rating Scale • Social Skills Rating System (subscale: Academic Performance)	Higher maternal depressive symptoms during infancy predicted poorer first-grade cognitive functioning, as rated by teachers. Indirect pathways; 1) Higher maternal depressive symptoms, children more socially withdrawn by 36 months and low in mastery motivation by 54 months. 2) Withdrawal predicted declines in mothers' sensitivity and cognitive stimulation (coders' observations), linking to children's poorer cognitive functioning.	+ Discussion around specific processes that may explain impact of early parent symptomology on children's outcomes. - Limits to generalisability. - Query measure of 'mastery motivation' in presence of mother in unfamiliar setting. - Question usefulness of averaged depressive symptom ratings at 6, 15, 24 months.
Yan et al. (2016) *United States of America*	Longitudinal cohort study (as Yan & Dix (2016)) 1364 school-aged children, their mothers and teachers Quantitative data • Center for Epidemiological Studies Depression Scale • Teacher Report Form (subscales: Withdrawal, Anxiety/Depression, Thought Problems + Delinquency, Aggressive Behaviors) • Social Skills Rating System • Student-Teacher Relationship Scale • Classroom emotional climate (researcher observation)	Maternal depression associated with more externalising problems, less optimal social skills, poorer cognitive performance, and less positive relationships with teachers. Warm, positive, sensitive emotional climate in classroom – children less severely impacted by mothers' depressive symptoms in terms of the development of externalising problems, social skills, cognitive performance, and relational functioning (effect size modest). Effect of classroom not seen for internalising behaviours.	+ Highlights potential role for school staff – e.g. risk factor of parental mental health for children's poor adjustment could be mitigated by positive schooling experiences. - Query why effect not seen for internalising behaviours – what does effective support look like? - Question causal relationship – adjustment measures taken at school entry. Not clear about length of exposure to emotional climate of classroom. - Limits to generalisability.

Measuring Tools Used

The Adjustment to School Questionnaire (Thompson, 1975)
Beck Depression Inventory (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961)
Brief Symptom Inventory (Derogatis, 1993)
Caregiver-Teacher Report Form (Achenbach, 1997) (Achenbach & Rescorla 2000)
Center for Epidemiological Studies Depression Scale (Radloff, 1977)
Center for Epidemiologic Studies Depression Scales – Shortened Version (Ross et al., 1983)
Child Behavior Checklist (Achenbach, 1992)
Composite International Diagnostic Interview (World Health Organization 1997)
Crown-Crisp Experiential Index (Crown & Crisp, 1979)
Edinburgh Postnatal Depression Scale (Cox, Holden, & Sagovsky, 1987)
The Family and Child Experiences Survey (FACES) Interview (Administration on Children, Youth, and Families 1998, 2002a)
Family Focussed Mental Health Practice Questionnaire (Mayberry et al., 2014)
The Family Map Inventories: Early Childhood (Whiteside-Mansell, Bradley, Conners, & Bokony, 2007)
Kohn Social Competence Scale (Kohn, 1977)
Kohn Symptom Checklist (Kohn, 1977)
Patient Health Questionnaire-9 (Spitzer, Kroenke, and Williams, 1999)
The Preschool and Kindergarten Behavior Scales (Merrell, 1996)
The Preschool Behaviour Checklist (McGuire & Richman, 1988)
The Preschool Behaviour Questionnaire (Behar & Stringfield, 1974)
The Prosocial Behaviour Questionnaire (Weir & Duveen, 1981)
Schedule for Affective Disorders and Schizophrenia (Endicott & Spitzer, 1978)
Social Skill Rating System (Gresham & Elliott, 1990)
Social Worries Questionnaire (Spence 1995)
Standardised Psychiatric Interview (Goldberg et al., 1970)
Strengths and Difficulties Questionnaire (Goodman, 1997)
Structured Clinical Interview for DSM- IV (First et al., 2002)
Student-Teacher Relationship Scale (Pianta, 1992)
Teacher's Report Form (Achenbach & Edelbrock, 1986)
Teacher's Report Form (Achenbach & Rescorla, 2001)
The Temperament Assessment Battery for Children (Martin, 1988)

Appendix F

Adapted CASP Qualitative Study Checklist (2018)

Critical Analysis Questions	**Article: Bibou-Nakou, I. (2004). Helping teachers to help children living with a mentally ill parent: Teachers perceptions on identification and policy issues. S*chool Psychology International*, *25*(1), 42-58.**
1. Was there a clear statement of the aims of the research?	Yes: Aimed to establish identification of children effected and support available in school, teachers' concerns, teachers' understanding of the roles and responsibilities of professionals and mechanisms for bringing professionals involved together.
2. Is the methodology appropriate?	Yes: Qualitative methodology appropriate for exploring the views and experiences of teachers.
3. Was the research design appropriate to address the aims of the research?	Yes: Focus group discussions and individual interviews using case vignettes. Researcher highlights the value of using both methods for exploring breadth and depth of views. Interview schedule and questions asked aligned with research aims.
4. Was the recruitment strategy appropriate to the aims of the research?	No: Recruitment context and participant data described. Unclear if participants were recruited for the project prior to attending training event or whether opportunity sampling on the day. Recruited teachers with experience working in education settings, however, unclear about experiences working with the group of interest. No inclusion/exclusion criteria detailed.
5. Was the data collected in a way that addressed the research issue?	Yes: Established semi-structured interview schedule used in groups to guide discussions in relation to policy and practice, however, questions asked were not detailed. Case vignettes then given to individuals and asked for written answers regarding the impact on the child + stressors/protectors for family functioning.
6. Has the relationship between the researcher and participants been adequately considered?	No: Description of data being coded by at least two team members. However, no reference to researcher examining potential areas of bias, particularly in relation to the interpretation of data.
7. Have ethical issues been taken into consideration?	Can't tell: No statement of ethical approval for research study, however, described being part of a wider international project. Informed consent explicitly referred to.
8. Was the data analysis sufficiently rigorous?	Can't tell: Method of data analysis not clearly described. Researcher notes that dominant and recurrent themes were identified in transcripts, but process of how dominance was determined was not detailed. No evidence of contradictory data. Limited reporting of direct quotes that inform themes.
9. Is there a clear statement of findings?	No: Findings presented in relation to questions asked as opposed to overall themes identified. Some summarised examples given. Teachers' responses often reported as a percentage of the sample as well as descriptively.
10. How valuable is the research?	Findings considered in relation to existing knowledge and practice. Results considered within context of Greek education system and existing barriers/priorities of this. Highlighted role for education staff working with these families.

Critical Analysis Questions	**Article: Laletas, S., Reupert, A., & Goodyear, M. (2017). "What do we do? This is not our area". Child care providers' experiences when working with families and preschool children living with parental mental illness. *Children and Youth Services Review*, *74*, 71-79.**
1. Was there a clear statement of the aims of the research?	Yes: Highlighted limited knowledge about how child care providers may support families where a parent has mental health difficulties. Aimed to explore the experiences of child care providers who work with this group of children and their understanding of family sensitive practice in this work.
2. Is the methodology appropriate?	Yes: Qualitative methodology appropriate for exploring participants' experiences. Detailed justification for use of IPA.
3. Was the research design appropriate to address the aims of the research?	Yes: Use of semi-structured interviews appropriate for eliciting rich, detailed accounts of participants' experiences.
4. Was the recruitment strategy appropriate to the aims of the research?	Yes: Recruitment adverts circulated through professional networks to relevant workforce. Purposive sampling of respondents who had experience of working with the group of interest. Detailed inclusion and exclusion criteria.
5. Was the data collected in a way that addressed the research issue?	Yes: Examples of questions from the interview schedule address aims of the study. Detailed skills of researcher to elicit rich accounts through prompting and active listening. Addressed debate around difficulties of data collection via telephone.
6. Has the relationship between the researcher and participants been adequately considered?	Yes: Referred to measures taken to address researcher bias through reflexivity and bracketing off. Data verification undertaken with participants.
7. Have ethical issues been taken into consideration?	Yes: Detail of ethical approval obtained from relevant university committee. Refers to participation being voluntary and informed consent, as well as ensuring confidentiality.
8. Was the data analysis sufficiently rigorous?	Yes: Detailed step-by-step approach to data analysis. Process of peer debriefing for discussing themes. Identified when saturation reached. Direct quotes used to evidence themes.
9. Is there a clear statement of findings?	Yes: Meaning clusters presented using visual diagram and clear headings.
10. How valuable is the research?	Research findings discussed in relation to context of participants, identifying their potential roles in supporting families in addition to the barriers they face. Limitations discussed with regards to understanding practice amongst different professionals and contexts.

Critical Analysis Questions	**Article: Laletas, S., Goodyear, M., & Reupert, A. (2018). Parental mental illness: Cross-sectional analysis of family focused practice within the early childhood sector. *Journal of Child and Family Studies*, *27*(5), 1650-1660.**
1. Was there a clear statement of the aims of the research?	Yes: Research aimed to explore family focussed practices within the early childhood sector with regards to staff's perceived knowledge, skills and confidence working with families where parents have mental health difficulties, and to make comparisons between preschool teachers and childcare workers.
2. Is the methodology appropriate?	Yes: Data collection methods appropriate to research aims to ascertain levels of self-perceived areas of interest. However, may question limitations of collecting data pertaining to participants' views in this way, in addition to potential social desirability bias.
3. Was the research design appropriate to address the aims of the research?	Yes: Questionnaire used a validated scale for assessing Family Focussed Practice, therefore, was appropriate for addressing the study's aims. However, issues of reliability of using adjusted scales for this study were raised. Clear descriptions of subscales and corresponding items on the questionnaire.
4. Was the recruitment strategy appropriate to the aims of the research?	No: Advert sent via professional networks to recruit convenience sample. Unclear about experiences of working with the group of interest. No inclusion/exclusion criteria. Mixed characteristics within each sample with regards to qualification levels.
5. Was the data collected in a way that addressed the research issue?	Yes: Online survey sent with instructions for use with this group in relation to the aims of the study.
6. Has the relationship between the researcher and participants been adequately considered?	Yes: Data collected remotely and analysed using computer software, reducing potential researcher bias in interpretation of data.
7. Have ethical issues been taken into consideration?	Yes: Comment referring to ethical approval from relevant university committee. Reference to online questionnaire data being anonymous.
8. Was the data analysis sufficiently rigorous?	Yes: Detailed account of programmes and procedures used for analysis to determine statistical significance of findings.
9. Is there a clear statement of findings?	Yes: Findings presented both statistically and descriptively in relation to each subscale of the questionnaire. Comparisons between participant groups evidenced.
10. How valuable is the research?	Findings discussed in relation to the roles staff may be able to take up in relation to their self-perceived capabilities. Limitations discussed in relation to self-appraisal methods and the generalisability of highly experienced and qualified participants' views.

Critical Analysis Questions	**Article: Reupert, A., & Maybery, D. (2007). Strategies and issues in supporting children whose parents have a mental illness within the school system. *School Psychology International, 28*(2), 195-205.**
1. Was there a clear statement of the aims of the research?	Yes: Aimed to identify effective strategies school staff have used in supporting children of parents with mental health difficulties.
2. Is the methodology appropriate?	Yes: Qualitative methodology appropriate for gathering staff's views and examples of their work in these roles.
3. Was the research design appropriate to address the aims of the research?	Yes: Questions in semi-structured interviews framed to address aims of research and was an appropriate way to gather staff views.
4. Was the recruitment strategy appropriate to the aims of the research?	Yes: Aimed to find evidence of effective practice, so targeting staff nominated for this by families themselves has validity. However, may question extent to which this population was reached through media releases/adverts in community centres.
5. Was the data collected in a way that addressed the research issue?	Yes: Data collected with regards to identification, what was useful to them, what they did and how they worked with the family.
6. Has the relationship between the researcher and participants been adequately considered?	No: No reference to how relationships were considered or how potential biases were minimised. Question bias in how the researchers interpreted the responses of teachers nominated for their good practice. However, did present data to participants for verification.
7. Have ethical issues been taken into consideration?	Can't tell: No reference to ethical approval being sought. Families nominated staff anonymously, so their own identities not known by researchers.
8. Was the data analysis sufficiently rigorous?	Yes: Intra- and inter- interview thematic analysis. Categories identified if idea shared by at least two participants. Ensured categories internally consistent and distinct from one another. Also considered results within subgroups of participants.
9. Is there a clear statement of findings?	Yes: Findings presented under six theme headings. However, limited use of direct quotes to evidence these.
10. How valuable is the research?	Findings considered in relation to educational context and suggestions for improving practice with this population.

Critical Analysis Questions	**Article: Sims, M., Davis, E., Davies, B., Nicholson, J., Harrison, L., Herrman, H., Waters, E., Marshall, B., Cook, K. & Priest, N. (2012). Mental health promotion in childcare centres: Childcare educators' understanding of child and parental mental health. *Advances in Mental Health*, *10*(2), 138-148.**
1. Was there a clear statement of the aims of the research?	Yes: Aimed to explore child-care educators' and managers' understanding of child and parental mental health and the signs of difficulties.
2. Is the methodology appropriate?	Yes: Qualitative methodology appropriate for gathering views and experiences of participants.
3. Was the research design appropriate to address the aims of the research?	Yes: Semi-structured interviews to explore their perceptions and experiences.
4. Was the recruitment strategy appropriate to the aims of the research?	Yes: Purposive recruitment in low socioeconomic areas to ensure high level of exposure to working with these families, however, participants weren't asked about their experience of this work. No inclusion/exclusion criteria. Approached all community childcare centres via mail and phone call.
5. Was the data collected in a way that addressed the research issue?	Yes: Individual interviews – used guide to elicit responses about areas of interest (causes and signs of parental mental health difficulties and what they would do if this was suspected). Also referred to creating space for more in-depth responses.
6. Has the relationship between the researcher and participants been adequately considered?	No: No reference to how relationships were considered or how potential biases were minimised.
7. Have ethical issues been taken into consideration?	Yes: Ethics approval from relevant committee. Reference to maintaining participant anonymity through use of pseudonyms.
8. Was the data analysis sufficiently rigorous?	Yes: Process of thematic analysis described, for example, comparisons between transcripts and seeking non-conforming data, completed by two researchers independently, data saturation point described. Data extracts used to evidence themes, however, not clear about the process or criteria of what constituted a theme in the data.
9. Is there a clear statement of findings?	Yes: Range of themes identified and presented under corresponding headings. Comparisons between participants evidenced and use of direct quotes.
10. How valuable is the research?	Implications of findings discussed and made recommendations to support future practice. Discussion of limitations pertaining to the generalisaibility of findings.

Appendix G

Synthesised Themes of Literature Review

Theme 1: Identifying children of parents with mental health difficulties	**Theme 2: Supporting children of parents with mental health difficulties**	**Theme 3: Barriers to supporting children of parents with mental health difficulties**	**Theme 4: Impact on staff working with children of parents with mental health difficulties**
Bibou-Nikou (2004) - Identification of children in need living with a mentally ill parent - Gathering information regarding the child and their family - Potential impact on child - Risk factors / stressors for the family functioning	**Bibou-Nikou (2004)** - Evaluation of the school's intervention - Protective factors for the family functioning	**Bibou-Nikou (2004)** - Identification of children in need living with a mentally ill parent - Gathering information regarding the child and their family - Availability of inter-agency collaboration - Access and knowledge about the other practitioners - Kind of support that the school setting offers	**Bibou-Nikou (2004)** - Kind of support that the school setting offers
Laletas et al. (2017) - Child development issues for children living with parental mental illness	**Laletas et al. (2017)** - Strategies that can help when working with families	**Laletas et al. (2017)** - Inadequate knowledge and training about parental mental illness	**Laletas et al. (2017)** - Tension around referral and worker anxiety
Laletas et al. (2018) - Assessing impact on the child - Worker skill and knowledge	**Laletas et al. (2018)** - Family and parenting support - Worker confidence - Support to carers and children	**Laletas et al. (2018)** - Providing support to carers and children - Inter-professional Practice	
Reupert & Maybery (2007)	**Reupert & Maybery (2007)**	**Reupert & Maybery (2007)**	**Reupert & Maybery (2007)** - Specific teaching practices

- How participants became aware that the child had a parent with a mental illness	- How participants acquired training in supporting such children - Specific teaching practices - Developing relationships - Whole school community strategies	- How participants acquired training in supporting such children - Home-school communication - Whole school community strategies	- Developing relationships
Sims et al. (2012) - Concept of social and emotional wellbeing for children and parents	**Sims et al. (2012)** - Practice in promoting mental health	**Sims et al. (2012)** - Causes of mental health problems for parents/adults - Practice in promoting mental health	

Appendix H

Application for Ethical Review Form

The Tavistock and Portman NHS
NHS Foundation Trust

Tavistock and Portman Trust Research Ethics Committee (TREC)

APPLICATION FOR ETHICAL REVIEW OF RESEARCH INVOLVING HUMAN PARTICIPANTS

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

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

For further guidance please contact [NAME].

SECTION A: PROJECT DETAILS

Project title	The experiences of pastoral support staff in primary schools working with children who are living with parents known to have mental health difficulties?		
Proposed project start date	April 2020	**Anticipated project end date**	May 2021

SECTION B: APPLICANT DETAILS

Name of Researcher	Emily Brees
Email address	
Contact telephone number	

SECTION C: CONFLICTS OF INTEREST

Will any of the researchers or their institutions receive any other benefits or incentives for taking part in this research over and above their normal salary package or the costs of undertaking the research? **YES** ☐ **NO** ☒ If **YES**, please detail below:
N/A
Is there any further possibility for conflict of interest? YES ☐ **NO** ☒ If **YES**, please detail below:
N/A

FOR ALL APPLICANTS

'Is your research being commissioned by and or carried out on behalf of a body external to the trust? (for example; commissioned by a local authority, school, care home, other NHS Trust or other organisation)	**YES** ☐ **NO** ☒ **NA** ☐

*Please note that 'external' is defined as an organisation which is external to the Tavistock and Portman NHS Foundation Trust (Trust)	
If **YES**, please supply details below:	
Has external* ethics approval been sought for this research? **(i.e. submission via Integrated Research Application System (IRAS) to the Health Research Authority (HRA) or other external research ethics committee)** *Please note that 'external' is defined as an organisation/body which is external to the Tavistock and Portman Trust Research Ethics Committee (TREC) If **YES**, please supply details of the ethical approval bodies below **AND** include any letters of approval from the ethical approval bodies:	**YES** ☐ **NO** ☒
If your research is being undertaken externally to the Trust, please provide details of the sponsor of your research? N/A	
Do you have local approval (this includes R&D approval)?	**YES** ☒ **NO** ☐ **NA** ☐

SECTION D: SIGNATURES AND DECLARATIONS

APPLICANT DECLARATION

I confirm that:

- The information contained in this application is, to the best of my knowledge, correct and up to date.
- I have attempted to identify all risks related to the research.
- I acknowledge my obligations and commitment to upholding our University's Code of Practice for ethical research and observing the rights of the participants.
- I am aware that cases of proven misconduct, in line with our University's policies, may result in formal disciplinary proceedings and/or the cancellation of the proposed research.

Applicant (print name)	EMILY BREES
Signed	[SIGNATURE]
Date	30/07/2020

FOR RESEARCH DEGREE STUDENT APPLICANTS ONLY

Name of Supervisor	DR RACHAEL GREEN
Qualification for which research is being undertaken	Professional Doctorate in Child, Community and Educational Psychology

Supervisor –

- Does the student have the necessary skills to carry out the research?
  YES ☒ **NO** ☐
- Is the participant information sheet, consent form and any other documentation appropriate?
  YES ☒ **NO** ☐
- Are the procedures for recruitment of participants and obtaining informed consent suitable and sufficient?
  YES ☒ **NO** ☐
- Where required, does the researcher have current Disclosure and Barring Service (DBS) clearance?
  YES ☒ **NO** ☐

Signed	[SIGNATURE]
Date	31/07/20

COURSE LEAD/RESEARCH LEAD • Does the proposed research as detailed herein have your support to proceed? **YES** ☐ **NO** ☐	
Signed	
Date	

SECTION E: DETAILS OF THE PROPOSED RESEARCH

1. Provide a brief description of the proposed research, including the requirements of participants. This must be in lay terms and free from technical or discipline specific terminology or jargon. If such terms are required, please ensure they are adequately explained. (Do not exceed 500 words)

The purpose of this research is to explore the experiences of pastoral support leads in primary schools working with children living with parents who are known to have mental health difficulties. I will seek to interview 6-8 members of staff from primary school settings within the Local Authority where I am currently working as a Trainee Educational Psychologist.

Participants will be required to take part in an individual, semi-structured interview with the researcher on one occasion via an online video conferencing platform (e.g. Zoom). Interviews will be recorded and audio data stored on password protected, encrypted electronic devices to be later transcribed. Open-ended questions and prompts will be used to elicit a rich and detailed account of participants' experiences. The interview schedule will include questions that aim to gain an understanding of how information gets shared between a family and the school, as well as the roles that pastoral support leads experience taking up. Each interview is anticipated to last for 1-1.5 hours.

The methodology used will be Interpretative Phenomenological Analysis (IPA), which seeks to interpret rather than simply describe participants' lived experience of a phenomenon (Reid, Flowers & Larkin, 2005; Smith, Flowers & Larkin, 2009). Whilst focussing on the meanings that individual participants attribute to their experiences, the researcher will also look to consider any similarities across participants' accounts and draw together the themes that emerge (Reid et al., 2005).

2. Provide a statement on the aims and significance of the proposed research, including potential impact to knowledge and understanding in the field (where appropriate, indicate the associated hypothesis which will be tested). This should be a clear justification of the proposed research, why it should proceed and a statement on any anticipated benefits to the community. (Do not exceed 700 words)

The aim of the proposed research is to gain an understanding of how school staff within a Local Authority in England experience working with children whose parents have mental health difficulties. In the UK, 1 in 4 adults will experience mental health difficulties (National Health Service, 2019). Of those who receive a diagnosis, 68% of women and 57% of men are parents (Royal College of Psychiatrists [RCP], 2017). Much research exists detailing the potential negative impact parental mental health difficulties may have on both parenting abilities and child development (Manning & Gregoire, 2006; Smith, 2004; Social Care Institute for Excellence [SCIE],

2011; Tabak et al., 2016). Cited further are the effects on the health, social relationships and education of young people who take on caring responsibilities for a parent (James, 2017; RCP, 2011; Wayman, Raws & Leadbitter, 2016).

In line with Government legislation (Care Act 2014; Children and Families Act 2014), Local Authorities have a duty to identify young carers and work together with families to assess their needs. Additionally, practice guidelines for adult mental health service professionals describe how patients' childcare responsibilities should be routinely recorded, monitoring any risks to their child's needs being met (Department of Health [DH], 2000; 2008; 2011; SCIE, 2011; National Patient Safety Agency, 2009; RCP, 2011). Despite these published procedures, many charities that support young carers claim that their needs are often 'hidden' and 'invisible' to the professionals working with their parents (Carers Trust, 2016; The Children's Society, 2013; James, 2017). Recognising the importance of identifying and supporting children who may be vulnerable as a result of parental mental health difficulties, whilst acknowledging evidence that suggests their absence in professionals' considerations (Gladstone et al., 2006; James, 2017), it is a priority to ascertain who these children's needs are visible to and the role they may have.

Charities, such as Barnardo's (2006; 2008), have highlighted the potential role of school staff, as those in daily contact with young people. Research that has explored the views of parents and young people living with parental mental health difficulties also suggests a role for school staff, as supportive adults from outside of the family who are able to share relevant and developmentally appropriate information (Bilsborough, 2015; Falkov, 1998; Reupert & Maybery, 2016). Despite this, there is very limited research that has sought to explore the experiences of school staff working with this population. Existing literature has focussed predominately on practice within Early Years education settings (Laletas et al., 2017; Laletas et al., 2018; Sims et al., 2012), and there is currently no evidence that has been gained from seeking the views of school staff working in England. Acknowledging the benefits of identifying opportunities for early intervention support, as well as how young carers' responsibilities may increase with age, there is a rationale for this piece of research to be conducted with pastoral support leads in primary schools. In light of recent Government initiatives to increase mental health awareness in schools (DH & Department for Education, 2017), there is further rationale for this research to be conducted within England to understand what is happening within this context.

Seeking to understand how those working with children of parents with mental health difficulties experience the roles they take up, this research aims to give voice to the potential emotional and practical implications of working with this population. Having this understanding will allow for a recognition of what may be required to support school staff in their work, with scope to inform the role Educational Psychologists can have in providing training to schools and making recommendations for effective policies. It is hoped that this new understanding will also have significant implications for those living with parental mental health difficulties, thinking around how the needs of this community can be met. Further societal benefits are additionally anticipated, both within the culture of participating schools and the Local Authority as a whole, by reducing stigma as more open conversations around issues relating to parental mental health are facilitated.

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

This research is qualitative in nature, and informed by a relativist ontology and constructivist epistemology. The proposed methodology is Interpretative Phenomenological Analysis (IPA), which aims to explore how people make sense of their lived experiences of a phenomenon (Smith, Flowers & Larkin, 2009); in this case 'pastoral support leads in primary school working with children living with parents who are known to have mental health difficulties'.

Data will be collected from participants through an individual, semi-structured interview with the researcher. In light of UK Government guidance surrounding the current outbreak of Covid-19, interviews will take place online via a video conferencing platform (e.g. Zoom) to observe social distancing and avoid non-essential travel. An interview schedule will be used to ensure that the purpose of the research and the main themes to be explored are addressed by the questions being asked. The interview schedule includes a list of potential open-ended questions and verbal prompts the researcher will use to encourage participants to expand further on their answers, creating a space for reflexivity and a dialogue that provides a rich understanding of their experiences. Prior to beginning data collection, the interview schedule will be piloted with 1-2 of the researcher's colleagues who have had experience of working with children of parents known to have mental health difficulties in primary school settings. This will enable the researcher to evaluate the relevance and richness of data resulting from the questions being asked, and to gather feedback about the experience of being interviewed in this way. It is estimated that each interview will last for 1-1.5 hours. Interviews will be recorded and audio data will be stored on password-protected, encrypted electronic devices to be transcribed verbatim for analysis. The process of transcribing is anticipated to take 10-hours per interview (Smith et al., 2009).

There is detailed literature that describes the systematic process of data analysis that this research will follow from an IPA approach (Smith et al., 2009; Smith & Osborn, 2015). The first transcript will be read over multiple times and initial notes will be written onto the data. Emergent themes from these notes will be written before the researcher looks to bring related ideas together under subordinate themes within each transcript. This process will be repeated for each individual transcript, allowing for new themes to emerge each time, which will in turn be considered against previous transcripts. The researcher will then look across all of the transcripts to identify patterns and develop superordinate themes that describe commonalities across participants' data (Pietkiewicz & Smith, 2014; Smith et al., 2009). Selected themes will then be reported alongside the direct evidence for them, as well as any divergent examples from the data (Larkin, Watts & Clifton, 2006; Reid et al., 2005). This approach to data analysis will be both idiographic, focussing inductively on the meanings that individual participants attribute to their experiences, as well as attempting to recognise any commonalities across participants (Reid et al., 2005). The process of analysing the whole data set is anticipated to take place over a 2-3 month period.

SECTION F: PARTICIPANT DETAILS

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

As IPA looks to explore the lived experiences of a phenomenon, participants will be purposively recruited. The identification of participants will follow strict inclusion/exclusion criteria to ensure homogeneity of the sample so that the same phenomenon is being explored across all participants. The inclusion/exclusion criteria will be as follows:

Inclusion Criteria	Exclusion Criteria	Rationale

Pastoral support leads working in a mainstream primary school setting.	Staff working in primary schools that are not mainstream settings, e.g. specialist or alternative provisions.	The group of children as the subject focus is similar across participants.
Pastoral support leads with whom the researcher has no existing, dependent relationships either personally or due to allocated service delivery time.	Staff with whom the researcher has existing relationships.	No conflicts of interest or perceived additional benefits from taking part, as well as helping to maintain the confidentiality of families that are spoken of in interviews.
Pastoral support leads working with a current pupil whose parent has mental health difficulties, or who they have worked with within the last academic year.	Staff who are not working with a current pupil whose parent has mental health difficulties, or whose experience is working with a pupil who no longer attends the school, or which was not within the last academic year.	The phenomenon being explored is in relation to current lived experiences.
Members of school staff who are considered to be pastoral support leads in their setting. This will be defined as having a responsibility for pastoral care within the whole school setting.	Staff who are not considered to be pastoral support leads as part of their role and job responsibilities.	Participants will have roles that involve responsibility for the emotional well-being of pupils in their school. The 'lead' role is specified in an effort to maintain homogeneity of experiences.
Pastoral support leads working with children who are known to be living with a parent who has mental health difficulties due to communication from the family to the school. This will only include families who have directly reported to a member of school staff that a parent has mental health difficulties.	Staff working with children for whom parental mental health difficulties have been identified in other ways, e.g. through gossip or assumptions, i.e. it has not been directly reported by the parent to a member of school staff.	Participants have identified the phenomenon of 'parental mental health' in the same way, and have the same criteria for determining that children they work with form part of this group.

Recruitment will take place by emailing the recruitment advert to SENCOs of schools that meet the inclusion criteria within the Local Authority (LA) where the researcher is based. SENCOs who have the role of a pastoral support lead within their setting will be asked whether they would be interested in taking part, or will be asked to circulate the participant advert to members of school staff who have this role within their setting. Prospective participants will be asked to email the researcher, giving their consent to be contacted. In line with recommendations for IPA, the researcher will aim to recruit 6-8 participants (Smith et al., 2009), therefore participants will be replied to on a first come, first served basis. Once the researcher has confirmed that participants meet the inclusion criteria, they will be provided with an information sheet and asked to return the signed consent form. Participants invited to interview will be instructed in

setting up an account on a video conferencing platform (e.g. Zoom), and a convenient time for the interview to take place will be arranged.

If the researcher is having difficulty recruiting the required number of participants, contingency arrangements will be in place to expand recruitment beyond the LA where the researcher is based. In this case, the participant recruitment advert may be shared in national forums for relevant school staff (e.g. The SENCO Forum, NASEN), or displayed in social media forums where there are likely to be members who currently work as pastoral support leads (e.g. a private Facebook group of prospective candidates for the Educational Psychology doctorate course). Additionally, if more than the required number of participants volunteer to take part, participants meeting the inclusion criteria will be selected on a first come, first served basis.

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

☐ Students or staff of the Trust or the University.
☒ Adults (over the age of 18 years with mental capacity to give consent to participate in the research).
☐ Children or legal minors (anyone under the age of 16 years)[1]
☐ Adults who are unconscious, severely ill or have a terminal illness.
☐ Adults who may lose mental capacity to consent during the course of the research.
☐ Adults in emergency situations.
☐ Adults[2] with mental illness - particularly those detained under the Mental Health Act (1983 & 2007).
☐ Participants who may lack capacity to consent to participate in the research under the research requirements of the Mental Capacity Act (2005).
☐ Prisoners, where ethical approval may be required from the **National Offender Management Service (NOMS).**
☐ Young Offenders, where ethical approval may be required from the National Offender Management Service (NOMS).
☐ Healthy volunteers (in high risk intervention studies).
☐ Participants who may be considered to have a pre-existing and potentially dependent[3] relationship with the investigator (e.g. those in care homes, students, colleagues, service-users, patients).
☐ Other vulnerable groups (see Question 6).
☐ Adults who are in custody, custodial care, or for whom a court has assumed responsibility.
☐ Participants who are members of the Armed Forces.

[1]If the proposed research involves children or adults who meet the Police Act (1997) definition of vulnerability[3], any researchers who will have contact with participants must have current Disclosure and Barring Service (DBS) clearance.
[2] 'Adults with a learning or physical disability, a physical or mental illness, or a reduction in physical or mental capacity, and living in a care home or home for people with learning difficulties or receiving care in their own home, or receiving hospital or social care services.' (Police Act, 1997)
[3] Proposed research involving participants with whom the investigator or researcher(s) shares a dependent or unequal relationships (e.g. teacher/student, clinical therapist/service-user) may compromise the ability to give informed consent which is free from any form of pressure (real or implied) arising from this relationship. TREC recommends that, wherever practicable, investigators choose participants with whom they have no dependent relationship. Following due scrutiny, if the investigator is confident that the research involving participants in dependent relationships is vital and defensible, TREC will require additional information setting out the case and detailing how risks inherent in the dependent relationship will be managed. TREC will also need to be reassured that refusal to participate will not result in any discrimination or penalty.

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

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

Adults lacking mental capacity to consent to participate in research and children are automatically presumed to be vulnerable. Studies involving adults (over the age of 16) who lack mental capacity to consent in research must be submitted to a REC approved for that purpose. Please consult Health Research Authority (HRA) for guidance: https://www.hra.nhs.uk/

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

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

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

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

N/A

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

Participants are mainstream primary school pastoral support leads working in England, so their level of understanding English will be assumed adequate for the purposes of this research. The researcher's contact details will be provided for participants to seek clarification and ask any questions prior to signing the consent form. Additionally, before the interview takes place, the researcher will read aloud features of the Participant Consent Form and confirm participants' verbal consent to proceed. Questions and prompts used throughout the interview will involve simple language and participants will be reminded that clarification can be sought at anytime throughout the interview process. Participants will be informed of their right to withdraw at any stage of the interview, and up to the point that their data is anonymised through the transcription process (up to 3 months after each interview).

SECTION F: RISK ASSESSMENT AND RISK MANAGEMENT

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

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

10. Does the proposed research involve any specific or anticipated risks (e.g. physical, psychological, social, legal or economic) to participants that are greater than those encountered in everyday life?

YES ☒ **NO** ☐

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

The research is based on exploring experiences of a potentially sensitive topic. There may be psychological risks of distress or evoking uncomfortable feelings in asking participants to speak about experiences they have found challenging themselves, or that they have witnessed to be challenging for the children and families they speak of. Given the high incidence rates, some participants may also have personal experience of parental mental health difficulties that are brought to mind through engaging in this research. Participating in this research is not anticipated to result in the risk of exposing participants to a particularly greater level of distress than that encountered in everyday life, though precautionary measures will be in place to ensure participants are supported at every stage of the process. This will include providing clear information about the research topic and answering any questions prior to participants giving consent, as well as ensuring interviews take place in a supportive and non-judgmental environment. Recognising the power imbalances in interviewer-interviewee relationships, it will also be important to ensure that participants have fully understood the purpose of the study, not to judge their practice, but to give voice to their experiences. The researcher will also ensure to take time at the end of each interview to debrief and ask how participants may be feeling,

signposting them to relevant organisations should they need any further support.

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

A key feature of my doctoral degree in Educational Psychology has involved receiving teaching on consultation practice and the interpersonal skills necessary to work effectively with school staff. This has involved developing skills in active and empathic listening, as well as working to provide a containing environment for discussions to take place. I have been able to develop these skills further in my role on placement, working with school staff to give voice to their experiences in the classroom and to think around issues that may be influencing a child's behaviour, such as the family system. Growing up as a child myself with a parent who has mental health difficulties, I feel these personal experiences will also enable me to engage with participants in an understanding and supportive way.

In addition, I will have weekly supervision on placement and monthly personal supervision with qualified Educational Psychologists who will be able to support me in my role of engaging with the potentially distressing experiences of others. I will also have regular research supervision from a qualified Educational Psychologist throughout the project, which will aid me in addressing any issues arising around participants' wellbeing.

12. Provide an explanation of any potential benefits to participants. Please ensure this is framed within the overall contribution of the proposed research to knowledge or practice. (Do not exceed 400 words)
NOTE: Where the proposed research involves students of our University, they should be assured that accepting the offer to participate or choosing to decline will have no impact on their assessments or learning experience. Similarly, it should be made clear to participants who are patients, service-users and/or receiving any form of treatment or medication that they are not invited to participate in the belief that participation in the research will result in some relief or improvement in their condition.

In exploring the experiences of participants, it is hoped that an understanding will be gained around the potential emotional and practical implications of the roles they find themselves taking up when working with children of parents with mental health difficulties. Having this knowledge will allow for important hypotheses to be formulated around the potential training needs of primary school staff, as well as the support systems they require to sustainably carry out their roles. It is anticipated that participants will also share examples of how they have been able to provide support to this potentially vulnerable group of children, which will allow for knowledge to be developed around good practice.

The impact of these findings and the subsequent identification of participants' possible needs will be an important potential benefit of the research, building school staff's capacity and confidence for the roles they take up. Furthermore, by virtue of having these conversations with participants, there is the potential for wider socio-cultural benefits in reducing the stigma that surrounds mental health. This has the potential to benefit both participants and those they work with, as a richer understanding is gained both around how to have these conversations, and importantly, how to ask for help. The knowledge gained from this research also has the potential to have an overall contribution to informing effective strategies and policies that will ensure the needs of children and families living with parental mental health difficulties are being met.

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

As mentioned above, asking participants to recount their experiences of potentially challenging and sensitive situations may have adverse outcomes in causing distress. The researcher will ensure that participants are aware of the potential for distress to be evoked by the interview process to allow them to make an informed decision about giving their consent to take part. During the interview process, participants will be told that they can stop or take a break if they are feeling overwhelmed at any point, and reminded of their right to withdraw up to the point of their data being anonymised through the transcription process. The researcher will also have a role in monitoring participants' emotional state and signposting them to relevant support organisations after debriefing with them at the end of the interview should any adverse outcomes arise.

Potential unexpected outcomes may include safeguarding concerns that SENCOs raise about the children they are working with. Participants will be made aware of limits to confidentiality if any disclosures are made during the interview that suggest someone is at risk of harm, and they will be encouraged to follow the necessary safeguarding policies in place at their school.

There is also the potential of adverse outcomes for the children and parents who are being spoken about if they feel they have not given consent for this. In light of this, procedures will be in place to ensure that at any stage the researcher does not have any personal or identifiable details of the children or families being spoken about. SENCOs will be asked to use pseudonyms from the beginning of the interview to replace any names of children they speak of and to not give any identifying details of children and their families to ensure that they remain completely anonymous to the researcher. The researcher will have no existing prior relationships with the schools from which participants are recruited to further ensure they are not able to identify the children or families being spoken about. Furthermore, the names of SENCOs and their school settings will also be anonymised so any identifiable details of participants or children spoken of are omitted from the write up.

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

At the end of each interview, the researcher will debrief with the participant, first thanking them for their involvement and then asking if they would like to discuss any thoughts or feelings that have arisen. Participants will also be given the opportunity to ask any questions they have and assured again that their data will be anonymised through the transcription process. Additionally, they will be reminded of their right to withdraw their data up to the point that transcription has been completed. The researcher will also provide each participant with information, signposting them to relevant organisations that offer further support if necessary (e.g. Education Support Partnership, Mind, Samaritans).

After the interview process, participants will be asked whether they would like to receive a short written summary of the analysis and will be asked to provide contact details to the researcher

for this purpose. These contact details will be securely stored and disposed of after the summary has been sent. Results of the research project will be disseminated in this way following completion of data analysis.

FOR RESEARCH UNDERTAKEN AWAY FROM THE TRUST OR OUTSIDE THE UK

15. Does any part of your research take place in premises outside the Trust?

☒ **YES,** and I have included evidence of permissions from the managers or others legally responsible for the premises. This permission also clearly states the extent to which the participating institution will indemnify the researchers against the consequences of any untoward event.

16. Does the proposed research involve travel outside of the UK?

☐ **YES,** I have consulted the Foreign and Commonwealth Office website for guidance/travel advice? http://www.fco.gov.uk/en/travel-and-living-abroad/

☐ **YES,** I am a non-UK national and I have sought travel advice/guidance from the Foreign Office (or equivalent body) of my country of origin

☐ **YES,** I have completed the overseas travel approval process and enclosed a copy of the document with this application

For details on university study abroad policies, please contact academicquality@tavi-port.nhs.uk

IF YES:

17. Is the research covered by the Trust's insurance and indemnity provision?

☐ **YES** ☐ **NO**

18. Please evidence how compliance with all local research ethics and research governance requirements have been assessed for the country(ies) in which the research is taking place.

NOTE:
For students conducting research where the Trust is the sponsor, the Dean of the Department of Education and Training (DET) has overall responsibility for risk assessment regarding their health and safety. If you are proposing to undertake research outside the UK, please ensure that permission from the Dean has been granted before the research commences (please attach written confirmation)

SECTION G: PARTICIPANT CONSENT AND WITHDRAWAL

18. Have you attached a copy of your participant information sheet (this should be in *plain English*)? Where the research involves non-English speaking participants, please include translated materials.

YES ☒ **NO** ☐

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

19. Have you attached a copy of your participant consent form (this should be in *plain English*)? Where the research involves non-English speaking participants, please include translated materials.

YES ☒ **NO** ☐

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

20. The following is a <u>participant information sheet</u> checklist covering the various points that should be included in this document.

☒ Clear identification of the Trust as the sponsor for the research, the project title, the Researcher or Principal Investigator and other researchers along with relevant contact details.
☒ Details of what involvement in the proposed research will require (e.g., participation in interviews, completion of questionnaire, audio/video-recording of events), estimated time commitment and any risks involved.
☒ A statement confirming that the research has received formal approval from TREC.
☒ If the sample size is small, advice to participants that this may have implications for confidentiality / anonymity.
☐ A clear statement that where participants are in a dependent relationship with any of the researchers that participation in the research will have no impact on assessment / treatment / service-use or support.
☒ Assurance that involvement in the project is voluntary and that participants are free to withdraw consent at any time, and to withdraw any unprocessed data previously supplied.
☒ Advice as to arrangements to be made to protect confidentiality of data, including that confidentiality of information provided is subject to legal limitations.
☒ A statement that the data generated in the course of the research will be retained in accordance with the University's Data Protection Policy.
☒ Advice that if participants have any concerns about the conduct of the investigator, researcher(s) or any other aspect of this research project, they should contact Simon Carrington, Head of Academic Governance and Quality Assurance (academicquality@tavi-port.nhs.uk)
☒ Confirmation on any limitations in confidentiality where disclosure of imminent harm to self and/or others may occur.

21. The following is a <u>consent form</u> checklist covering the various points that should be included in this document.

☒ Trust letterhead or logo.
☒ Title of the project (with research degree projects this need not necessarily be the title of the thesis) and names of investigators.
☒ Confirmation that the project is research.
☒ Confirmation that involvement in the project is voluntary and that participants are free to withdraw at any time, or to withdraw any unprocessed data previously supplied.
☒ Confirmation of particular requirements of participants, including for example whether interviews are to be audio-/video-recorded, whether anonymised quotes will be used in publications advice of legal limitations to data confidentiality.

☒ If the sample size is small, confirmation that this may have implications for anonymity any other relevant information.
☒ The proposed method of publication or dissemination of the research findings.
☐ Details of any external contractors or partner institutions involved in the research.
☐ Details of any funding bodies or research councils supporting the research.
☒ Confirmation on any limitations in confidentiality where disclosure of imminent harm to self and/or others may occur.

SECTION H: CONFIDENTIALITY AND ANONYMITY

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

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

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

YES ☒ **NO** ☐

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

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

SECTION I: DATA ACCESS, SECURITY AND MANAGEMENT

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

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

25. In line with the 5th principle of the Data Protection Act (1998), which states that personal data shall not be kept for longer than is necessary for that purpose or those purposes for which it was collected; please state how long data will be retained for.

☐ 1-2 years ☐ 3-5 years ☒ 6-10 years ☐ 10> years

NOTE: Research Councils UK (RCUK) guidance currently states that data should normally be preserved and accessible for 10 years, but for projects of clinical or major social, environmental or heritage importance, for 20 years or longer. (http://www.rcuk.ac.uk/documents/reviews/grc/grcpoldraft.pdf)

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

☐ Research data, codes and all identifying information to be kept in separate locked filing cabinets.
☒ Access to computer files to be available to research team by password only.
☒ Access to computer files to be available to individuals outside the research team by password only (See **23.1**).
☐ Research data will be encrypted and transferred electronically within the European Economic Area (EEA).
☐ Research data will be encrypted and transferred electronically outside of the European Economic Area (EEA). (See **28**).
NOTE: Transfer of research data via third party commercial file sharing services, such as Google Docs and YouSendIt are not necessarily secure or permanent. These systems may also be located overseas and not covered by UK law. If the system is located outside the European Economic Area (EEA) or territories deemed to have sufficient standards of data protection, transfer may also breach the Data Protection Act (1998).
☐ Use of personal addresses, postcodes, faxes, e-mails or telephone numbers.
☒ Use of personal data in the form of audio or video recordings.
☒ Primary data gathered on encrypted mobile devices (i.e. laptops). **NOTE:** This should be transferred to secure UEL servers at the first opportunity.
☒ All electronic data will undergo secure disposal.
NOTE: For hard drives and magnetic storage devices (HDD or SSD), deleting files does not permanently erase the data on most systems, but only deletes the reference to the file. Files can be restored when deleted in this way. Research files must be overwritten to ensure they are completely irretrievable. Software is available for the secure erasing of files from hard drives which meet recognised standards to securely scramble sensitive data. Examples of this software are BC Wipe, Wipe File, DeleteOnClick and Eraser for Windows platforms. Mac users can use the standard 'secure empty trash' option; an alternative is Permanent eraser software.
☒ All hardcopy data will undergo secure disposal.
NOTE: For shredding research data stored in hardcopy (i.e. paper), adopting DIN 3 ensures files are cut into 2mm strips or confetti like cross-cut particles of 4x40mm. The UK government requires a minimum standard of DIN 4 for its material, which ensures cross-cut particles of at least 2x15mm.

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

Due to restraints on time, a member of the researcher's family who is outside of the research team may be given access to encrypted audio-recorded interview data via a password-protected USB device for the purpose of transcription. This will be delivered in person to the individual and data will be stored on an encrypted and password-protected electronic device. Any direct and indirect identifiers of participants will be removed from the data and replaced by a code so that the individual transcribing has no record of how the codes relate to the participants. All

electronic data will undergo secure disposal from any of the individual's electronic devices after the transcription process has been completed. The researcher and this individual will also sign a non-disclosure, contractual agreement outlining the confidential nature of the data.

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

N/A

29. Will this research be financially supported by the United States Department of Health and Human Services or any of its divisions, agencies or programs? YES ☐ NO ☒

If **YES** please provide details:

SECTION J: PUBLICATION AND DISSEMINATION OF RESEARCH FINDINGS

30. How will the results of the research be reported and disseminated? *(Select all that apply)*

☒ Peer reviewed journal
☐ Non-peer reviewed journal
☐ Peer reviewed books
☐ Publication in media, social media or website (including Podcasts and online videos)
☒ Conference presentation
☐ Internal report
☐ Promotional report and materials
☐ Reports compiled for or on behalf of external organisations
☒ Dissertation/Thesis
☐ Other publication
☒ Written feedback to research participants
☒ Presentation to participants or relevant community groups
☐ Other (Please specify below)

SECTION K: OTHER ETHICAL ISSUES

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

N/A

SECTION L: CHECKLIST FOR ATTACHED DOCUMENTS

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

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

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

N/A

Appendix I

Letter of Ethical Approval

The Tavistock and Portman NHS
NHS Foundation Trust

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

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

Emily Brees
By Email

8 September 2020

Dear Emily,

Re: Trust Research Ethics Application

Title: The experiences of pastoral support staff in primary schools working with children who are living with parents known to have mental health difficulties?

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

Please be advised that any changes to the project design including changes to methodology/data collection etc, must be referred to TREC as failure to do so, may result in a report of academic and/or research misconduct.

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

I am copying this communication to your supervisor.

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

Best regards,

[NAME]

Appendix J

Participant Recruitment Advert

The Tavistock and Portman NHS
NHS Foundation Trust

ARE YOU WORKING WITH CHILDREN WHOSE PARENTS HAVE MENTAL HEALTH DIFFICULTIES?

The potential negative impact of parental mental health difficulties on children's' development widely documented. Also noted is how hidden these children's needs often are to the professionals working with their parents.

I am a Trainee Educational Psychologist working in [LA NAME] Local Authority. I am conducting my thesis research project on **exploring the experiences of pastoral support leads in primary schools, working with children living with a parent who is known to have mental health difficulties**. I am particularly interested in what roles you may find yourself taking up, and the potential emotional and practical implications of this for you.

- Are you a pastoral support lead in a mainstream, primary school?
- Do you currently (or have done within the last academic year) work with a child in your school who is living with a parent who has mental health difficulties, which the family has informed you about?

If so, I would be really interested in speaking with you about the possibility of taking part in this study. Participation would involve an approximately 1-hour long interview, taking place via a video conferencing platform (Zoom) at a time that is convenient for you.

If you would be interested in finding out more about this opportunity, please contact me on [email address] or [email address]

Thank you for taking the time to read this, and I look forward to hearing from you soon!

Emily Brees

Please note that this research project has received formal approval from the Tavistock and Portman Trust Research Ethics Committee.

Appendix K

Participant Information Sheet

The Tavistock and Portman NHS
NHS Foundation Trust

Participant Information Sheet

Project Title: The experiences of pastoral support staff in primary schools working with children who are living with parents known to have mental health difficulties.

Who is doing the research?
My name is Emily Brees. I am a Trainee Educational Psychologist in my second year of studying for the Professional Doctorate in Child, Community and Educational Psychology. I am carrying out this research as part of my course requirements.

What is the aim of the research?
The research project aims to explore the experiences of pastoral support leads in mainstream primary schools working with children whose parents are known to have mental health difficulties. Through individual interviews, the researcher hopes to gain an understanding around how pastoral support leads experience working with this group of children, thinking around the roles they may take up, as well as the potential emotional and practical implications of this.

Who has given permission for this research to take place?
This research project has received formal approval from the Tavistock and Portman Trust Research Ethics Committee. The Principle Educational Psychologist from the Local Authority Educational Psychology Service has also given permission for the research to take place.

Who can take part in this research?
I am looking to interview pastoral support leads who are working with a pupil who currently attends their school (or who did so within the last academic year), living with a parent who is known to have mental health difficulties. One element of the inclusion criteria for this is that the parental mental health difficulties will have been directly reported to a member of school staff by the family themselves. If more than the required number of participants volunteer to take part, participants meeting the inclusion criteria will be selected on a first come, first served basis.

What does participation involve?
Participants will be asked to take part in individual interviews, lasting approximately 1-hour. In light of recent UK Government guidance surrounding the outbreak of Covid-19, interviews will take place online via a video conferencing platform (Zoom) to ensure adherence to social distancing and non-essential travel. You will be asked to use pseudonyms and not to disclose any identifying details of the children and families you speak of. Experiences will be explored through the use of open-ended questions.

What are the possible benefits of taking part?
There is currently no research in the UK that has sought to understand the experiences of school staff working with children of parents with mental health difficulties. This research aims to give voice to the potential emotional and practical implications of working with this population. Having this understanding will allow for a recognition of what may be required to support school staff in their work, with scope to inform the role Educational Psychologists can have in providing training to schools and making recommendations for effective policies. It is hoped that this new understanding will also have significant implications for those living with parental mental health difficulties, thinking around how the needs of this community can be met.

What are the possible risks of taking part?
Due to the potentially sensitive nature of the research topic, participants should be aware that engaging in this study may result in distressing or uncomfortable feelings as they talk about experiences that may have been particularly challenging or upsetting. The researcher hopes to create

a supportive environment for these discussions, where the purpose of the study is solely to explore individuals' experiences. Participants will be able to stop the interview at any stage should they feel the need to take a break, and will be encouraged to ask the researcher for clarification of anything they have not fully understood. There will be the opportunity at the end of the interview to discuss any thoughts or questions participants may have, and a list of contact details for relevant support services will be made available if participants feel further support would be beneficial.

What will happen to the findings from the research?
The findings will form part of my thesis which will be read by examiners and be available at the Tavistock and Portman library. The research may also be published in a peer-reviewed journal. You will be given the opportunity to receive a short summary of my findings once all of the data has been analysed.

What will happen if I don't want to carry on with this research?
Participation in this study will be voluntary – you are not obliged to take part and are free to withdraw at any time during the interview. Participants also have the right to withdraw their data up to the point that it has been anonymised through the transcription process. Should you choose to withdraw from the study you may do so without disadvantage to yourself and without any obligation to give a reason.

Will my taking part in this study be kept confidential?
Yes. Interviews will be recorded though only the audio data will be retained and stored on encrypted, password-protected electronic devices. Although direct quotes may be included, data will be anonymised by removing any direct or indirect identifiers of participants, such as your name and your school setting. Once the research project has been completed, anonymised data will be retained in accordance with the University's Data Protection Policy before it is securely disposed of, as in line with the Data Protection Act (1998).

NB: Please be aware that due to the small sample size of this study (6-8 participants), there may be limitations in the level of anonymity that can be afforded. Confidentiality of information is further subject to legal limitations. Participants are also advised that should any safeguarding issues arise, they will be encouraged to follow usual procedures and disclose relevant information to the Designated Safeguarding Lead at their school setting.

Further information and contact details
If you meet the inclusion criteria for this study and would like to give informed consent to take part, please sign and return the attached consent form to the researcher at [email address] or [email address]

Thank you so much for taking the time to read this information sheet and for considering whether this is something you would like to be involved in.

Emily Brees
Trainee Educational Psychologist

Dr Rachael Green
Supervising Educational Psychologist

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

[NAME] Head of Academic Governance and Quality Assurance (academicquality@tavi-port.nhs.uk)

Appendix L

Participant Consent Form

The Tavistock and Portman NHS
NHS Foundation Trust

Participant Consent Form

Project Title: The experiences of pastoral support staff in primary schools working with children who are living with parents known to have mental health difficulties.

Please initial the statements below to indicate your agreement with them:

1. I have the read and understood the 'Participant Information Sheet' relating to the above research project and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information.	
2. I understand that my participation in this research is voluntary and know that I have the right to withdraw from the study without disadvantage to myself and without being obliged to give any reason, up to the point that my interview data is anonymised through the transcription process.	
3. I agree to taking part in an approximately 1-hour long individual interview with the researcher via a video conferencing platform (Zoom), and understand that video and audio data will be recorded. However, video data will be securely deleted immediately following the interview, with only the audio data being retained and stored on a password protected, encrypted electronic device. I have access to a quiet and private space where the interview can take place.	
4. I understand that my data will be anonymised, with any direct or indirect identifiers of myself or those I speak of being removed. I will use pseudonyms to replace children's names and will not reveal any identifying features of the children and families I speak about during the interview. It has been explained to me what will happen to the data once the research project has been completed.	
5. I am aware that due to the small sample size of this study, there may be limitations in the level of anonymity that can be afforded. I have also been informed that the confidentiality of information is subject to legal limitations and any disclosures regarding safeguarding concerns.	
6. I understand that the findings from this research project, including anonymised quotes, will form part of the researcher's thesis submission, and may also be disseminated in peer-reviewed journals, at conference presentations and through feedback to the Local Authority Educational Psychology Service. All participants will also be given the option to receive a written summary of the anonymised findings.	
7. I am willing to participate in this research.	

Participant Name (BLOCK CAPTIALS): ……

Participant Signature:..……..... Date….....

Researcher name:

Researcher Signature: Date….....

Appendix M

Interview Schedule

To begin, can I ask about your job role and responsibilities in terms of pastoral support in your school setting?

Opening question:

1. Can you tell me about a time you have worked with a child living with a parent who was known to have mental health difficulties? *(see possible prompts below)*

Possible further questions if areas of interest are not raised by the participant:

2. What was your experience of coming to know about this child?
How did you find out about their parent's mental health difficulties? How did you respond to having this information? What was that like for you? What did you do?

3. In what ways did you support this child?
What did you do? What did others do? Who else was involved? Did anyone support you?

4. Can you tell me about any challenges / barriers you have experienced when working with this child?
What was difficult? Did anything help with that?

5. Was there anything that you experienced to be helpful when working with this child?
What did you find useful? What went well? What did you learn from this experience? Is there anything that would help you in your role if you were to experience this again?

Possible prompts to elicit rich and detailed responses may include:

Can you say anymore...
Can you give me an example...
What do you mean by…
What was that like for you…
What impact did you notice this having on you…
What did that look like...
How did that feel...
What did you do...

Ending question:

Is there anything else that we haven't spoken about in relation to this experience that you would like to add?

Appendix N

Initial Noting and Development of Emergent Themes for 'Gina'

Initial Exploratory Comments (Descriptive, Linguistic, Conceptual)	Line No.	Transcript (R = Researcher, G = Gina)	Emergent Themes
	…	[…….]	…
	25	*R: Great, perfect, that's helpful just to get a bit of a*	
	26	*context of your role. So I was wondering, yeah if you*	
	27	*could tell me about a time that you have worked with a*	
	28	*child living with a parent who was known to have mental*	
	29	*health difficulties?*	
	30	G: Erm...I have a family at the moment that I'm working	2. Empathy for parent
	31	with, who erm...the mother, erm, she was subject to	(30-33)
Described history of abuse and the impact that has on	32	quite a bit of emotional abuse, erm [*cough*] and because	
parent's mental health. Idea that the case is '*open*' to lots of	33	of that, it took a toll on her mental health and, you know,	3. Part of multi-agency
services – wonder if it feels like parent is open to this	34	she's been...open to...erm...to social services and she's	network (34-35)
herself, or how effortful it may be to stay involved?	35	been open to my safeguarding team and it's had a direct	
	36	impact on her children. Erm, so I know that the mother,	4. Direct impact of
'*it's had a direct impact on her children*' – statement said	37	she is erm, she, she is anxious and she's taking	parental MH on child
with element of certainty. Has this been very obvious or is	38	depression medication and...I mean the direct impact	(35-39, 61-63)
this her own belief? Draws a conclusion about this link.	39	that it's had on her children is massive, you know, I only	
	40	came last year but the difference between the children	5. Empathy for child (41-
'*direct impact*' '*massive*' '*the difference*' '*huge*' – repetition	41	last year and this year has been huge. Erm, I have one of	52)
of the impact she thinks this has had on the children.	42	the boys, erm, the eldest who just had a complete	
	43	breakdown in school and he, he, he said all of the things	
Describes emotional impact on child. Vivid depictions of this	44	that you know takes quite a long time to kind of build a	
'*complete breakdown*' '*tears*' '*harming himself*' – wonder	45	relationship with the child for them to open up but he	
how equipped she feels to deal with this in the moment.	46	said it just straight away and he said you know "I'm too	
	47	young to be dealing with all of this stuff", you know, "I	
	48	feel that, erm, every day I have to deal with my Mum's	
	49	problems and then my Dad's problems and I have to be	

Notes that he was quick to open up to adults around him. Not much focus on any role she may have had in enabling this to happen? Curious about how this young boy was able to articulate his difficulties, feels very grown up? Wonder how much of this is her interpretation of his situation. Empathy for child. Difficulties of trying to get help to support children's resulting SEMH/CAMHS needs. '*so high*' '*so many children*' – are the extremities of this situation a reality? '*a battle*' to access support – language of having to fight for this. School then left to provide support instead. '*to just…*' – sense that this isn't enough but all they can do? Children *presenting* as needing extra support – wonder what this word means…school feeling on the receiving end. Recalls parent feeling overwhelmed and unable to cope. Empathy for child's experience of this - '*massive*' Begins to think about what this may mean for them having to come into school – impact on learning implied? A burden for them having to 'deal' with this? Carry it with them. Sympathy vs. empathy – admits it is hard to comprehend, hard to relate to. '*never*' '*remotely similar*' – wonder how much there is a sense of distancing herself from this experience, or is actually quite extreme? [*laugh*] suggests it is hard to talk about? '*I try*' yet difficult. Emotional impact of this work on her.	50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82	in the middle" and you know, he had a, he had a complete, you know, breakdown, tears...erm, at one point, he started harming himself, erm...and one of the sa', the saddest things I feel is that, trying to get help, erm, in [LA] is very difficult. The threshold is so high and there are so many children that have such high needs in terms of you know SEMH, erm, and so...getting CAMHS involved is a battle in itself, erm, and so we've had to do a lot of, erm, kind of in-school interventions and therapeutic work to just...really help this child and, and actually these children and, erm, and across the board, all four siblings, you know they, they present as children that really do need, erm, extra support because of their parents, you know, Mum, Mum has said that, you know... at one point I was in a meeting and Mum said, [……. …… …… ……] Erm, and for a child to have to deal with that is massive, erm...[*cough*]. And then to have to come into school and deal with that as well is just...it's beyond anything that I could comprehend, erm [*laugh*], it's quite difficult to relate to things like that because I've not had to, you know, I've never gone through anything...remotely similar, erm, I can empathise but, sometimes I sit there and I try and put myself into that child's shoes and I really...I find it difficult, you know, what they're going through. *R*: *Mm. I was gonna ask if you could maybe say a little bit more about that in terms of I guess, yeah, how you experience being in that role, some of the impact that that has on you, some of the feelings that it brings up for you?*	7. Battling to get support for child (52-57) 8. Stepping in to fill the gap (56-59) 9. Dealing with crises (64-67) 5. Empathy for child (68-71) 10. Pressure to understand is overwhelming (70-77)

Effort to not let herself get caught up in these situations. Repetition of '*I try*'. Sadness of these situations. Empathy also from cultural understanding – identifies with this family and views they hold? Wonder if she is also from this culture? Own coping mechanisms. Needing to put own feelings to the side so can support child. When does she have space for her own emotions too? Feeling alone in her role, like she is having to take on more than others are expected to without supervision. Reference to my role as an EP – wonder why she has said this? '*so many*' '*day in day out*' – again, extremities of this Repeats how important it would be for *her*, in *her* role. Reference to meeting with others in a similar position, being new in role. Find some comfort in this? She's not the only one who feels unprepared for dealing with this high level of need.	83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115	G: I mean, I try, I try really hard not to...[*cough*] get so affected by it. Erm, when that particular child had his breakdown, I was so sad, I, it was, it was one of the saddest things to experience erm, particularly as he's in Year […] and he's an older child, and for him, […… …… …… …] to have that breakdown, you know, it was a big deal for him [*cough*], and I just, I, you really do have to sometimes just put your emotions to the side for a second so that you can deal with that child...Erm...but yeah, I mean it is, it is difficult. And I've always said, you know, the SENCO role, you know, is, is one of those roles that...should come with...supervision, I mean [*laugh*], erm, psychologists [*cough*]...they deal with similar things, Ed Psychs deal with similar things and, you know, in those roles you have to have supervision. I just feel that I've talked to so many...SENCO that hear these stories day in day out, and I just think that, you know, *more*, in terms of, of that...I think would be very useful for people in this role. Erm...and I mean I was in erm, the new SENCOS, erm...err, networking meeting and I just saw so many new faces and I just thought to myself, my goodness, you know this is one of those roles that you really...you can't, you almost can't prepare yourself for it because you come straight from teaching and then, you know, teaching you have your 30 kids, you *might* have one or two children with SEMH, erm, needs...and then you take on a SENCO role and it's just full on [*laugh*]. It's erm, it's, i', it's, it's intense. So erm, but I love it, I mean I wouldn't do anything else [*laugh*]. *R: Cool, okay. I was just going to ask a bit about your experiences of, I guess with this family in particular,*	11. Attempts to deny emotional impact (83-86) 12. Identify with child through shared cultural background (87-91) 13. Own emotional needs become secondary (91-93) 14. Desire for own emotional support (94-103) 15. Relentless nature of work (100-101) 16. Unprepared for this role (106-112)

Quick to offer assurance of her love for this work after expression of difficulties. Hard to sit with? Defence?	116 117 118	*coming to know about them, about some of the difficulties they were facing erm, I guess in terms of yeah, the parents' mental health?*	
Hesitation – where to begin?	119 120 121 122 123 124	G: Right, erm, so this family, erm, I was I, erm, I came into this school last year and the erm, the DSL [NAME] was leaving, so I got put on the DSL training and that was the case that was given over to me. Erm, this particular parent, the reason why we bonded is because, erm, I was learning [LANGUAGE] and she was [ETHNICITY] [……	17. Looking for reasons to bond (122-124)
Immediate connection with family's cultural background. This helped them to bond, '*the reason why*' – wonder how hard it may have been to relate and bond with them if not?	125 126 127 128 129 130 131 132 133 134 135 136	…… …… …… …… …… …… …… …… …… …… …… ……	18. Shocked by family circumstances (124-126)
Describes emotionally abusive situation and the long-term impact mother expressed this having on her mental health. Empathy for mother – speaks of her in a positive way. Creates sense of the relationship they have formed. Impact on children see from her perspective, e.g. attendance – '*to the point where…*' suggest direct impact on	137 138 139 140 141 142 143 144 145 146 147 148	……], and it really took a toll for her, erm, you know, she's such a resilient woman but you can really see the anxiety and depression really affects her life. Erm, she, she struggles to the point where you know she can't bring her children in, […… …… …… …… …… …… ……	2. Empathy for parent (136-140, 150-153) 19. Perceived impact on parenting capacity (140-141)

them. Quite detailed account of this family's history – very involved and caught up in this situation? Impact for her role with Mum now being seen independent of children being there. Support offered ends up being at whole-family level. '*I've never seen anything quite like it*' '*always*' '*constantly*' – shock of this situation, extreme. Again, see empathy for Mum in this situation. '*because of it*' – direct link being suggested Impact on children seen – fear. In the midst of hardship, relationship has developed. Come back again to this strong relationship she has with this family – feels very involved with them. Too involved, too much ownership/responsibility for them all? Questions understanding of others around mental health – other members/families of school community. Having to step up to defend this family against accusations of others.	149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181	……] And it took such a huge emotional toll on Mum, she was...you know, I've never seen anything quite like it, she was just always in tears and, and till now it really does affect her, you know, she's always paranoid with, you know, constantly looking around seeing who's there, erm…and I mean…because of it, her children are very similar you know, the, the, the young boy has...erm, sorry the, the younger brother who's in Year...[…] erm, he has dreams of people kidnapping him. […… …… …… …… ……] Erm, so I mean it's had a huge impact on these children, erm...but in the midst of it all I suppose I've de', I've developed quite a, a good relationship with that family. One, one of the things I find sad is I suppose about this, all is, that, not everybody understands...how mental health works and, you know, erm...that outside factors can really have an effect on things like behaviour and so, this family has been labelled as the troublesome family, you know, erm all of the children have been labelled as the children that, you know, their behaviour is wild the wild children. Erm...you know, there've been petitions going round and...all sorts where they want the children to leave and they want them to go to...different school and it's...it is just not the way forward and, and you can promote mental health and you can try and work with families but ultimately, you can't change...well you can, but...it's really changing the culture isn't it of, how people approach...things like mental health and, and why children are…because children aren't inherently... naughty, they don't, they're not always just naughty	20. Children caught up in situation (152-155) 21. Efforts taken to build relationships (163-164) 22. Advocating for better understanding of MH (165-169) 23. Huge task of creating change in community (175-182)

Helpless in trying to change the culture around MH. Try to promote, try to work with *but* can change things. Referenced in context of how child's mental health and resulting behaviour is approach, acknowledging the impact this parent's difficulties have had on her children. Fighting for shared understanding of this family. [*laugh*] again, recognise discomfort in this. Support for parent – being alongside them in meetings, accessing external support services. An advocate? '*depends on the school*' '*guide her through*' – restates the good relationship she and the staff have with this family. Wonder whether she is overinsistent on this? All staff go '*above and beyond*' Why does she want to be sure that I know this? Alternatively, genuinely has been on journey with them through this time. Goes beyond practical support of programmes or appointments – a need to be 'available' and 'helpful'.	182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214	children, erm, and it's really difficult explaining that to parents who come into contact with that family, erm, and that has a huge effect on the Mum and you can see that she just...dreads coming into school, she drops her children literally as far as she possibly can [*laugh*] and legs it, erm, and it's not helping her anxiety and it's not helping her children's self-esteem at all. *R: Hmm, I wondered if you could say a little bit more about your experiences of working with her and trying to, kind of build that relationship that you spoke about?* G: Yeah so we tried, erm, quite a few things I mean I've been in...I've been in every single one of her, erm... meetings with her social worker, erm, and we've been trying to get her like help via the early help team and then, you know other outreach...erm, programmes and because she's quite shy, erm a lot of, she depends a lot on the school to kind of just guide her through those, those things. Erm...so I mean, I suppose the school does, they have, we have a real, we have a really good relationship with that family and, I'd say that every single member of staff...erm, in the SLT goes above and beyond in terms of the help that's offered, because it is not just you know okay we'll put you on this programme, erm, actually, erm, whether or not it's myself or the other Deputy Head, etc., we all make sure that you know, erm, we're available during those meetings and we're helping her with solutions, erm. Down to things like, erm, Doctors' appointments and, erm, CAMHS referrals and, an', an', explaining, you know, erm...any sort of paperwork that's come through to her, so we've had, we, we have been having a lot of contact with that parent and with just pushing to kind of get her as much help as possible.	24. Frustration with others' lack of understanding (175, 182-188) 25. Demand to always be available (193-199) 26. Being depended on (197-199) 27. Determination to support families (199-203) 28. Responsibility to solve situations (205-208, 212-214)

'Helping her with solutions' 'pushing' – feels like a big responsibility to take on? A battle they are facing alone. Hard to put boundaries on her role. Not what she signed up to? Feeling '*very stretched*' – laugh again in admitting difficulties. *'many hats'* – trying to be lots of different things for lots of different people. Trying to fit this into her schedule – wonder how hard it is to prioritise work – high demands of this work and role, being there for child and parent. Impact seen on child's MH in school. Hard, and hard to coordinate support for all – impact is on her being tired. [*laugh*] x2, and quick to assert again how she loves this job. What purpose does this serve? Hard to sit with…	215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247	*R: Great. I wonder if you could say a little bit about the impact that that has on you in your role and how you experience that? I guess some of maybe the feelings that come up in trying to coordinate that response?* G: Erm...it's i',...do you know, this, this role, I mean, you, you can't really put a boundary on it you know, you can, you...you know when people outline your jobs and responsibilities and you think okay that's it, erm, and then you have...cases like this and it...you really...you just feel very stretched [*laugh*] in this role. I feel like erm, I wear many hats, erm, whether or not that's, you know, helping teachers, parents, etc., and, and you've just got to somehow kind of fit it into your...into your schedule because, I mean, at the end of the day, her mental health has a direct impact on those children's mental health. Erm, and, and how they are in school, so...it's hard, [*laugh*] it's hard coordinating it, that's the simple answer [*laugh*]. Erm, it's difficult and, erm, you go home everyday tired, but, I do love my job, erm, so...yeah. *R: Great, thank you. I was just going to ask a little bit about, and you've touched on this already, but kind of the support that you have in place for children whose parents have got mental difficulties, I guess with this family in particular, the support that the school been able to put in place for those children?* G: Erm, what, what, so what we try and do is we try and make sure that we have, erm, interventions, etc., in place in school if, if we're waiting on, erm, referrals etc., because we're finding that referral times are... massive...erm, a year...if not more. Erm, so we have a Play Therapist in school, erm, all of my SEN TAs have been trained in drawing and talking, erm, we do a bit of CBT, Cognitive Behavioural Therapy. Erm, we have our	29. Difficulties maintaining role boundaries (219-224) 30. Feeling overwhelmed (223-227) 31. Responsibility for child's wellbeing (226-230) 32. High demands (230-232) 33. Coping mechanism – minimising difficulties (232-233) 8. Stepping in to fill the gap (240-244, 252-257) 34. Help not available (243-244)

Support for child – providing therapeutic interventions whilst waiting for referrals to go through. Need to step in to fill a gap. we '*try as much as we can*' – sense that others are not, school having to hold a lot whilst waiting for support from outside agencies. Left alone to do this. Acknowledgment that this work can't be done alone – needing to reach out to external agencies still whilst own school support in place – '*just*' in the interim Overwhelming sense of having to prioritise children's needs '*so many*' '*such…varying needs*' – focus on children of parents with MH lost in the midst of this. Wonder how hard it is to keep this group of children in mind? Comparison to child with Autism – interventions known to work, '*can almost…predict response*' – sense this is easier? Having to really think and plan how to support the numerous needs of this group – Harder to define? Harder to identify? Complexity of these cases…	248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280	[…] Ed Psych, erm, who works with children who really need it, erm...So we, we do kind of...we do see that as, and especially with Covid now, we see how... how many problems...there are in terms of you know, mental health and SEMH and we try as much as we can to kind of...help in school and in...whilst we're doing that kind of making sure that we're looking to outside agencies as well and making sure we put in all the correct paperwork, just so that in the interim there's something there available for those children. *R: Mm. And I guess, again, are you able to talk a little bit about, kind of your experiences of trying to get that support in place for these children?* G: Erm, it's been difficult you know and especially coordinating, erm...so like, caseloads almost erm, so, there are so *many* children with such...varying needs, erm, and...I suppose...when you have like a need like Autism, you can say, "Ok well, we'll put them on this intervention" and, o', okay, erm, you can almost, you can almost...predict a response to an intervention but with these you, you, you, you have to really think out how you're going to approach it [*laugh*] because there could be...*any*...you know, number of...different needs there. Erm, so what we try and do is, err and I'm, it's unfortunate, we, we kind of look at our children who have the most needs in terms of SEMH and mental health and we try and put them onto these interventions first, but we also then have, erm…you know...erm, not waiting lists, but our next load then, and we just make sure that we're getting as many children through these interventions and getting some therapeutic work in, just some time out to talk especially with erm, with somebody about...you know anything that they might be	35. Belief in therapeutic support (244-249) 36. Difficult to prioritise this group (261-263, 271-275) 37. Unsure what would help (264-270) 38. Conveyor belt of offering support (276-278)

Expresses unfortunate situation of support/needs being prioritised. Focus on getting as many children through interventions – wonder what the outcome data of this is? What is the focus here, who is measuring the effectiveness?	281 282 283 284 285 286 287 288	experiencing or at least a safe space where, if they want to, they can, erm...and like I said, in the interim we put through paperwork and make sure that we...telling everybody that this child has a need and, you know we're trying what', whatever we can in school, erm, but we really do need additional help so...erm, my experience of that has been...[*sigh*] it's difficult trying to get as many children, you know, as much therapeutic work as	39. Fighting to not be left alone (282-289)
The need to provide this 'safe' space where someone will listen. Restates that this is just in the '*interim*'. Continued efforts with paperwork, sharing understanding with other staff. Sense of relentless effort being put in and acknowledgment they can't do this alone – '*really do need*' additional help. [*sigh*] – sense of helplessness, defeat in this.	289 290 291 292 293 294 295 296 297 298 299	possible but...so far, we've been, we've do, we've done pretty well...I mean it hasn't helped that we've had to get rid of our […….. ……] [*laugh*] and that's you know, that's [*laugh*] that, that's a whole different...it's just so difficult isn't it because you think to yourself that the most difficult job is going to be...the actual...you know caseloads and dealing with children, but actually you have so many out' external just kind of factors like...[…… …… ……] [*laugh*]. And so you, you have to deal with	40. Helplessness (284-286) 41. Added complexities of staff relations (293-297)
Due to position of role in school – also having to deal with staffing issues alongside children's issues. Again relates to lack of boundaries? Supporting adults and children. After being in role for two years – she feels she has seen it all, no longer surprised. '*any problem*' '*never heard*' '*vast number of issues*' – this is a relatively short time…wonder how true this is? Is this a further example of a defence?	300 301 302 303 304 305 306 307 308 309 310 311 312 313	that kind of stuff as well, erm, very interesting role I must say. I've dealt with all s', I don't think anybody could ever...after, after being in his role for two years come to me...with any...problem, erm...and I don't think it would surprise me anymore. I don't think I'd be like, "Oh my God, I've never heard that one before [*laugh*]"...such a, a vast...number of issues [*laugh*] in this, yeah. *R: Great. Erm, and I was wondering if you could tell me a little bit about I guess like the specific challenges or barriers that you've experienced when working in particular with this family or with children whose parents have mental health difficulties?* G: CAMHS didn't say that they're, so we did a referral for all of the children...to CAMHS and they said that they	42. Needing to reassure self (301-306)

Feeling of rejection when children don't meet threshold of external agencies and being left alone with them. Not engaging with what school are presenting to them. Admits not being trained to put 'enough' in place for them. Staff team and resources she has are '*not qualified*'. Feelings of incompetence, feeling deskilled – not able to do enough of what these children really need. Relentless and ongoing effort to get support for these children. Frustration at wider system? Thresholds of LA. Corrects self '*the...child might be, you know the family might be*' – whole family involved in this, not just the child in need. '*discredits the mental health need*' – but also feeling discredited herself? '*you can deal with it*' vs. '*actually*' '*no*' Opposing views about what threshold for needing support is – a battle with them? External agency blamed as the barrier in terms of these children accessing help. Splitting of responsibility.	314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346	didn't meet threshold, erm, so in the interim, we have children that are going, like you know, they are, they are, they are, they are...they are really not engaging with *any* sort of work that we are presenting to them because they just *need* some therapeutic work they need somebody to, to really...have that input with them, and unfortunately we're just...we're just not trained enough to do that and we can put into place things like you know a [PROGRAMME] where we help to regulate emotions, etc., we can put into place some drawing and talking, but ultimately the job a therapist can do, my H', my HLTAs j', they just can't do it, they're not qualified to do it, and erm, it's one of those things that you know you, you put through paperwork and you...you kind of pull all, all of the...issues down and you, and you kind of evidence it all, and you say this is what's happening, and then CAMHS turns round and says, actually unfortunately you're in [LA] and the threshold is ye high so even though...the... child might be, you know the family might be going through turmoil, they don't meet threshold...And so it kinda just, it almost discredits the mental health need there then doesn't it, it's like well, you can deal with it, and actually we're saying to you, "No, we need extra support", erm...so it's been a huge issue, CAMHS has been a massive...barrier for us in terms of helping these children. *R: And I guess, just to ask a little bit about kind of the experience, the impact that that has on you and some of the feelings that that evokes in you?* G: Erm massive, massive erm...budgetary issues I suppose, erm, has, it, it has an impact on everything has an, an impact on timetables, staff that's available to deal with other children, staff available to deal with those	43. Feeling deskilled (318-325) 44. Frustration at lack of supporting systems (326-333) 45. Feeling unsupported (331-339)

Impact seen on school in terms of having to provide this support, e.g. budget, staffing, timetables, other children – not set up to do this? Have to make adjustments elsewhere to be able to. Describes systemic issues within school of accessing eternal support – a further barrier to overcome. '*shift in...in thinking, in culture*' – in how child's behaviour understood. Experiences role again in advocating for shared understanding of children.	347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379	children, erm, then it has an impact on staffing budgets because you're trying to pool staff to do, you know, the interventions that you really want to run, erm, but then... you're taking them from somewhere else...erm, it's been massive, I mean in our school we've had to...erm, set up a [GROUP]...erm...th', that was never there before an',... and our school is...it's quite…I don't know how to explain the school, it's, it's a diff', it's quite different because... this school was very insular, I don't know how to explain it, they didn't really let anybody in, they didn't really let anybody out, you know there weren't too many referrals, there wasn't much training going on […… …… ……], the first time we had it l', like, like, for example a [GROUP], the first time anybody ever came in to talk to the teachers about Autism, first time anybody talked about mental health, you know first time the teachers had ever heard of, you know [GROUPS] and, and it was one of those things that erm, the school was err, it was […… …… …… ……] nobody coming from outside to actually really show them that you know, this is, this is what teaching *should* look like [*laugh*] and these are the interv', interventions that *could* be in place. And so, there was a massive staffing issue I suppose in erm, there, that we really had to deal with a, a shift in...in thinking, in culture, you know there was a hu', a massive culture of just, "This child is naughty, move him on", you know, "Put them into a different group", "I don't want to deal with them", erm...	46. Faced with conflicting demands in arranging support (343-350) 22. Advocating for better understanding of MH (374-379)

Impact of providing additional support to children on her job and what she is able to do/achieve for others. Describes cycle of impact – parent on child, child on parent. '*really working with families*' – again, reiterates the whole family approach that is needed, unless helping both,	380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412	but i', i', i'...I mean CAMHS and outside agencies and, and that not working has really had a, a massive impact on how we've had to operate as a school. I mean that [GROUP], it's not perfect but you know, we've had to employ a teacher who then...you know sits with those children those seven, eight children who're really, really struggling with their behaviour because of mental health...erm...issues and needs, erm, and she just spends time with them through all of the transition periods. Erm, and, and in turn, that's had a *massive* effect on my, my SEN budget, what I'm, and then allowed to do in other areas as well. So yeah, huge implications [*laugh*]. *R: Definitely yeah. Erm, and I was just wondering in terms of, so families where the mental health difficulties are kind of known about the parents, kind of err maybe some of the specific barriers that might come up for that kind of work?* G: In terms…for the families? *R: Yeah, so in terms of your role and what you're able to support I guess, whether that's the family, whether that's the child. In terms of yeah parental mental health some of the barriers that might come up?* G: Well again, I mean erm, when you're dealing with parents and...you know...you're not able to he', help their children and, and the parent is having a direct impact on the child and the child is then having direct impact on the parent, it's frustrating because...you...you know that unless you're helping that parent and that child you know, nothing's going to move forward, erm... and I just suppose we've, we've really had to just pump resources into...really working with families, you know we have a whole safeguarding team, we're quite lucky as a [PROVISION], we have a really good safeguarding team	47. Need for whole-family approach (402-408, 422-425) 48. Feeling stuck (406-408, 418-419, 422-424)

nothing will move forwards. School really are taking on the responsibility for this? = feelings of frustration. School having to fund this, '*pump resources*' – sense that this isn't really solely their job to do? Resources not there for this reason. Roles understood in safeguarding, mental health, outreach for parents accessing the right services. Focus again here on the central role the school themselves play in needing to support parents. Primarily? Recognise limits to what school can provide – sometimes it has worked, sometimes it doesn't. '*downward spiral*' when no extra support – feels stuck, unending, getting worse? Describes again this cyclical picture of impact on parent, on child. '*unless we can help the children, we can't help the parents*' – responsibility for both, and for having an impact. Repeats feelings of frustration in her role – want to help both parents and child. Barrier expressed in terms of accessing parents – '*just wouldn't reach out*'. Focus on relationship school are able to build with parents – this is an enabling factor. Detrimental impact of not working with the parent = not being able to support the child in the way they would like.	413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445	who erm, deal with not only just the safeguarding side of things, but also you know, mental health and erm, outreach and just making sure that those parents have access to...the right services...erm, and occasionally that's worked really well, in terms of this family, erm, maybe not so well because, they...you know, I really do see a downward spiral with this family, erm...with no extra support, the children are, are really suffering and when the children suffer, Mum's anxiety is just…through the roof [*laugh*] erm, and so...I mean the difficulty has been, that unless we can help the children, we can't help the parents [*laugh*], that's what it is, they're so interconnected, erm...and, and it's frustrating as, as a SENCO because you really do wanna be able to tackle both and unfortunately sometimes you can't, you, you don't really have access to...those parents. I mean this particular parent, she has a good relationship with me, but I know so many other parents, for example, that just wouldn't reach out and I can see that there's something going on, and you know, I've alerted safeguarding, I've tried to put them onto interventions which they've agreed to, but ultimately if we're not kind of working with the parents...erm, and they're not *willing* for you to work with them...it's, it, it has a, it's detrimental for the child then isn't it, as it has a huge impact on them. Erm... that's been a massive issue I'd say, and because I'm, I'm new as well, erm, I wouldn't say that everybody is comfortable just saying, "Okay [NAME], I need this help" or, you know, "I, I, I'd really like erm, for you to help me in this [*laugh*] area", for example, so yeah. *R: And I think you mentioned some of that frustration of erm, other services not being there and I guess the school having to pick up some of those things. Can you say any*	49. Weight of responsibility (409-410) 27. Determination to support families (412-416) 50. Limited success (416-418) 1. Complexity of family situations (422-425) 40. Helplessness (422-427) 51. Difficulties engaging with parents (427-431, 434-437) 52. Barriers to connecting with parents (438-442)

Recognition that this relationship building happens over time – *'I'm new'* Repetition of frustration and [*laugh*] – hard being asked to keep repeating this, or own discomfort in this? *'not hopelessness <u>but</u> erm…'* – hard to admit this, but can feel like this? Defeated, deflated sense of self – came into role with optimism and being able to make a difference, wider systemic barriers prevent this. *'you learn very fast'* *'exhausted'* – does feel hopeless, as hard as that is to admit? Does everything she can but powerless over what external agencies are doing…powerless to make the change she wants to see? Wonder how she takes this on herself – is this placed solely within external agencies, easier to split it off there? Or does this also impact her sense of competence?	446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 466 465 467 468 469 470 471 472 473 474 475 476 477 478	*more about kind of those, those feelings that that evokes in you?* G: Frustration [*laugh*]. The massive, the massive overriding feeling is frustration and...not hopelessness but erm...when I first came into this role, you know you kind of come in thinking that you can almost conquer all, then if you do the right paperwork, the right outcome will happen and you, you learn very fast that that's not what happens. Erm, and you can do paperwork till you're exhausted but it won't necessarily mean...that...anything is going to happen. Erm, and I suppose the most frustrating thing is that you can manage your own time and you can manage your school's time and you can manage...you know things that *you* have control over but you can't [*laugh*] manage the external agencies. And if I could just say to them, you know "This, if this is the allocated budget for this school. Please can you make sure you see X, Y, and Z", erm, unfortunately I don't have that power [*laugh*] and that's frustrating. *R: Yeah.* *Erm, I guess is there anything that you think would be helpful in your role erm, in supporting families and children whose parents have got mental health difficulties?* G: Access to CAMHS. Erm, my, my having access to the therapist at CAMHS you know, not even just, erm…to use them just to consult you know, erm, especially when they're, when they're...you know when you put through paperwork, I feel like, and I've been on those SEN panels where you put through EHCP paperwork for example, when they, they make a decision like this, you know it's a 30 second "yes or no". Erm, and if I, if, if there was a process where you could really just talk *with* CAMHS, or	53. Hard to admit difficulties (448-450) 54. Feeling defeated (450-454) 15. Relentless nature of work (454-456) 55. Powerless to make change (456-460) 56. Wish to work more collaboratively (470-472…477-482)

Additional support needed – first answer is the external agency. If only they did X, things would be better? A lot of hope located within them. Acknowledge this support needed not just for child to access, but also for her to consult with. Would value being able to talk with them. Sense that this work is not joined up, disjointed and impersonal. Experiences of being written off, disregarded, discredited. Not worth the effort? Frustration. Taught patience and empathy. Sense that this is learnt and comes with time. Reflects on developments she has seen in herself.	479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511	you could just...say to them, look these are the issues and I really don't think that you've taken into consideration "X" or, even just you know, could you just talk me through "Y", because it's, it's so frustrating that you make a referral to CAMHS and then...if it's a 'no', it's almost like a proforma that they've readily, you kn', that they have readily available when it's, it's like everybody has the same response, "Please go and see the early help team" [*laugh*], erm, and it's so frustrating because you think to yourself, you know, I've just outlined that this child is self-harming, I've just outlined...all of this and you're saying to me, "Go and see the earl', early help team", it's, it's erm, it's not, it's not erm…it's not ideal… yeah. *R: Yeah. I wondered just in terms of I guess your experience of working with parents with mental health and their children, maybe some of the things that you've learnt from being in that role?* G: Patience [*laugh*], lots of patience. Erm...I suppose it, it teaches you to put yourself into those parents' shoes and...it just...I don't know, you learn a lot of empathy and you learn, you learn to just...be a g', I'd say that I was a really bad listener before I started doing this job, but actually now that I have started doing this [*laugh*] you have to just listen, sometimes that's all parents want. They just want you to listen, and erm, and, and once you've done that...it...it almost it's, it's half of the problem for them, you know, just sharing it. Erm, so far I think I've learned to...to...depend on myself and my team actually more, more so than anything. Erm [LA] as good as the [LA] is, I feel like in areas they are really, really lacking and I'm sure it's the same in other [LA] too, and it's been, it's been...a huge eye opener...erm, for me...	57. Feelings of being written off (482-491) 58. Desperation (487-491) 2. Empathy for parent (497-506) 26. Being depended on (502-506)

'you have to just listen, sometimes that's all parents want' – gives herself to this work and to these families. Feels needed by these parents, providing something for them. Building relationships – progress seen in sharing the problem.	512 513 514 515 516 517 518 519 520 521 522 523	with my, this being my first, you know, proper SENCO role, erm, that actually, you need to coordinate more... erm, and depend less almost...on outside agencies because they just simply don't have...you know either the funding or you know the, the manpower behind them, and by the time somebody gets back to you that child has either left [*laugh*], or they've gotten to a point where they're getting excluded, or...you know erm…so it really has been about just...developing a team around me that's good. *R: Mm. And I wonder if you could say a little bit about what support that team, that team can provide?*	59. Forced to be reliant on self (506-514) 60. The need to feel part of a team (519-521)
Learnt to depend on self – can't rely on others and external support being available. With staff team, feels very alone in this. Taking up responsibility and ownership – *'coordinate more…depend less'*. Strength from team found within hopelessness. Support network from own team. Lots of praise for them and the support they have shown for her initiatives. Need to hold on to them, as alternative really is being alone?	524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544	G: My team is erm, amazing. I love, I love my team. Erm...they...they...you know, my team have listened to everything that I've said thus far you know in terms of... erm...you know creating that [GROUP]...it was something that my Head Teacher was, we really do need to get into place, and, and it happened straight away and getting that, that training in place etc., erm, in terms of creating...erm, a, almost a [PROVISION] because...our EHCP children were on waiting lists for special schools and so, training up teachers, erm, sorry HLTAs to then run that, they have been...amazing, erm...in just...making sure things run smoothly, even when things are not running so smoothly [*laugh*] in the background, erm, so yeah they've been amazing. *R: Mm, great. Erm, and I wondered if there was anything else that you thought in terms of work with parents with mental health difficulties, and I know you said kind of having those external agencies erm, kind of working better together, erm, is something that would help. I wondered if there was, yeah, anything else that you, you would find helpful?*	

	545	G: Working with those parents?...erm...[*sigh*]...I think...I	
	546	think just communicating with parents, just err, opening	61. Responsible for
	547	yourself up so that it's...if there is...an issue that they	building relationships
	548	might not have talked to you about that they're	with parents (545-549)
	549	comfortable talking to you about, erm...I try my best to	
	550	do that but I know that, you know, there are many	
	551	schools out there that...might miss them. You know, I've	
	552	had lots of children that have come into this school and	
	553	sai', and have said that, "Oh, you know, nobody ever	
...erm...[sigh]...I think... – toll of reflecting on this work, tiring? Helpless? Stuck?	554	really asked us about this until now", and then you find	62. Pressure not to miss
	555	that there's a huge cluster of just...needs and issues and	things (551-559)
	556	just things going on at home and, and, and...huge mental	
	557	health issues to do with parents, etc., and until you've...	
Highlights importance again of relationship building – onus on her to do this, e.g. communicating, opening self up, making parents feel comfortable to share.	558	had those conversations, that doesn't really...that, d',	
	559	doesn't present itself and I think we're quite good in this	
	560	school, in that the Deputy Head, he's quite, he's quite	
	561	outgoing and he likes to talk to people and the Head	
	562	Teacher, he's quite chatty and he likes to do that, so	
	563	everybody is quite...hands on and everybody really does	
Fear or worry of missing children's needs if not aware of home situations?	564	talk...erm...and we all make sure we're available in the	
	565	mornings, we all make sure that we're available after,	
	566	after school so if any parent wants to talk to us, we're	25. Demand to always be
	567	frontline and we're just always there and available.	available (563-569)
Sense that staff themselves need to take this on – need to be chatty, outgoing, hands on, available.	568	We're not behind a desk and we're not in offices [*laugh*],	
	569	so, we're there....for them.	
	570	*R: I just wondered if you were able to say just a little bit*	
Prides self on this – '*we're frontline and we're just always there and available*' – this is a high demand, but seen as necessary.	571	*of some of the feelings that you experience in that role in*	
	572	*terms of having to, yeah I guess be there for families?*	
	573	G: You know it, it ca', it ca', it depends on the day.	
	574	Sometimes it's amazing and you think, "Wow I love this,	
Also a sense that they are frontline as other services are not? Resentment that they are needing to be these people in these roles as other support is unavailable?	575	oh that parent's so lovely" and sometimes when that	
	576	parent's having a good old moan or, you know	
	577	something's not working out for them, then you can just,	

Polarity of experience – '*amazing*' 'so *lovely*' vs. '*draining*' Transference of parent's own emotions on how she experiences this work. These feelings are powerful.	578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594	it can be quite it can be draining, it can be, it can be quite difficult erm, listening to...you know, various problems. Erm...it's different on every day, I don't think you have the same feelings [*laugh*] every day, sometimes it's frustration, sometimes you think, "My gosh, you know, that's an angry parent" [*laugh*]. Erm, so it's different, yeah. *R: Mm, great. That's been really helpful thank you. I just wondered, if there was anything else that you, that we haven't talked about yet or that you feel is important to share about your work with families whose parents have mental health difficulties?* G: No, thus far no, I think, I mean if you have any questions afterwards that you didn't ask, erm, I'm happy to answer them via email etcetera, so, but no for now...no. R: *Great, perfect, I'm just gonna erm, stop the recording.*	63. Emotional demands draining (573-579)

Appendix O

Tables of Subordinate Themes for 'Gina'

1. Empathy for Complexity of Family Situations	
Emergent Theme	Key Quotes
1. Complexity of family situations	21-24: I'm also a Designated Safeguarding Lead so, I, erm, I deal with a lot of the mental health side, erm, you know families who are struggling with, with all of that as well, so yeah. 422-425: I mean the difficulty has been, that unless we can help the children, we can't help the parents [*laugh*], that's what it is, they're so interconnected
2. Empathy for parent	30-33: I have a family at the moment that I'm working with, who erm...the mother, erm, she was subject to quite a bit of emotional abuse, erm [*cough*] and because of that, it took a toll on her mental health 136-140: [….] it really took a toll for her, erm, you know, she's such a resilient woman but you can really see the anxiety and depression really affects her life. 150-153: I've never seen anything quite like it, she was just always in tears and, and till now it really does affect her, you know, she's always paranoid with, you know, constantly looking around seeing who's there 497-506: I suppose it, it teaches you to put yourself into those parents' shoes and...it just...I don't know, you learn a lot of empathy and you learn, you learn to just...be a g', I'd say that I was a really bad listener before I started doing this job, but actually now that I have started doing this [*laugh*] you have to just listen, sometimes that's all parents want. They just want you to listen, and erm, and, and once you've done that...it...it almost it's, it's half of the problem for them, you know, just sharing it
18. Shocked by family circumstances	124-126: it was err quite a horrific case […]
47. Need for whole-family approach	402-408: Well again, I mean erm, when you're dealing with parents and...you know...you're not able to he', help their children and, and the parent is having a direct impact on the child and the child is then having direct impact on the parent, it's frustrating because...you...you know that unless you're helping that parent and that child you know, nothing's going to move forward 422-425: I mean the difficulty has been, that unless we can help the children, we can't help the parents [*laugh*], that's what it is, they're so interconnected

2. Empathy for Child	
Emergent Theme	Key Quotes
4. Direct impact of parental MH on child	35-39: it's had a direct impact on her children. Erm, so I know that the mother, she is erm, she, she is anxious and she's taking depression medication and...I mean the direct impact that it's had on her children is massive 61-63: they present as children that really do need, erm, extra support because of their parents
5. Empathy for child	41-52: I have one of the boys, erm, the eldest who just had a complete breakdown in school and he, he, he said all of the things that you know takes quite a long time to kind of build a relationship with the child for them to open up but he said it just straight away and he said you know "I'm too young to be dealing with all of this stuff", you know, "I feel that, erm, every day I have to deal with my Mum's problems and then my Dad's problems and I have to be in the middle" and you know, he had a, he had a complete, you know, breakdown, tears...erm, at one point, he started harming himself 68-71: Erm, and for a child to have to deal with that is massive, erm...[*cough*]. And then to have to come into school and deal with that as well is just...it's beyond anything that I could comprehend
19. Perceived impact on parenting capacity	140-141: she struggles to the point where you know she can't bring her children in
20. Children caught up in situation	152-155: she's always paranoid with, you know, constantly looking around seeing who's there, erm...and I mean...because of it, her children are very similar
31. Responsibility for child's wellbeing	226-230: you've just got to somehow kind of fit it into your...into your schedule because, I mean, at the end of the day, her mental health has a direct impact on those children's mental health. Erm, and, and how they are in school

3. Advocating for Shared Understanding	
Emergent Theme	Key Quotes
22. Advocating for better understanding of MH	165-169: One, one of the things I find sad is I suppose about this, all is, that, not everybody understands...how mental health works and, you know, erm...that outside factors can really have an effect on things like behaviour and so, this family has been labelled as the troublesome family 374-379: there was a massive staffing issue I suppose in erm, there, that we really had to deal with a, a shift in...in thinking, in culture, you know there was a hu', a massive culture of just, "This child is naughty, move him on", you know, "Put them into a different group", "I don't want to deal with them"

23. Huge task of creating change in community	175-182: you can promote mental health and you can try and work with families but ultimately, you can't change...well you can, but...it's really changing the culture isn't it of, how people approach...things like mental health and, and why children are…because children aren't inherently... naughty, they don't, they're not always just naughty children
24. Frustration with others' lack of understanding	182-188: it's really difficult explaining that to parents who come into contact with that family, erm, and that has a huge effect on the Mum and you can see that she just...dreads coming into school, she drops her children literally as far as she possibly can [*laugh*] and legs it, erm, and it's not helping her anxiety and it's not helping her children's self-esteem at all.

4. Demand to be Available and Find Solutions	
Emergent Theme	Key Quotes
25. Demand to always be available	193-199: I've been in every single one of her, erm... meetings with her social worker, erm, and we've been trying to get her like help via the early help team and then, you know other outreach...erm, programmes and because she's quite shy, erm a lot of, she depends a lot on the school to kind of just guide her through those, those things. 563-569: everybody is quite...hands on and everybody really does talk...erm...and we all make sure we're available in the mornings, we all make sure that we're available after, after school so if any parent wants to talk to us, we're frontline and we're just always there and available. We're not behind a desk and we're not in offices [*laugh*], so, we're there....for them.
26. Being depended on	197-199: she depends a lot on the school to kind of just guide her through those, those things 502-506: you have to just listen, sometimes that's all parents want. They just want you to listen, and erm, and, and once you've done that...it...it almost it's, it's half of the problem for them, you know, just sharing it.
28. Responsibility to solve situations	205-208: whether or not it's myself or the other Deputy Head, etc., we all make sure that you know, erm, we're available during those meetings and we're helping her with solutions, erm 212-214: we have been having a lot of contact with that parent and with just pushing to kind of get her as much help as possible.
32. High demands	230-232: it's hard, [*laugh*] it's hard coordinating it, that's the simple answer [*laugh*]. Erm, it's difficult

5. Facilitators and Barriers to Bonding with Parents	
Emergent Theme	Key Quotes
12. Identify with child through shared cultural background	87-91: […] for him to have that breakdown, you know, it was a big deal for him
17. Looking for reasons to bond	122-124: this particular parent, the reason why we bonded is because, erm, I was learning [LANGUAGE] and she was [ETHNICITY]
27. Determination to support families	199-203: I suppose the school does, they have, we have a real, we have a really good relationship with that family and, I'd say that every single member of staff...erm, in the SLT goes above and beyond in terms of the help that's offered 412-416: we have a really good safeguarding team who erm, deal with not only just the safeguarding side of things, but also you know, mental health and erm, outreach and just making sure that those parents have access to...the right services...
21. Efforts taken to build relationships	163-164: in the midst of it all I suppose I've de', I've developed quite a, a good relationship with that family.
51. Difficulties engaging with parents	427-431: unfortunately sometimes you can't, you, you don't really have access to...those parents. I mean this particular parent, she has a good relationship with me, but I know so many other parents, for example, that just wouldn't reach out 434-437: ultimately if we're not kind of working with the parents...erm, and they're not *willing* for you to work with them...it's, it, it has a, it's detrimental for the child then isn't it, as it has a huge impact on them
52. Barriers to connecting with parents	438-442: because I'm, I'm new as well, erm, I wouldn't say that everybody is comfortable just saying, "Okay [NAME], I need this help" or, you know, "I, I, I'd really like erm, for you to help me in this [*laugh*] area", for example, so yeah.
61. Responsible for building relationships with parents	545-549: I think just communicating with parents, just err, opening yourself up so that it's...if there is...an issue that they might not have talked to you about that they're comfortable talking to you about

6. Difficulties Coping with Emotional Demands	
Emergent Theme	Key Quotes
10. Pressure to understand is overwhelming	70-77: it's beyond anything that I could comprehend, erm [*laugh*], it's quite difficult to relate to things like that because I've not had to, you know, I've never gone through anything...remotely similar, erm, I can empathise but, sometimes I sit there and I try and put myself into that child's shoes and I really...I find it difficult, you know, what they're going through.
11. Attempts to deny emotional impact	83-86: I mean, I try, I try really hard not to...[*cough*] get so affected by it. Erm, when that particular child had his breakdown, I was so sad, I, it was, it was one of the saddest things to experience
13. Own emotional needs become secondary	91-93: you really do have to sometimes just put your emotions to the side for a second so that you can do with that child
14. Desire for own emotional support	94-103: I've always said, you know, the SENCO role, you know, is, is one of those roles that...should come with...supervision, I mean [*laugh*], erm, psychologists [*cough*]...they deal with similar things, Ed Psychs deal with similar things and, you know, in those roles you have to have supervision. I just feel that I've talked to so many...SENCO that hear these stories day in day out, and I just think that, you know, *more*, in terms of, of that...I think would be very useful for people in this role.
33. Coping mechanism – minimising difficulties	232-233: Erm, it's difficult and, erm, you go home everyday tired
42. Needing to reassure self	301-306: I don't think anybody could ever...after, after being in his role for two years come to me...with any...problem, erm...and I don't think it would surprise me anymore. I don't think I'd be like, "Oh my God, I've never heard that one before [*laugh*]"...such a, a vast...number of issues [*laugh*] in this, yeah.
63. Emotional demands draining	573-579: You know it, it ca', it ca', it depends on the day. Sometimes it's amazing and you think, "Wow I love this, oh that parent's so lovely" and sometimes when that parent's having a good old moan or, you know something's not working out for them, then you can just, it can be quite it can be draining, it can be, it can be quite difficult erm, listening to...you know, various problems.

7. Overwhelming Responsibility	
Emergent Theme	Key Quotes
15. Relentless nature of work	100-101: I've talked to so many...SENCO that hear these stories day in day out 454-457: you can do paperwork till you're exhausted but it won't necessarily mean...that...anything is going to happen.

30. Feeling overwhelmed	224-227: I feel like erm, I wear many hats, erm, whether or not that's, you know, helping teachers, parents, etc., and, and you've just got to somehow kind of fit it into your...into your schedule
29. Difficulties maintaining role boundaries	219-224: Erm...it's i',...do you know, this, this role, I mean, you, you can't really put a boundary on it you know, you can, you...you know when people outline your jobs and responsibilities and you think okay that's it, erm, and then you have...cases like this and it...you really...you just feel very stretched [*laugh*] in this role
49. Weight of responsibility	409-410: I just suppose we've, we've really had to just pump resources into...really working with families
62. Pressure not to miss things	551-559: I've had lots of children that have come into this school and sai', and have said that, "Oh, you know, nobody ever really asked us about this until now", and then you find that there's a huge cluster of just...needs and issues and just things going on at home and, and, and...huge mental health issues to do with parents, etc., and until you've... had those conversations, that doesn't really...that, d', doesn't present itself

8. Battling for Additional Support	
Emergent Theme	Key Quotes
7. Battling to get support for child	52-57: one of the sa', the saddest things I feel is that, trying to get help, erm, in [LA] is very difficult. The threshold is so high and there are so many children that have such high needs in terms of you know SEMH, erm, and so...getting CAMHS involved is a battle in itself
8. Stepping in to fill the gap	56-59: getting CAMHS involved is a battle in itself, erm, and so we've had to do a lot of, erm, kind of in-school interventions and therapeutic work to just...really help this child 240-244: what we try and do is we try and make sure that we have, erm, interventions, etc., in place in school if, if we're waiting on, erm, referrals etc., because we're finding that referral times are...massive...erm, a year...if not more 252-257: we try as much as we can to kind of...help in school and in...whilst we're doing that kind of making sure that we're looking to outside agencies as well and making sure we put in all the correct paperwork, just so that in the interim there's something there available for those children.
39. Fighting to not be left alone	282-289: in the interim we put through paperwork and make sure that we...telling everybody that this child has a need and, you know we're trying what', whatever we can in school, erm, but we really do need additional help so...erm, my experience of that has been...[*sigh*] it's difficult trying to get as many children, you know, as much therapeutic work as possible

9. Feeling Alone	
Emergent Theme	Key Quotes
34. Help not available	243-244: we're finding that referral times are...massive...erm, a year...if not more.
44. Frustration at lack of supporting systems	326-333: it's one of those things that you know you, you put through paperwork and you...you kind of pull all, all of the...issues down and you, and you kind of evidence it all, and you say this is what's happening, and then CAMHS turns round and says, actually unfortunately you're in [LA] and the threshold is ye high so even though...the...child might be, you know the family might be going through turmoil, they don't meet threshold...
45. Feeling unsupported	331-339: the...child might be, you know the family might be going through turmoil, they don't meet threshold...And so it kinda just, it almost discredits the mental health need there then doesn't it, it's like well, you can deal with it, and actually we're saying to you, "No, we need extra support", erm...so it's been a huge issue, CAMHS has been a massive...barrier for us in terms of helping these children.
57. Feelings of being written off	482-491: it's so frustrating that you make a referral to CAMHS and then...if it's a 'no', it's almost like a proforma that they've readily, you kn', that they have readily available when it's, it's like everybody has the same response, "Please go and see the early help team" [*laugh*], erm, and it's so frustrating because you think to yourself, you know, I've just outlined that this child is self-harming, I've just outlined...all of this and you're saying to me, "Go and see the earl', early help team", it's, it's erm, it's not, it's not erm…it's not ideal…
59. Forced to be reliant on self	506-514: Erm, so far I think I've learned to...to...depend on myself and my team actually more, more so than anything. Erm [LA] as good as the [LA] is, I feel like in areas they are really, really lacking and I'm sure it's the same in other [LA] too, and it's been, it's been...a huge eye opener...erm, for me... with my, this being my first, you know, proper SENCO role, erm, that actually, you need to coordinate more... erm, and depend less almost...on outside agencies

10. Powerless to Make Change	
Emergent Theme	Key Quotes
48. Feeling stuck	406-408: it's frustrating because...you...you know that unless you're helping that parent and that child you know, nothing's going to move forward 418-419: I really do see a downward spiral with this family
54. Feeling defeated	450-454: you kind of come in thinking that you can almost conquer all, then if you do the right paperwork, the right outcome will happen and you, you learn very fast that that's not what happens.

55. Powerless to make change	456-460: I suppose the most frustrating thing is that you can manage your own time and you can manage your school's time and you can manage...you know things that *you* have control over but you can't [*laugh*] manage the external agencies
40. Helplessness	284-286: we're trying what', whatever we can in school, erm, but we really do need additional help 422-427: I mean the difficulty has been, that unless we can help the children, we can't help the parents [*laugh*], that's what it is, they're so interconnected, erm...and, and it's frustrating as, as a SENCO because you really do wanna be able to tackle both and unfortunately sometimes you can't
58. Desperation	487-491: it's so frustrating because you think to yourself, you know, I've just outlined that this child is self-harming, I've just outlined...all of this and you're saying to me, "Go and see the earl', early help team", it's, it's erm, it's not, it's not erm…it's not ideal…

11. Feeling Deskilled	
Emergent Theme	Key Quotes
16. Unprepared for this role	106-112: this is one of those roles that you really...you can't, you almost can't prepare yourself for it because you come straight from teaching and then, you know, teaching you have your 30 kids, you *might* have one or two children with SEMH, erm, needs...and then you take on a SENCO role and it's just full on [*laugh*]. It's erm, it's, i', it's, it's intense.
37. Unsure what would help	264-270: when you have like a need like Autism, you can say, "Ok well, we'll put them on this intervention" and, o', okay, erm, you can almost, you can almost...predict a response to an intervention but with these you, you, you, you have to really think out how you're going to approach it [*laugh*] because there could be...*any*...you know, number of...different needs there.
43. Feeling deskilled	318-325: they just *need* some therapeutic work they need somebody to, to really...have that input with them, and unfortunately we're just...we're just not trained enough to do that and we can put into place things like you know a [PROGRAMME] where we help to regulate emotions, etc., we can put into place some drawing and talking, but ultimately the job a therapist can do, my H', my HLTAs j', they just can't do it, they're not qualified to do it
53. Hard to admit difficulties	448-450: Frustration [*laugh*]. The massive, the massive overriding feeling is frustration and...not hopelessness but erm...

12. Desire for Collaboration	
Emergent Theme	Key Quotes
3. Part of multi-agency network	34-35: she's been...open to...erm...to social services and she's been open to my safeguarding team
56. Wish to work more collaboratively	470-472…477-482: Erm, my, my having access to the therapist at CAMHS you know, not even just, erm…to use them just to consult you know…if there was a process where you could really just talk *with* CAMHS, or you could just...say to them, look these are the issues and I really don't think that you've taken into consideration "X" or, even just you know, could you just talk me through "Y"
60. The need to feel part of a team	519-521: it really has been about just...developing a team around me that's good.

Emergent Themes Not Included:

9. Dealing with crises (64-67)
35. Belief in therapeutic support (244-249)
36. Difficult to prioritise this group (261-263, 271-275)
38. Conveyor belt of offering support (276-278)
41. Added complexities of staff relations (293-297)
46. Faced with conflicting demands in arranging support (343-350)
50. Limited success (416-418)

Appendix P

Superordinate Themes Developed Across the Data Set

Key for Subordinate Themes:

Angela Brenda Claire Dawn Elaine Fiona Gina Helen

WEIGHT OF RESPONSBILITY

3. Demand to be Available
5. Feeling on the Frontline
6. Pressure to Fix the Situation
6. Role in Prioritising the Child
6. Weight of Responsibility
8. The Pressure of Responsibility
4. Demand to be Available and Find Solutions
5. Weight of Responsibility

COMPELLED TO PROVIDE SAFETY

7. Compelled to Provide Safety and Advocacy
13. Role in Arranging Support
4. Necessity of a Pastoral Role
8. Empathy from Personal Experiences
11. Performing a Parenting Role
11. Compelled to Look After Children
2. Empathy for Child's Wellbeing
5. Needing to Play a Maternal Role
2. Empathy for Child
4. Driven to Provide Safety and Comfort

OVERWHELMING DEMANDS

9. Pressures in Coordinating and Prioritising Support
3. Pressures to Respond Amongst Complexity
5. Tension in Attempts to Provide Holistic Support
3. Wasted Effort
10. Competing Demands
13. Conflicting Demands of the Role
13. Overwhelming Task of Coordinating Support
7. Overwhelming Responsibility
3. Unpredictability
10. Unmanageable Demands

EFFORTS TO BUILD TRUST

14. Efforts to Build Relationships with Parents
6. Efforts to Build Relationships with Parents
10. Supporting Through Trusting Relationships
2. Providing Containment for Parents
6. Journeying with Families
2. Empathy for Family's Situation
9. Challenge to Connect with Parents
12. Attempting to Build Trust
1. Empathy for Complexity of Family Situations
5. Facilitators and Barriers to Bonding with Parents
2. Attempts to Establish Trust

CHALLENGES WORKING WITH PARENTS

13. Challenges and Rewards of Working with Parents
4. Barriers to Moving Forwards
12. Working Hard to Support Parents
5. Parents as Barriers
4. Barriers of Parental Cooperation
6. Difficulties Knowing How to Support Mum
1. Challenges Working with Parents

FIGHTING ALONE

2. Frustrations Accessing External Support
11. Fighting to Fill the Gaps
2. Fighting Alone
5. Fighting Alone
8. Fighting Alone
10. Barriers to Sharing the Burden
8. Battling for Additional Support
9. Feeling Alone

Key for Subordinate Themes:

Angela Brenda Claire Dawn Elaine Fiona Gina Helen

HOPELESS AND POWERLESS

11. Feelings of Uncertainty and Incompetence
9. Feelings of Getting it Right vs. Lacking Expertise
5. Not Knowing What to Do
9. Wanting to Do Enough, Wanting to Be Enough
3. Feeling Powerless
4. Feeling Hopeless
7. Feeling Deskilled
11. Stuck and Hopeless
10. Powerless to Make Change
11. Feeling Deskilled
7. Fear of Failing
9. Feeling Powerless
13. Lack of Expertise
14. Lack of Confidence

UNCONTAINED EMOTIONS

1. Negative Emotional Impact
2. Threats to Feelings of Control and Safety
10. Negative Emotional Experiences in Role
1. Negative Emotional Impact
7. Negative Emotional Experiences
7. Negative Emotional Impact
9. Worry
6. Difficulties Coping with Emotional Demands
12. Uncontained Worries
15. Emotional Demands

PERCEIVED IMPACT ON CHILDREN

4. Perceived Negative Impact of Parent Behaviour
8. Attempts to Identify Impact on the Child
9. Impact on the Child Seen in School
14. Challenging Assumptions
1. Negative Impact on Child's Learning

NEED FOR COPING STRATEGIES

10. Personal Coping Strategies
12. The Need for Multi-agency Support
4. Supportive Factors in Role
7. Challenges and Successes of Multi-agency Working
11. Needing Support for Ourselves
12. What I Need
10. Relief in Sharing the Burden
14. Needing Ways to Help Myself
12. Desire for Collaboration
6. Needing to Share the Burden

ADVOCATING FOR A SHARED UNDERSTANDING

8. Attempting to Build an Understanding
1. Staff Team Working in Different Roles
7. Attempting to Understand Parental Mental Health
8. Limited Information Sharing
1. Advocating for a Better Understanding of MH
3. Caught in the Middle
13. Motivated by Personal Beliefs
1. Discovering What's Really Going On
12. The Enabling Value of Knowledge and Time
3. Ongoing Efforts to Understand
3. Advocating for Shared Understanding
8. Discomfort of Mental Health
11. Fighting for Shared Understanding

Appendix Q

Table of Theme Recurrence

Superordinate Themes	Angela	Brenda	Claire	Dawn	Elaine	Fiona	Gina	Helen	**Presence in Sample**
Perceived Impact on Children	✓	✓	✓	✓		✓			62.5%
Compelled to Provide Safety	✓		✓	✓	✓	✓	✓	✓	87.5%
Advocating for a Shared Understanding	✓	✓	✓	✓	✓	✓	✓	✓	100%
Challenges Working with Parents	✓		✓		✓	✓		✓	62.5%
Efforts to Build Trust	✓	✓	✓	✓	✓	✓	✓	✓	100%
Weight of Responsibility	✓		✓		✓	✓	✓	✓	75%
Overwhelming Demands	✓	✓	✓	✓	✓	✓	✓	✓	100%
Hopeless and Powerless	✓	✓	✓	✓	✓	✓	✓	✓	100%
Uncontained Emotions	✓	✓	✓	✓	✓	✓	✓	✓	100%
Fighting Alone		✓	✓	✓	✓	✓	✓		75%
Need for Coping Strategies	✓	✓	✓	✓	✓		✓	✓	87.5%

Appendix R

Key for Participants:

Angela Brenda Claire Dawn
Elaine Fiona Gina Helen

Master Table of Themes

Overarching Themes	Superordinate Themes	Subordinate Themes	Emergent Themes
1. Compelled to Care	Perceived Impact on Children	4. Perceived Negative Impact of Parent Behaviour	8. Addressing the cause of behaviour / 11. Causes lie with parent / 18. Involved when more serious / 95. Parenting capacity
		8. Attempts to Identify Impact on the Child	41. Empathy for child / 49. Responsibility for child's wellbeing / 62. Role in trying to arrange for supportive attachment relationships / 69. Need to empower
		9. Impact on the Child Seen in School	13. Impact seen in school / 20. Impact links to parent behaviour / 21. Impact on child – emotional / 19. Impact on child – learning / 38. Disproportionate struggles for these children / 60. Priority of learning
		14. Challenging Assumptions	13. Impact on child's behaviour / 26. Challenge to not make assumptions / 42. Pressure to identify these children / 54. Perceived impact on learning
		1. Negative Impact on Child's Learning	1. Concerns about learning / 4. Question parenting / 6. Difficulties assessing child's needs / 18. Impact for child's learning
	Compelled to Provide Safety	7. Compelled to Provide Safety and Advocacy	41. Empathy for child / 49. Responsibility for child's wellbeing 62. Role in trying to arrange for supportive attachment relationships / 69. Need to empower
		13. Role in Arranging Support	35. Desire to help child / 59. Supporting the child / 61. Emotional support from external agencies / 64. Attempts to categorise need
		4. Necessity of a Pastoral Role	27. Giving space to children / 53. Supporting children – pastoral care / 54. Empathy for the child / 60. Offering individualised support / 63. Home-school boundaries / 65. Holding children in mind
		8. Empathy from Personal Experiences	20. Value of personal experiences / 21. Empathy from own experiences / 48. Value in sharing personal experiences / 69. Personal significance / 79. Intrusion of personal experiences
		11. Performing a Parenting Role	12. Perception of parenting capacity / 14. Performing a maternal role / 66. Needing to parent the parents
		11. Compelled to Look After Children	26. Offering support / 31. Sense children are helpless / 52. A caring role / 53. Playing a maternal role / 74. Offering time and space
		2. Empathy for Child's Wellbeing	3. Impact seen on child / 5. Empathy for child / 19. Responsibility for child's wellbeing / 74. Hard to face reality of impact

		5. Needing to Play a Maternal Role	32. Maternal role / 33. Compelled to hold child in mind / 45. Maternal instincts / 35. Demand of needing to be available / 48. The need for someone to be available / 53. Helping the parent to help the child
		2. Empathy for Child	4. Direct impact of parental MH on child / 5. Empathy for child / 19. Perceived impact on parenting capacity / 20. Children caught up in situation/ 31. Responsibility for child's wellbeing
	Advocating for a Shared Understanding	8. Attempting to Build an Understanding	10. Who is responsible for child's behaviour / 12. Needing to challenge child's perception of normality / 13. Supporting child's understanding of appropriate behaviour / 15. Putting behavioural strategies in place / 63. Delays in information sharing / 93. Complexity of situations
		1. Staff Team Working in Different Roles	15. Arranging support / 23. Perceived role of other staff / 40. Caring for staff
		7. Attempting to Understand Parental Mental Health	12. Factors impacting on mental health / 14. Perception of parents' difficulties / 25. Perception of mental health difficulties 35. Parent behaviour / 39. Making sense of parent behaviours 41. Challenge understanding of staff
		8. Limited Information Sharing	9. Lack of information sharing / 10. Parents' willingness to share / 12. Delay in information sharing / 62. Identifying needs / 83. Identifying children
		1. Advocating for a Better Understanding of MH	3. Perceives change around stigma / 19. Attempts to get others onside 22. Advocating for better understanding / 76. Empathy for family situations / 77. Supporting children's understanding
		3. Caught in the Middle	16. Holding information / 17. Empathy for other staff / 18. Frustration at others' lack of understanding
		13. Motivated by Personal Beliefs	33. Advocating for families / 34. Frustrations with adult services / 35. Personal beliefs about MH / 44. Commitment to identify need / 57. Perceived complexity of cases
		1. Discovering What's Really Going On	1. Difficulties identifying children / 4. Feeling unsure / 16. Difficulties naming MH / 23. Trying to understand / 27. Attempting to unlock child's feelings / 28. Playing detective / 68. Getting worse
		12. The Enabling Value of Knowledge and Time	6. Power in knowing / 9. Experience in role valued / 12. Building knowledge over time / 33. Enablers / 77. Knowing what works
		3. Ongoing Efforts to Understand	2. Having to piece information together / 10. Need to be vigilant / 17. Unpredictability of impact / 20. Being kept in the dark / 21. Build understanding over time
		3. Advocating for Shared Understanding	22. Advocating for better understanding of MH / 23. Huge task of creating change in community/ 24. Frustration with others' lack of understanding

		8. Discomfort of Mental Health	10. Fearful of causing offence / 32. Discomfort in asking questions / 71. Fear around MH / 75. Avoidance of difficult subjects /78. Practical support easier to talk about
		11. Fighting for Shared Understanding	20. Kept in the dark / 60. Restrictions in information sharing / 63. Conflicting demands / 64. Frustration at others' lack of understanding / 65. Advocating for a better understanding / 66. Challenge in knowing how to share information / 79. Ongoing attempts to piece information together
2. Journeying with Families	Challenges Working with Parents	13. Challenges and Rewards of Working with Parents	34. Stuck in the middle of school-parents/ 40. Parents demanding of limited time / 47. Reward of offering support / 64. Supporting whole families / 71. Challenges with parental engagement
		4. Barriers to Moving Forwards	16. Parental engagement / 28. Parental engagement impacts of success / 34. Barriers to support / 36. Stopped from doing her job / 44. Parents as the barrier / 55. Feeling stuck
		12. Working Hard to Support Parents	15. Lack of consistency and predictability / 18. Whole family approach / 25. Supporting parents / 26. Parenting support / 39. Perceived impact in home environment / 51. Juggling needs
		5. Parents as Barriers	5. Barriers / 21. Out of own control / 25. Parents as barriers / 34. Parents stopping her efforts / 36. Frustration – barriers / 60. Wasted effort
		4. Barriers of Parental Cooperation	4. Question parenting / 31. Judgement of parenting ability / 49. Frustrations trying to engage parent / 52. Parent as a barrier to effective working / 55. Parent seen as uncooperative
		6. Difficulties Knowing How to Support Mum	15. Ongoing role of school in supporting parent's needs / 54. Parenting the parent / 57. Discomfort in being direct with parent / 60. Parent testing patience / 71. Arranging support for parents
		1. Challenges Working with Parents	1. Parents closed off / 51. Barriers – lack of information sharing / 54. Difficulties relating to parents / 55. Parents preventing progress
	Efforts to Build Trust	14. Efforts to Build Relationships with Parents	23. Forming relationships with parents/ 26. Parent-school conflict / 54. Relationship building with parents / 72. Shared task to engage parents / 81. Taking ownership over conflict resolution /82. Maintaining relationships with parent
		6. Efforts to Build Relationships with Parents	16. Support for parents / 21. Relationship building / 22. School as a safety net 38. School-parent conflict / 55. Cultural differences / 56. Empathy for parents' experience / 57. Need for sensitivity in offering support
		10. Supporting Through Trusting Relationships	25. Supporting parents / 44. Parents as the barrier / 41. Mistrust of parent / 48. Disconnection / 70. Building relationships / 73. Relating as a battle / 84. Families are known
		2. Providing Containment for Parents	29. Offering support to parents – pastoral care / 30. Offering support to parents – practical support / 51. Providing containment for parents

			/ 49. Recognition of parents' fears / 60. Offering individualised support / 66. Needing to parent the parents
		6. Journeying with Families	6. Value in relationship building / 45. Building trust over time / 46. Journeying with families / 47. Relationship building over time / 55. Rewarding aspects of this work
		2. Empathy for Family's Situation	3. Hard seeing parents in distress / 14. Whole-family approach / 15. Empathy for child / 29. Children's attempts to cope / 63. Empathy for families
		9. Challenge to Connect with Parents	13. Discomfort confronting parents / 17. Reluctance to probe / 37. Attempts to foster cooperation / 39. Effort to build relationships / 69. Fixing others' mistakes / 75. Time needed to build relationships / 95. Pressure not to judge
		12. Attempting to Build Trust	42. The need for trust / 50. School pitted against parent / 51. Need to build trusting relationship with parent / 62. Challenges working with parent / 75. Effort to connect / 77. Reluctance to be this person for Mum
		1. Empathy for Complexity of Family Situations	1. Complexity of family situations / 2. Empathy for parent / 18. Shocked by family circumstances / 47. Need for whole-family approach
		5. Facilitators and Barriers to Bonding with Parents	12. Identify with child through shared cultural background / 17. Looking for reasons to bond / 27. Determination to support families / 21. Efforts taken to build relationships / 51. Difficulties engaging with parents / 52. Barriers to connecting with parents / 61. Responsible for building relationships with parents
		2. Attempts to Establish Trust	7. Journeying with parents / 9. Attempting to establish trust with parents / 28. Priority of relationship with parent / 29. Empathy for parent
3. Expectation to Find Solutions	Overwhelming Demands	9. Pressures in Coordinating and Prioritising Support	48. Delegating responsibility / 66. Need to prioritise access to support available in school / 67. Children as tasks to support
		3. Pressures to Respond Amongst Complexity	45. Complexity in casework / 50. Pressure to respond / 51. Need for time
		5. Tension in Attempts to Provide Holistic Support	5. Whole family approach / 11. Personalised support / 34. Empathy for child's perspective / 53. Therapeutic function of school / 68. Education vs. Wellbeing
		3. Wasted Effort	32. Missed opportunities / 33. Wasted efforts / 46. False hope / 54. Tested patience / 69. Feeling underappreciated
		10. Competing Demands	5. Holding complex families / 15. Unclear role boundaries / 28. Always available / 37. Relentless nature of this work / 70. Time demands of this work
		13. Conflicting Demands of the Role	48. Conflicting duties / 58. Conflicting demands / 76. Demand to be available

		13. Overwhelming Task of Coordinating Support	58. Overwhelming role to support all / 56. Demands of the role – coordinating support / 68. Frustration at others missing out / 69. Pressures of managing resources / 70. Frustration of negotiating priorities / 79. Difficulties prioritising the child
		7. Overwhelming Responsibility	15. Relentless nature of work / 30. Feeling overwhelmed / 29. Difficulties maintaining role boundaries / 49. Weight of responsibility / 62. Pressure not to miss things
		3. Unpredictability	2. Uncertainty / 3. Complexity / 8. Unpredictability / 11. Reactive role / 26. Unpredictability in parent behaviours / 61. Lack of clarity in role / 74. Lack of consistency
		10. Unmanageable Demands	27. Demands on her time / 31. Giving time and space / 43. Demands beyond her role / 44. No time for this
	Weight of Responsibility	3. Demand to be Available	20. Lack capacity to provide consistency / 37. Emotionally demanding role / 55. Maintaining role boundaries / 59. Role in holding parents / 76. Time demands
		5. Feeling on the Frontline	25. Exposed to verbal or physical outbursts / 39. On the frontline / 74. School on receiving end of child's behaviour
		6. Pressure to Fix the Situation	9. Wanting to manage manifestations in school / 44. Fighting for support / 46. Wanting to fix things / 77. Frustration at competency of other staff / 78. Pressures of the expectations of other staff
		6. Role in Prioritising the Child	11. Role of adult mental health services / 50. Conflicting Demands / 52. Fighting for the Child / 57. Someone else' responsibility
		6. Weight of Responsibility	19. Pressure to fix things / 41. Feeling of failure / 85. Burden placed on staff / 88. Fear of getting it wrong / 89. Weight of responsibility / 90. Pressure to do it right
		8. The Pressure of Responsibility	12. Ownership of this case / 23. Responsibilities of different hats / 30. Pressure to fix the problem / 36. Pressure of responsibility / 76. Expectations of others (parent)
		4. Demand to be Available and Find Solutions	25. Demand to always be available / 26. Being depended on / 28. Responsibility to solve situations / 32. High demands
		5. Weight of Responsibility	12. Sense of responsibility / 13. Holding this alone / 62. Weight of responsibility / 69. Holding overall responsibility
	Hopeless and Powerless	11. Feelings of Uncertainty and Incompetence	38. Areas for own development / 57. Building skills over time / 83. Unsure about how to respond / 89. The need for further training / 90. Need to develop own understanding / 92. Wanting to do better, pressure not to get it wrong
		9. Feelings of Getting it Right vs. Lacking Expertise	19. Measures of success / 30. Perceived competence / 32. Reward in helping others / 44. Lacking own expertise / 47. Consequences of own actions / 48. Discomfort around perceived competence
		5. Not Knowing What to Do	22. Unpredictability is unsettling / 78. Fear of getting it wrong / 75. Feelings of incompetence

4. Frustrated, Fearful and Fighting Alone		9. Wanting to Do Enough, Wanting to Be Enough	39. Wanting to do enough / 43. Driven to be proactive / 81. Feeling unsure what to do / 82. High expectations on self / 83. A need to be resilient / 87. Feelings of hopelessness
		3. Feeling Powerless	7. Disempowered / 20. Powerless to make change / 44. Feeling stuck / 61. Fighting a losing battle / 65. Fighting to stay afloat / 70. Accepted defeat / 83. At breaking point
		4. Feeling Hopeless	66. Helpless / 67. Lost hope / 72. Resigned to lowered expectations / 81. Hopelessness / 84. Exasperation at what's missing
		7. Feeling Deskilled	8. Recognising limits to own expertise / 72. Value support from others / 73. A want to learn more / 80. Feeling deskilled / 11. Helplessness / 38. Feeling disempowered
		11. Stuck and Hopeless	13. Transference of chaos / 59. Wasted efforts / 63. Feeling stuck / 65. Lack of control / 66. Hopelessness / 67. Prevented from doing her role
		10. Powerless to Make Change	48. Feeling stuck / 54. Feeling defeated / 55. Powerless to make change / 40. Helplessness / 58. Desperation
		11. Feeling Deskilled	16. Unprepared for this role / 37. Unsure what would help / 43. Feeling deskilled / 53. Hard to admit difficulties
		7. Fear of Failing	50. Fear of getting it wrong / 57. Discomfort in failings / 81. Fear of missing things
		9. Feeling Powerless	30. Powerless in situation / 36. Reliant on others to raise concerns / 76. Reliant on child's understanding / 41. Feeling stuck / 48. Powerless to make change / 53. Out of my control
		13. Lack of Expertise	14. Feeling unprepared for this work / 17. Feeling incompetent / 52. Barriers – lack of expertise / 73. Feeling ill-equipped
		14. Lack of Confidence	15. Helpless / 19. Lack of confidence / 35. Just trying my best / 59. Doubts in own ability / 72. Lack of confidence in own knowledge / 85. Made to doubt herself
	Uncontained Emotions	1. Negative Emotional Impact	24. Worry around unpredictability / 30. Emotional impact of this work / 80. Feeling undervalued
		2. Threats to Feelings of Control and Safety	28. Situations out of control / 31. Feeling out of control / 85. Feeling threatened, need for security / 88. Comparable with experiences of being at risk or feeling unsafe
		10. Negative Emotional Experiences in Role	26. Emotional impact / 42. Difficulties reflecting on personal experiences / 43. Weight of responsibility / 46. Uncertainty / 60. Boundaries permeable
		1. Negative Emotional Impact	17. Emotional impact – worry / 37. Emotional impact – frustration / 77. Emotional impact – nervous / 88. Intensity of emotional demands / 89. Emotional impact – upset

		7. Negative Emotional Experiences	59. Feeling overwhelmed / 71. Lack of time to process / 72. Emotional impact – worry / 78. Huge weight of providing support
		7. Negative Emotional Impact	35. Worry / 42. Depressing / 46. Overwhelmed / 50. Chasing to keep up / 91. Limited time for processing
		9. Worry	22. High level of concern for child's safety / 34. Pressure to keep child safe / 40. High level of concern / 43. Lasting emotional impact / 46. Worry
		6. Difficulties Coping with Emotional Demands	10. Pressure to understand is overwhelming / 11. Attempts to deny emotional impact / 13. Own emotional needs become secondary / 14. Desire for own emotional support / 33. Coping mechanism – minimising difficulties / 42. Needing to reassure self / 63. Emotional demands draining
		12. Uncontained Worries	22. Worry about parents being supported / 24. Responsibility for ensuring parents' care / 33. Worry for child's safety / 34. Overwhelmed by worry
		15. Emotional Demands	46. Emotional impact – feeling drained / 47. Secondary trauma / 49. Need for self-care
	Fighting Alone	2. Frustrations Accessing External Support	13. Need for coordinated support / 17. Delays in external support / 49. Reduction in support available / 63. Limits to multi-disciplinary working / 66. Aiming for a Preventative response / 67. Frustration with the system
		11. Fighting to Fill the Gaps	52. Filling the gaps / 64. Feeling alone / 69. Fighting for these children
		2. Fighting Alone	85. Feelings of being alone / 87. Weight of responsibility
		5. Fighting Alone	24. Inadequacy of MH services / 31. Fighting a losing battle / 32. Lack of support available / 68. Filling a gap / 86. Lack of government support for families
		8. Fighting Alone	30. Frustration at others' lacking empathy / 51. Filling a gap / 64. Frustration at broken system / 73. Easier to be self-sufficient / 87. Being left alone
		10. Barriers to Sharing the Burden	16. Advocating for shared understanding / 24. Sharing information sensitively / 37. Splitting of roles, different to teachers / 39. Conflicted about holding information / 41. Frustration with unhelpful policies
		8. Battling for Additional Support	7. Battling to get support for child / 8. Stepping in to fill the gap / 39. Fighting to not be left alone
		9. Feeling Alone	34. Help not available / 44. Frustration at lack of supporting systems / 45. Feeling unsupported / 57. Feelings of being written off / 59. Forced to be reliant on self
		10. Personal Coping Strategies	29. Defensive laughter / 32. Coping strategy – support from others / 33. Difficult to talk about own feelings / 35. Coping strategy – denial of the impact / 58. Coping strategy – distance self

	Need for Coping Strategies	12. The Need for Multi-agency Support	50. Working with other professionals / 56. Joint working with other professionals to maintain own boundaries / 60. School fills the gap in external services / 65. Reliance on having additional support agencies / 84. Lack of multi-agency support
		4. Supportive Factors in Role	4. Shared responsibility / 28. Supportive team / 31. Coping mechanism – defensive laughter / 58. Coping mechanism – be a professional / 61. Seeking support for self
		7. Challenges and Successes of Multi-agency Working	24. Multi-agency services unhelpful / 29. Limited success of external agency's involvement / 30. Lack of consistency in support from external agencies / 63. Limited support from external agencies / 80. Successful multi-agency working
		11. Needing Support for Ourselves	66. Reluctant to place demands on other staff / 76. Coping mechanism / 79. Own support needs / 90. Duty of care for other staff / 91. Need for own external support
		12. What I Need	36. Difficulties maintaining personal / professional boundaries / 38. Coping strategies – support from colleges / 40. Need for moments of rest / 41. Taking time to process / 74. Needing separation / 84. Need of more support
		10. Relief in Sharing the Burden	8. Sharing the burden / 11. Searching for support / 24. Relief to share work / 49. Unable to help alone
		14. Needing Ways to Help Myself	71. Attempts to help herself / 92. Coping mechanism – denial / 93. Trying her best / 96. Putting on an act / 98. Taking time to process / 99. Seeking calm
		12. Desire for Collaboration	3. Part of multi-agency network / 56. Wish to work more collaboratively / 60. The need to feel part of a team
		6. Needing to Share the Burden	16. Attempts to pass on responsibility / 18. Comfort in being able to share the burden / 21. Not wanting to hold responsibility for parent / 25. Not wanting to be left alone / 45. Support from colleagues / 70. Desire not to hold this alone / 82. A need to share the burden

Appendix S

Case-by-case Presentation of Participants' Analysed Data

Angela

Overarching Themes	Superordinate Themes	Subordinate Themes
Compelled to Care	Perceived Impact on Children	4. Perceived Negative Impact of Parent Behaviour
	Compelled to Provide Safety	7. Compelled to Provide Safety and Advocacy
	Advocating for a Shared Understanding	8. Attempting to Build an Understanding
Journeying with Families	Challenges Working with Parents	13. Challenges and Rewards of Working with Parents
	Efforts to Build Trust	14. Efforts to Build Relationships with Parents
Expectation to Find Solutions	Overwhelming Demands	9. Pressures in Coordinating and Prioritising Support
	Weight of Responsibility	3. Demand to be Available 5. Feeling on the Frontline 6. Pressure to Fix the Situation
Frustrated, Fearful and Fighting Alone	Hopeless and Powerless	11. Feelings of Uncertainty and Incompetence
	Uncontained Emotions	1. Negative Emotional Impact 2. Threats to Feelings of Control and Safety
	Need for Coping Strategies	10. Personal Coping Strategies 12. The Need for Multi-agency Support

Brenda

Overarching Themes	Superordinate Themes	Subordinate Themes
Compelled to Care	Perceived Impact on Children	8. Attempts to Identify Impact on the Child
	Advocating for a Shared Understanding	1. Staff Team Working in Different Roles 7. Attempting to Understand Parental Mental Health
Journeying with Families	Efforts to Build Trust	6. Efforts to Build Relationships with Parents
Expectation to Find Solutions	Overwhelming Demands	3. Pressures to Respond Amongst Complexity 5. Tension in Attempts to Provide Holistic Support
	Hopeless and Powerless	9. Feelings of Getting it Right vs. Lacking Expertise

Frustrated, Fearful and Fighting Alone	Uncontained Emotions	10. Negative Emotional Experiences in Role
	Fighting Alone	2. Frustrations Accessing External Support 11. Fighting to Fill the Gaps
	Need for Coping Strategies	4. Supportive Factors in Role

Claire

Overarching Themes	Superordinate Themes	Subordinate Themes
Compelled to Care	Perceived Impact on Children	9. Impact on the Child Seen in School
	Compelled to Provide Safety	13. Role in Arranging Support
	Advocating for a Shared Understanding	8. Limited Information Sharing
Journeying with Families	Challenges Working with Parents	4. Barriers to Moving Forwards 12. Working Hard to Support Parents
	Efforts to Build Trust	10. Supporting Through Trusting Relationships
Expectation to Find Solutions	Overwhelming Demands	3. Wasted Effort
	Weight of Responsibility	6. Role in Prioritising the Child
Frustrated, Fearful and Fighting Alone	Hopeless and Powerless	5. Not Knowing What to Do
	Uncontained Emotions	1. Negative Emotional Impact
	Fighting Alone	2. Fighting Alone
	Need for Coping Strategies	7. Challenges and Successes of Multi-agency Working 11. Needing Support for Ourselves

Dawn

Overarching Themes	Superordinate Themes	Subordinate Themes
Compelled to Care	Perceived Impact on Children	14. Challenging Assumptions
	Compelled to Provide Safety	4. Necessity of a Pastoral Role 8. Empathy from Personal Experiences 11. Performing a Parenting Role
	Advocating for a Shared Understanding	1. Advocating for a Better Understanding of MH 3. Caught in the Middle 13. Motivated by Personal Beliefs
Journeying with Families	Efforts to Build Trust	2. Providing Containment for Parents

		6. Journeying with Families
Expectation to Find Solutions	Overwhelming Demands	10. Competing Demands
Frustrated, Fearful and Fighting Alone	Hopeless and Powerless	9. Wanting to Do Enough, Wanting to Be Enough
	Uncontained Emotions	7. Negative Emotional Experiences
	Fighting Alone	5. Fighting Alone
	Need for Coping Strategies	12. What I Need

Elaine

Overarching Themes	Superordinate Themes	Subordinate Themes
Compelled to Care	Compelled to Provide Safety	11. Compelled to Look After Children
	Advocating for a Shared Understanding	1. Discovering What's Really Going On 12. The Enabling Value of Knowledge and Time
Journeying with Families	Challenges Working with Parents	5. Parents as Barriers
	Efforts to Build Trust	2. Empathy for Family's Situation 9. Challenge to Connect with Parents
Expectation to Find Solutions	Overwhelming Demands	13. Conflicting Demands of the Role
	Weight of Responsibility	6. Weight of Responsibility
Frustrated, Fearful and Fighting Alone	Hopeless and Powerless	3. Feeling Powerless 4. Feeling Hopeless
	Uncontained Emotions	7. Negative Emotional Impact
	Fighting Alone	8. Fighting Alone
	Need for Coping Strategies	10. Relief in Sharing the Burden 14. Needing Ways to Help Myself

Fiona

Overarching Themes	Superordinate Themes	Subordinate Themes
Compelled to Care	Perceived Impact on Children	1. Negative Impact on Child's Learning
	Compelled to Provide Safety	2. Empathy for Child's Wellbeing 5. Needing to Play a Maternal Role
	Advocating for a Shared Understanding	3. Ongoing Efforts to Understand
Journeying with Families	Challenges Working with Parents	4. Barriers of Parental Cooperation

		6. Difficulties Knowing How to Support Mum
	Efforts to Build Trust	12. Attempting to Build Trust
Expectation to Find Solutions	Overwhelming Demands	13. Overwhelming Task of Coordinating Support
	Weight of Responsibility	8. The Pressure of Responsibility
Frustrated, Fearful and Fighting Alone	Hopeless and Powerless	7. Feeling Deskilled 11. Stuck and Hopeless
	Uncontained Emotions	9. Worry
	Fighting Alone	10. Barriers to Sharing the Burden

Gina

Overarching Themes	Superordinate Themes	Subordinate Themes
Compelled to Care	Compelled to Provide Safety	2. Empathy for Child
	Advocating for a Shared Understanding	3. Advocating for Shared Understanding
Journeying with Families	Efforts to Build Trust	1. Empathy for Complexity of Family Situations 5. Facilitators and Barriers to Bonding with Parents
Expectation to Find Solutions	Weight of Responsibility	4. Demand to be Available and Find Solutions 7. Overwhelming Responsibility
Frustrated, Fearful and Fighting Alone	Hopeless and Powerless	10. Powerless to Make Change 11. Feeling Deskilled
	Uncontained Emotions	6. Difficulties Coping with Emotional Demands
	Fighting Alone	8. Battling for Additional Support 9. Feeling Alone
	Need for Coping Strategies	12. Desire for Collaboration

Helen

Overarching Themes	Superordinate Themes	Subordinate Themes
Compelled to Care	Advocating for a Shared Understanding	8. Discomfort of Mental Health 11. Fighting for Shared Understanding
Journeying with Families	Challenges Working with Parents	1. Challenges Working with Parents
	Efforts to Build Trust	2. Attempts to Establish Trust
Expectation to Find Solutions	Overwhelming Demands	3. Unpredictability 10. Unmanageable Demands
	Weight of Responsibility	5. Weight of Responsibility
	Hopeless and Powerless	7. Fear of Failing

Frustrated, Fearful and Fighting Alone		9. Feeling Powerless 13. Lack of Expertise 14. Lack of Confidence
	Uncontained Emotions	12. Uncontained Worries 15. Emotional Demands
	Need for Coping Strategies	6. Needing to Share the Burden