"This is the one place I know I can come": Young people's experiences of mental health support in a Learning Support Unit

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Declaration

I, Hannah Brickley, confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

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Abstract

The mental health of young people in the UK has been labelled as an emerging public health crisis, with an increasing number of young people who have been identified as having mental health difficulties but with insufficient resources and capacity for specialist services to meet this need. Schools are increasingly being looked to as being settings which are well placed to provide universal and targeted support for young people.

The present study aimed to explore how an innovative model of a Learning Support Unit focusing on supporting young people's social, emotional and mental health (rather than a more traditional focus on behaviour and learning) has worked to meet the needs of its most vulnerable young people through delivering a one-to-one mentoring intervention.

Nine young people aged 13-18 took part in the study. A dual analysis process was carried out on qualitative interview data. Firstly, a narrative approach aimed to capture critical moments in individual's life stories to understand their needs in context. Secondly, owing to commonality across the accounts, a thematic analysis aimed to understand young people's views and experiences of support.

The findings demonstrate how a mentoring relationship which draws on the principles of attachment, set within a flexible and attuned pastoral support system and school ethos, has enabled young people to cope with a diverse range of challenges. For many young people, this was their primary source of emotional support in their lives, and the findings tell in their own words how support has enabled them become more resilient, independent, happy and successful in the face of significant and far-reaching life challenges. Processes such as referral pathways, the mediatory role of mentors, and barriers to support were also captured.

Recommendations for schools and educational psychologists to support the mental health and wellbeing of young people are suggested.

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Chapter 1
Introduction

In this introductory chapter, I will first outline my motivation for undertaking this research. I will then outline the conceptualisation of mental health and the current national context in relation to young people's (YP) mental health and the availability of support to meet an increasing need.

Attachment theory and resilience as the theoretical underpinnings for the present study will then be outlined, and reference will also be made to systems thinking as a useful framework.

1.1   "Teachers can help save a life": motivations for the research

I have had a long-standing interest in mental health and wellbeing, both from a personal and professional perspective. Prior to commencing my Educational Psychology (EP) training, I worked as a tutor in an alternative provision, affiliated with a mainstream school, for Year 11 students who would otherwise have been permanently excluded or who required access to a smaller setting. These YP had been labelled as having difficulties which meant that they could not cope in mainstream and many had reputations of being almost 'unteachable'. I spent every day with these YP and quickly came to see them as the wonderfully bright, funny and engaging individuals that they were. However, they found it difficult to trust adults and rarely revealed their 'softer' sides. Once I came to know a bit more about the YP's life stories, I was struck by how cruel life had been to them, and how they had been left to cope by themselves with little or no support. In light of these circumstances many of them were in fact doing very well. One YP had no stable home and was knocking on different family members' doors each night asking to sleep on the sofa. Another was a refugee who had arrived into the country as an unaccompanied minor. Others had parents and siblings in prison or who were

substance abusers. One YP's brother had committed suicide, another was a young carer, and two were teenage fathers.

My experiences working with these YP demonstrated the power of a safe, secure and consistent relationship and the impact this could have on a YP in need. This was crystallised for me in an email sent to the team from one of the YP when we approached the end of the school year:

Sometimes people think a teacher is just there to teach the students and that's it, but teachers can help save a life… you all really did save me from going even more downhill and never coming back, which would've ruined my life. The influence of a good teacher can never be erased, and even when I was at my lowest, you never gave up.

The present research has been inspired by these professional experiences, leading me to seek ways to understand more about how schools can provide 'life saving' support YP in crisis. As I will outline in this thesis, my own perspective as a Trainee EP (TEP) is to focus on how YP who present as having 'Social, Emotional and Mental Health difficulties' (SEMH) can be supported through striving to understand their unique situations and providing attuned and responsive support within school settings to support their ability to be resilient and cope with life's challenges. As will be set out, mental health and wellbeing is a significant area of concern for our YP and schools are in a position to provide meaningful support.

1.2   What is mental health?

The Mental Health Foundation (2016) suggests that good mental health is the capacity to cope with life, engage in employment, hold positive relationships and to reach one's potential.

Good mental health is the foundation of YP's emotional and intellectual growth, underpinning the development of confidence, independence and a sense of

self-worth (Fraser & Blishen, 2007). A widely used definition sets out that mentally healthy children and YP (CYP) will have the ability to:

- Develop psychologically, emotionally, creatively, intellectually and spiritually
- Initiate, develop and sustain mutually satisfying personal relationships
- Use and enjoy solitude
- Empathise with others
- Play and learn
- Face problems and setbacks and learn from them
- Enjoy and protect their physical health
- Make a successful transition to adulthood in due course

There exists varying terminology for issues relating to mental health, and as Weare (2015a) points out, there are two overlapping areas that are important to consider in relation to addressing mental health in CYP. These are, *'social and emotional wellbeing'*, which refers to a state of positive mental health for all, and *'mental health problems'*, which can compromise social and emotional wellbeing. This includes a wide range of difficulties and challenges, including anxiety, depression, attachment difficulties, conduct disorders and phobias.

A common distinction is made between 'internalising' (e.g. anxiety, depression) and 'externalising' (e.g. conduct disorders, hyperkinetic disorders) problems, as reflected in the two major classification systems (International Classification of Diseases, ICD-10; Diagnostic and Statistical Manual, DSM-V) (Humphrey & Wigelsworth, 2016).

1.3   Mental health of YP: the current situation

There has been a well-documented rise in the prevalence of mental health problems in CYP in the United Kingdom (UK) in the last three decades. The Mental Health Foundation report a 70% rise in depression and anxiety amongst adolescents over the past 25 years (Halliwell, Main, & Richardson, 2007). Current figures indicate that one in 10 CYP have a diagnosable mental health

difficulty, and a further one in seven have less severe problems, which can impact on their development and learning (British Psychological Society, BPS, 2014a; Weare, 2015a), and thus would benefit from psychological input (O'Callaghan & Cunningham, 2015). YP identified as having SEMH as their prime need make up 18.5% of all SEN in secondary schools (DfE, 2016c).

In 2004, the Department of Health (DoH) estimated that around two million children needed intervention to improve their emotional wellbeing, mental health and resilience (Rait, Monsen, & Squires, 2010). Others have suggested that in reality, this figure is likely to be higher as difficulties associated with mental health can often be hidden (Macdonald, 2000) and the most recent Mental Health Foundation (2016) report states that there is limited data regarding the scale of mental health difficulties in CYP. This is largely attributed to a lack of up to date national statistics, with the most recent survey data dating back to 2004, with an update due in 2018. Recent figures presented in the Prince's Trust Youth index (2017) indicates that YP's happiness regarding their emotional health has dropped to the lowest level to date compared to findings in previous years.

A similar picture is reported internationally, with estimates of up to 10% to 22% of CYP experiencing mental health difficulties across European countries (Patalay, Giese, Stankovic, Curtin, Moltrecht & Gondek, 2016). Other estimates suggest that one quarter of CYP in developed countries have an identifiable mental health problem (Weare, 2011) and the worldwide prevalence of 'mental health disorder' estimated at 13.5% (Greig, MacKay, Roffey, & Williams, 2016).

To highlight the importance of addressing the mental health needs of CYP, the potential outcomes facing this population must be considered. Mental health difficulties are associated with school non-attendance, which can result in YP leaving school with few or no qualifications, and being more likely to be out of work and to experience homelessness (BPS, 2014a). There are also links between school non-attendance and crime (BPS, 2014a) and mental health problems and youth offending, with 95% of imprisoned young offenders having a mental health disorder (Campbell & Abbott, 2013). Statistics reported by the Audit Commission in 1999 (in Dawson and Singh-Dhesi, 2010) revealed that of

the children who were referred to specialist CAMHS in England and Wales, 33% had poor school attendance, 27% had a learning difficulty, and 61% displayed disruptive and/or anti-social behaviour. Indeed, 'persistent disruptive behaviour' is the most common reason for a pupil being permanently or fixed-term excluded from secondary school, accounting for 32.8% and 26.3% of exclusions respectively (DfE, 2016b).

Suicide is one of the three most common causes of death in youth, with rates of suicide in young men rising steadily over the past two decades, and rates of attempted suicide increasing for girls. Similarly rates of self-harm and eating disorders are also increasing, especially amongst females (Weare, 2011). The average age of onset for self-harming behaviours is 12 years old (Reichardt, 2016).

In addition, the DOH (2015) present a strong case for addressing the mental health needs of CYP on economic grounds. 75% of adult mental health problems start by the age of 18, and failure to address these early can cost both lives and money. Interventions in adulthood can be expensive and long term, and so early intervention in childhood and adolescence can go some way to reduce this impact. It has been estimated that once a YP has been taken on by Child and Adolescent Mental Health Services (CAMHS), the annual cost for that referral will be £11,000 - £59,000, and cost effective early interventions can go a long way to address this (Greig et al., 2016).

1.4   A nation in crisis?

Whilst there is an indication that a growing number of YP are experiencing mental health difficulties, statistics suggest that the number requiring support dramatically outweighs the provision that is available from specialist CAMHS services. Williams (2005) estimates that of the CYP who are deemed in more serious need, only 10% are seen each year. Alarmingly, in a recent review of CAMHS services in England, it was reported that only 0.7% of NHS funding is spent on CYP's mental health, and only 16% of this is spent on early

intervention (Frith, 2016). Atkinson, Corban, & Templeton (2011) point out that as the current resources are inadequate, CAMHS cannot be expected to cope with the increasing demand. Given these challenges, it is not surprising that increasingly, other services and settings such as schools are being considered as an alternative source of support and intervention. The current situation is being described by some as *"an emerging public health crisis"* (Humphrey & Wigelsworth, 2016, p23) and a recent government report sets out that there is *"a compelling moral, social and economic case for change"* and investment in CYP's mental health support and services (DoH & NHS England, 2015).

In light of this dual phenomena of increasing need and insufficient funding and resources, Thorley (2016) describes UK secondary schools as facing a *"perfect storm"* (p. 3) and are being left to *"pick up the pieces"*.

Legislation is also increasingly reflecting the accountability of schools and educational settings in relation to outcomes for CYP outside of their academic development and achievements. This is evident in the recent departmental advice 'Mental health and behaviour in schools' (DfE, 2016a) which aims to clarify the responsibilities of the school and to outline how they can support their pupils with mental health needs. This is also evident in the revised SEND Code of Practice (DfE, 2015) which places more accountability on schools to meet the needs of pupils with Special Educational Needs and Disabilities. It is important to note that there has been a recent change in the terminology used in key education legislation such as the SEND Code of Practice (Department for Education (DfE), 2015) with the category previously known as 'Behavioural, Emotional Social Difficulties' (BESD) being revised to 'SEMH' although it is noted that this was not intended to be a direct replacement (DfE, 2016c).

Both Tucker (2013) and Thorley (2016) note the impact that the political climate and government frameworks have on schools, and the 'incentives' that guide their policies and practice. Thorley argues that under the previous Labour government and the Every Child Matters (ECM) agenda, schools were incentivised to prioritise mental health provision for their pupils as well as educational attainment, as this was reflected in the Ofsted framework. Under the Coalition government from 2010-15, references to CYPs wellbeing were

removed and there was a renewed focus on academic outcomes and league tables, along with a narrowing of the curriculum and greater emphasis on exams over coursework. It is argued that this created a *"set of perverse incentives that impeded schools' ability to meet the needs of pupils with emerging mental health problems"* (p 28). Tucker (2013) also outlines how in many schools, the provision of pastoral care is often marginalised due to a combination of different factors, including a lack of resources, insufficient time and staff training, and management priorities often driven by performance targets. Hutchings (2015) argues that pressure to achieve in school work and exams is among the causes for the reported rise in mental health needs of CYP, and that attention needs to be paid towards reducing this.

The 2015 DOH & NHS report, Future In Mind, sets out that in order to improve access to services, reduce waiting times, and tackle stigma, much can be done thorough better and more joined up working between the NHS, local authorities, voluntary and community services, schools and other local services. It is proposed that by working differently, a meaningful change can be made without the need for significant investment.

1.5   Mental health: the role of the EP

It is of relevance to briefly reflect on the evolving role of the EP, which has been the subject of a great deal of discussion and debate in recent years.

Roffey, Williams, Greig, & MacKay (2016) argue that *"as the most contextualised, applied psychology profession working across the domains of home, school and community, educational psychology has much to offer in respect of the development of psychological understandings of children's mental health and wellbeing".* (p6).

However, despite the broad skill and knowledge base of EPs, there still appears to be a relative lack of formal recognition within the legislation of the potentially vital role that they can play in this area, and, as Roffey et al (2016)

indicate, is often hidden in the 'small print'. Furthermore, Ashton & Roberts (2006) suggest that there is a lack of consensus amongst EPs themselves as to what their professional offering in this area should look like. They also argue that EP Services need to more readily market themselves and the possibilities for mental health work that they can undertake in schools and the community, to raise awareness and to reconceptualise their role as not merely relating to individual assessment and statutory functions.

As the government increasingly emphasises the responsibility of schools to support a wider range of their pupils' needs, there is great potential for schools to utilise their EP support to aid them in this process. It is the researcher's view that there are multiple opportunities for EP work in this area, with regard to consultation, training, supervision, school improvement work and the delivery of therapeutic interventions.

1.6   Research context: an overview

Before presenting the theoretical basis for the present study and a review of the relevant literature, an overview of the context for this research is first provided.

The research took place in a single secondary school ('Woodview') in an outer London borough. The school has an on-site LSU, known as 'The Hub', which aims to provide support for YP who are presenting with SEMH difficulties and are struggling with school or other areas of their lives. The aim of The Hub is to provide a safe and secure environment for students, where they can talk to staff and be supported to face their emotional challenges. Staff aim to empower YP and provide them with a 'tool box' of strategies with the aim of enabling them to become increasingly able to face challenges independently.

Several interventions are run at The Hub, including a variety of targeted group sessions, e.g. resilience, peer support for transition, and managing anger. Students deemed to have more significant support needs receive one-to-one

mentoring sessions which are tailored to the needs of the individual. All interventions are timetabled and students typically attend one planned session per week. Staff also provide support on a drop-in basis and before school and at break times. The setting consists of an open classroom area, with four small rooms in which mentoring sessions take place.

The school employs four members of dedicated staff to work in The Hub. The provision has strong links with CAMHS, and many of the YP accessing The Hub have also been referred for intervention from this service. The lead professional in The Hub also has access to supervision from CAMHS, and then provides supervision to the wider team. The school buy in regular support from an EP, who often has involvement with YP attending The Hub, which tends to be on an individual casework level.

The context and rationale for the development of the provision was discussed with staff. Staff explained that interventions delivered through The Hub had previously been targeted primarily at YP at risk of exclusion, who exhibited challenging behaviour in school. In response to the change in focus in the Code of Practice (DfE, 2015) as well as the presenting needs of their student population, The Hub broadened their remit and began working YP with a wider range of SEMH needs. This demonstrates a responsiveness of the school staff to both national policy, legislation and agenda, as well as a responsiveness on a local level to aim to address existing and emerging needs of the young people attending the school. It was also apparent that the provision was aiming to work at a preventative and proactive level rather than working in a purely reactive sense, by providing a tiered package of support, with young people being offered small group support in cases of early concerns, and more individualised support in cases of higher need.

The Hub is positioned in the school as a standalone department, under the 'umbrella' of inclusion. Staff members explained how an in-house weekly panel meeting takes place, with key members of pastoral and SEN staff present, in order to consider new referrals for additional support. This is considered as a 'single point of access' as all referrals come through to the panel, who then review the information and decide on what the appropriate support and

intervention for that YP would be. Staff feel that this process works well and ensures that support is joined up and carefully planned, whether a YP has an SEN need, pastoral support need, or both. Any member of staff can make a referral to the Inclusion Team.

Staff also reflected on the recent increase of self-referrals from YP to The Hub, for example by coming to The Hub on a drop-in basis or contacting staff via email. As will be discussed further in the following chapter, there is not always the opportunity for self-referral in school-based interventions, with adults ultimately deciding who are the most vulnerable YP and would benefit from additional support, even in cases when YP have requested it. The Hub are endeavouring to be viewed as an open and accessible place for any YP to come if they feel they would like to talk or receive support, and as such they have no prerequisite criteria or thresholds for access, unlike many other services targeting YP in difficulty, often associated with austerity cuts and overwhelming waiting lists.

The range of interventions offered in The Hub varies at any given time depending on the identified needs of students, in a sense tailor-making interventions where there is a need, rather than 'fitting' young people into existing interventions which may not be appropriate. Staff explained how this year a screening process using the Strengths and Difficulties Questionnaire (SQD) has been trialled with the Year 7 cohort, in the spirit of early intervention. Universal screening of YP in schools is considered by Humphrey & Wigelsworth (2016) to be a potential "*central component of service reform"* in addressing the rising prevalence of mental health difficulties in the school-aged population (p.36).

Mentoring interventions are individually planned on the basis of a YPs needs. Mentors explained that they utilise a variety of activities and talking tools, such as making family trees, timelines and drawing activities. Principles and approaches of Cognitive Behavioural Therapy and Solution Focused Brief Therapy are also drawn upon by staff as appropriate.

1.7   Research aims and theoretical underpinnings

The aim of the present study is to understand how one secondary school has responded to the SEMH needs of their students through a mentoring intervention delivered within a Learning Support Unit (LSU). Literature relating to mental health support in schools, mentoring and LSUs will be outlined in the following chapter, but first it is important to provide an overview of the theoretical underpinnings of much of the research in this area, as these principles inform much of the literature that will be reviewed. Attachment theory, resilience and a systemic framework are presented in this section.

1.7.1   Attachment Theory

Attachment theory originates from the work of John Bowlby in the 1950's. The theory sets out that infants are biologically predisposed to seek closeness to an attachment figure (usually their mother) in times of need, for food, shelter, warmth and protection, and this relationship acts as a 'secure base'.

A key principle was that children require a warm, intimate and continuous relationship with their attachment figure in order to for good emotional, social, intellectual and physical development to occur, allowing children to experience an internal state of calm, feel loved and trust in another to meet their needs. These early emotional relationships inform how the infant develops and responds during times of stress, for example to fear, threat, or pain. Children with a secure attachment are then able to explore and learn about the world with increasing curiosity, separating from their attachment figure to do so. This is the basis for learning and social and emotional development as experiences are transferred into their wider context.

According to attachment theory, early experiences with caregivers can have long term effects, as they foster internal cognitive and affective representations of the self in relation to others, or 'working models' (Bowlby, 1988). These

internalised working models then inform an individual's emotions, perceptions and behaviours in current and future relationships. A secure attachment positively influences the development of relationships with others and influences the child's view of themselves, with positive experiences being internalised as a positive sense of self.

The development of insecure attachments can occur when a child's needs are not met; the absence of a secure base, and without an adult who adequately responds to and meets their needs. Three main insecure attachment styles were identified by Ainsworth and colleagues (1978): avoidant; ambivalent and disorganised.

Bombèr (2007) notes that whilst these attachment styles can provide helpful structures to inform those working with children, they are by no means 'diagnostic', that individuals can demonstrate combinations of attachment styles, and that attachment can be thought of as "*'a continuum' that we are all on"* (p 29). Bombèr also outlines three board areas in which children can express the effects of an insecure attachment, including (but not limited to): their sense of self, in their relationships, and in their learning environment.

Some of the key concepts underpinning attachment theory which will be referred to throughout this thesis are those of 'containment' and 'attunement', as well as the 'secure base' as outlined above.

Attunement

Attunement is the process by which an adult is 'in tune with' a child, through both verbal and nonverbal means. As the adult reads and responds to these communications, the child's needs are understood and met. The adult response is accompanied with language, helping the developing child to learn that emotional states can be named, laying the foundations for emotional intelligence (Geddes, 2006). The child learns about their own emotional states, and then about those of others, developing empathy. This experience of attunement first facilitates co-regulation (i.e. being regulated by another) which

can then lead to the development of self-regulation. The process of attunement remains important throughout all stages of development.

Containment

The concept of containment was developed by Bion (1959, 1962), and relates to the capacity and sensitivity of the mother (or key attachment figure) to receive overwhelming feelings (or 'projections') from an infant, process them and to them return then to the child in a modified and more manageable form. In this way, the feelings are re-represented to the child so that they are more understandable and less difficult or destructive. The mother acting as a container for the child demonstrates her emotional availability and facilitates the development of their capacity for self-regulation.

The concept of containment can be drawn upon in relationships with older children and adolescents by receiving and understanding their emotional communications without being overwhelmed, in order to support their emotional regulation and to enable them to think more clearly about a problem through offering their attention and understanding.

1.7.1.1 A critical view of attachment theory

Whilst attachment theory is widely known and drawn upon in professional practice and has influenced policy and initiatives in the fields of childcare, social care, and fostering and adoption (Slater, 2007), it has been the subject of much debate since Bowlby's original theory was published. An overview of this debate, including some of the strengths and criticisms of attachment theory, will be presented in this section.

One aspect which has been the basis for critique is the emphasis placed on the primary caregiver, namely the mother; and the proposition that without an unbroken attachment to their mothers, infants would display signs of either partial or complete deprivation which would bear significant consequences for

their development (Slater, 2007). In its early conception, Bowlby's work indicated that any separation from the mother, be it brief, regular or absolute, had equal implications for a child's development, and the 'good mother' must therefore be available and attentive at all times to the infant child (Burman, 2017). The proposed risks of the mother not providing this level of care were grave, including possibility of later offending and pathology. As Burman outlines, this proposition has sparked debate and had implications for parenting, childcare and women's employment.

Moving away from the view of the mother as bearing sole responsibility for a child's development, other research has considered the role of the wider context and multiple attachments. For example, Kontos (1992) outlines that children do not necessarily selectively attach to one person, and that several selective attachments are common and often advantageous, particularly for children who are less securely attached to their parents. Research has also considered the role of the wider context and environment on development. Kontos (1992) argues that it is *"no longer acceptable"* to explain developmental processes at an individual level, and there needs to be a consideration of influences from an ecosystemic viewpoint (for example, Bronfenbrenner's ecological systems theory, 1979). Bowlby's later developments of the original theory also set out that attachment relationships do not exist in isolation, but develop within a broader context of family and group dynamics, moving the theory from one person to multi person psychology (Diamond & Marrone, 2003).

Crittenden (2015) also considers context as being central to attachment. She suggests that throughout the lifespan, attachment strategies change and adapt in response to the child's changing context and environment. It is argued that children develop an internal representation of themselves in relation to others (Bowlby's notion of the internal working model), and use these representations to adapt their attachment strategies to be appropriate for different relationships. This indeed links with Bowlby's (1969) assertion that the child's attachment behaviours can be dependent on their interaction with specific person and in a specific situation.

A further criticism of the original theory is that it is pessimistic and deterministic in its proposition that young people who have had a difficult start in life will necessarily have poor outcomes as a result, leaving little scope for positive intervention and change. This position is at odds with the core values of the educational psychology profession, resulting in a scepticism held by some surrounding the utility and applicability of the theory in practice. However, Slater (2007) notes that such criticisms tend to be based on Bowlby's original work, which he in fact reconceptualised in the late 1980s to propose a more balanced consideration of the impact of early experiences, including the role of both risk and resilience factors in developmental outcomes.

Slater also points out that there is an irony in the rejection of the theory based on its focus on risk and adverse life experiences. She cites the example of Looked After Children who are widely acknowledged to be a vulnerable group who demonstrate poorer outcomes than many of their peers, and many of whom have experienced adverse life circumstances and relationships in their early years. Slater argues that by dismissing attachment theory, practitioners are potentially disregarding a primary theory by which to understand and promote positive change for these young people. It is important that alongside critically understanding the theory and its implications, practitioners also have an awareness of appropriate interventions in light of this.

Another consideration is the inclination of some to focus heavily on attachment at the expense of other important aspects of parenting which impact on a child's development and outcomes, for example limit and boundary setting, instillation of values, exposure of the child to a range of experiences, supporting contact with the social world and scaffolding problem solving and learning (e.g. Sroufe, 2016, Goldberg, 2000). Sroufe warns that to assimilate all of these aspects of parenting to attachment will curtail our knowledge of parental influence and ultimately interfere with the task of understanding attachment. Sroufe argues that whilst in some respects attachment theory has proven to be robust and generative, with clear contributions in diverse fields of study, there needs to be continued research and development in this area to

more fully understand how attachment experiences combine with other developmental experiences and features of the environment.

Slater (2007) outlines a key strength of attachment theory as being its interdisciplinary nature, drawing from developmental psychology, neuroscience, anthropology and cognitive psychology, as well as its links with psychoanalysis, *"bridging the gap"* between the disciplines of general psychology and psychodynamic theory (Fonagy, 2001). A further strength is that it recognises the impact that relationships, experiences and social and life contexts can have on a YP's development, rather than taking a 'within-child' perspective that difficulties experienced and exhibited by a YP are as a result of something that lies within the child, but rather as a result of their environment and relationships.

Attachment theory has received significant attention in research and literature since Bowlby began to study this area in the 1930s. Indeed, Cassidy (2016) proposes that as attachment theory now has such a wide and far-reaching literature base, few academics, researchers and practitioners are familiar with the entire body of work. This has implications for how the theory is understood and conceptualised. Slater (2007) too argues that criticisms of attachment theory are often attributable to an incomplete understanding of the theory and its developments over time. In considering the implications for EP work, Slater concludes that examining the history and development of the theory over time, *"will hopefully do much to reduce the incompatibility with our work as educational psychologists"* and indeed that it *"can do much to enrich our work"* (p216) and that our knowledge and understanding of the theory offers an enormous opportunity to support children and their families.

1.7.1.2 Attachment in adolescence

Ongoing research has presented a reconceptualised theory of attachment, which includes a wide range of significant relationships across a child's

lifespan, including those with friends, professionals and romantic partners (e.g. Armsden & Greenberg, 1987; Hazan & Shaver, 1987; Kontos, 1992).

Research indicates that attachment behaviour varies by age. Younger children seek proximity with caregivers when in distress, but this need for physical contact reduces over time. Typical adolescents will still turn to their attachment figures when upset, but can also cope independently or draw on other relationships, such as their peer group, as a resource (Zilberstein & Spencer, 2017). As an adolescent's social world grows and changes, this can challenge pre-existing attachment constructs, with new relationships, skills and experiences providing an opportunity for change. These new experiences interact with earlier attachment experiences and pre-existing working models, which continue to have an influence (Zilberstein & Spencer, 2017).

Golding, Turner, Worrall, Cadman, & Roberts (2015) note that whilst middle childhood is a relatively *"quiet time in terms of attachment needs, adolescence will generally see a resurgence in attachment needs"* (p 25), and that adolescents require the secure base in order for them to develop their increasing independence. Adolescents require a "felt security" rather than physical safety, and they can tend to achieve this with less input from their attachment figures as they develop their ability to interact with their environment and manage threats and risks on their own (McElhaney, Allen, Stephensen & Hare, 2009). With increasing autonomy and exploratory behaviour, it is proposed that there will be a decrease in reliance on the attachment figure. This is not to say that adolescents do not turn to others for help when necessary, but that the dependence on caregivers is different to that in earlier stages of development (McElhaney et al, 2009). Furthermore, as the YP's 'attachment network' expands to include new and more diverse attachment figures, this *"distribution of emotional investment"* affords YP a greater degree of autonomy and flexibility in times of stress (Scharf & Mayseless, 2007, p7).

Considering those YP who may have not had positive attachment experiences in their early lives, there is evidence that the development of a positive and

successful relationship with an adult in their teenage years can have positive effects, and the school may be a setting where they can develop such a relationship. Indeed, as Roffey (2016) argues, *"for some children school may be the only place where people authentically care about them, [and] in which they are able to be resilient."* (p. 39).

This is relevant for the present study, which considers how adolescents experiencing challenging circumstances are able to seek and engage with support from different sources, and develop their capacity to cope independently in the face of difficulty and stress. The principles of attachment which have been set out in this chapter may act as a mechanism for this.

1.7.2 Resilience

A widely used definition of resilience is: *"good outcomes in spite of serious threats to adaptation or development"* (Masten, 2001, p. 228). As such, the concept of resilience refers to the inner strength, determination and flexibility that allows a YP to adapt and survive different life experiences (Bombèr, 2007), and the degree to which individuals can do this affects the quality of their resilience (Rutter, 1985). Resilient CYP are said to exhibit a sense of warmth, to act reflectively and think through situations rather than acting impulsively, to have a sense of control over their lives, and have caring adults in their lives who they can identify with (Rendall & Stuart, 2005).

As Weare (2000) acknowledges, stressful life events and negative experiences are *"the stuff of life"* and as such we need to be able to process and learn from difficulties experiences before moving on, rather than "*letting them fix us in the past, hold us back and drag us down."* (p26). This has clear implications for good mental health and wellbeing. Roffey (2016) notes that the length of exposure to difficult circumstances also has an impact on resilience, with chronic, long-term stressors being potentially more damaging to a person's mental health and wellbeing than acute, sudden events.

Daniel & Wassell (2002) advocate the use of a systemic perspective to considering risk and resilience in vulnerable youth, as this seeks to identify potential areas of strength in the YP's whole system, in order to build a protective network around them.

1.7.3   A systemic approach

Bronfenbrenner's (1979) Ecological Systems theory proposes that a child's development is influenced by a complex system of relationships within their environment, comprised of the microsystem, mesosystem, exosystem and macrosystem. The microsystem contains the influences with which the child has the most direct contact with, namely the family and the school. The mesosystem forms the next layer of the model, and refers to the connections and interactions between the elements in the microsystem. The exosystem concerns the wider aspects of society, such as the community and the mass media, and the macrosystem considers the wider cultural and political influences that can affect the other layers in the ecosystem.

Researchers have argued the importance of practitioners being mindful of these systems when working with vulnerable CYP, through acknowledging the multiple and interacting influences on a YP's behaviour and emotional presentation in school. Shute & Slee (2016) cite systems thinking as a usual framework for understanding mental health and wellbeing initiatives in schools, as it challenges the pathologising nature of a medical model of mental health by bringing important contextual information to the fore and seeks to identify whether there are patterns that may be sustaining problems (Rendall & Stuart, 2005).

1.8   Structure of the thesis

Chapter 2 comprises a review of the literature as the backdrop for the development of the present research. It focuses on the following key areas:

mental health support in schools, LSUs and mentoring and then sets out a clear rationale and research questions for the present study in light of this. Chapter 3 describes and justifies the methodology employed to address the research aims.

The findings are presented in Chapters 4 and 5. Chapter 4 presents the narratives of YP's life experiences which contributed to their need for support, and Chapter 5 presents their views on to what degree their needs have been met from support both within and outside the school system, and how this has been achieved.

Chapters 6 and 7 consists of a discussion of the findings, limitations of the study and recommendations for practice and future research.

Chapter 2
Literature Review

This chapter aims to provide an overview of the literature relating to mental health and emotional wellbeing and on ways in which this can be supported in schools. This is a broad area and the focus will primarily be on targeted interventions, particularly through LSUs and drawing on the literature relating to school-based mentoring. Finally, the aims and the research questions of the study are presented. Details of the literature search can be found in Appendix A.

2.1. Mental health support in schools

Schools and educational settings are increasingly viewed as being well placed to identify mental health needs in their pupils and intervene early, before specialist services are required, and Rait et al. (2010) describe schools as being a *"major 'therapeutic environment'"* (p.105) in this sense. Furthermore, schools are familiar environments and may be perceived as comparatively non-stigmatising and more accessible to children, YP and their parents than clinics located off-site (O'Callaghan & Cunningham, 2015 ; Salmon & Kirby, 2008). Hard-to-reach groups have shown greater levels of engagement with support delivered in schools rather than by specialist CAMHS (National CAMHS Support Service, 2011). It has also been argued that many stressors which can contribute to YP's difficulties lie within the school environment, such as bullying or exam pressures (Thorley, 2016). As such, some CAMHS services are rejecting referrals on the basis that problems are 'entirely school-related' (Frith, 2016), pushing for targeted school-based support to be implemented in the first instance in order to reduce the burden on specialist CAMHS.

Weare (2010) notes that there has been a recent shift in approaches to mental health in schools away from solely providing targeted support for those with 'problems', towards a more universal conceptualisation as promoting good mental health for all. She cautions however that both aspects should both be

considered in order to facilitate a holistic and effective response to addressing the mental health needs of all CYP, and there are many who require a much higher level of intervention and support. As such, there has been 'a revival' of targeted approaches against the backdrop of universal support. Spratt, Shucksmith, Philip, & Watson, (2010) argue that without a whole school commitment to mental health, targeted interventions are "*rendered almost meaningless.*" (p. 485).

A number of initiatives have focused on increasing schools' responsibility for responding to and meeting the needs of their students. In England, the development of the Excellence in Cities (EiC) initiative was developed by the then Labour government in 1999 with the aim of raising standards, reducing school exclusions and promoting educational and social inclusion, primarily in deprived inner city areas. Two key measures implemented included LSUs and learning mentors, both of which will be discussed later in this review. The later Targeted Mental Health in Schools (TaMHS) initiative in 2008 also aimed to increase the role of schools in promoting mental health. The goal of TaMHS was not to test a particular intervention or model of practice, but to provide schools with a framework to develop their own approaches based on what is appropriate for their own context and situation, thereby increasing sustainability and a sense of ownership amongst school staff (Weare, 2010; Vostanis, Humphrey, Fitzgerald, Deighton, & Wolpert, 2013) . TaMHS represented a shift away from the medical, deficit model of mental health and towards a systemic, ecological model of mental health (Cane & Oland, 2015). A core principle was the use of evidence-based interventions and approaches.

However, there is a growing recognition in the field for the need for "practice-based evidence" as well as "evidence-based practice", recognising that research evidence alone cannot determine best practice and professional experience is also needed, especially in therapeutic practice which tends to be more individualised, community-based and used with a non-homogenous group (Dunsmuir & Hardy, 2016). Highlighting this, Vostanis et al (2013) point out that much of the research into the efficacy of school-based interventions for mental health originate from outside of the UK and are tightly controlled with

schools accessing support that would not normally be available to them. As such, it is difficult to measure a real-world impact, as it is noted that "*such interventions do not occur in a vacuum, but rather form part of a complex set of approaches to developing effective provision in schools*" (p 152). In practice-based evidence, the focus is whether a change took place in an individual case as the result of an intervention. Dunsmuir & Hardy (2016) argue that this form of evidence has high generalisability as it is located in existing professional practice, but has low internal validity and rigour, which is a benefit of tightly controlled randomised control trials.

The need for this form of evidence is also indicated by the findings of Vostanis et al. (2013). In a large scale survey of English primary and secondary schools, they found that overwhelmingly, work targeted at addressing the mental health needs of CYP was largely being delivered by school staff, with less than 3% reporting using external mental health specialists. It is therefore likely that there is a considerable degree of variation in practice given the diversity in experience and training of school staff. The authors do point to the strong evidence base suggesting that school staff are as effective as (and in some cases, more effective) than external professionals, at least in delivering universal interventions. The results also indicated that schools tended not to use external services for training, supervision or consultation to support their role in supporting CYPs mental health and wellbeing, and that this is an area which schools would benefit from seeking further support.

Thorley (2016) outlines four major barriers which has created inconsistency in the availability and quality of school-based provision: schools' inability to access sufficient funding and resources; lack of mechanisms for schools to influence commissioning decisions; inconsistent quality of support that schools can commission; and a lack of external checks on appropriateness and quality of such provision in schools.

2.2. Accessing and engaging in support: Facilitators and barriers

2.2.1. Identification of need and referral for support

School staff are becoming increasingly responsible for the identification of mental health needs and the referral of YP for additional support, and this clearly has implications for what is perceived as being a 'problem'. Research suggests that YP with externalising rather than internalising difficulties are more frequently picked up on by teaching staff, owing to disruptive behaviour which may make them more 'visible' than those passive students.

Some research has focused on the role of teachers in the identification of mental health needs. For example, Rothi, Leavey, & Best (2008) investigated teachers' perceptions of their roles, and whilst they largely take their role in supporting students seriously, they felt they were not adequately prepared to identify and respond to mental health needs. This was often attributed to lack of training in this area and already overwhelming demands on them in other aspects of their role. This is especially pertinent in light of the increasing focus on academic outcomes.

Finney (2009) argues that in order to work towards the maxim that 'mental health is everybody's business' there needs to be training for all staff to increase both their knowledge and their confidence, to promote self-efficacy. He argues consultation can lead to 'dependency' on other professionals.

It is argued that lack of knowledge and skills can result in staff feeling threatened (e.g. Cane & Oland, 2015; Weare, 2010). This has implications for the mental health and wellbeing of the staff themselves (Weare, 2015a). Solomon & Thomas (2013) argue that it is crucial to consider what people need in order to give their best – both staff and students – and there needs to be a whole school ethos that promotes this.

2.2.2. Supportive school ethos

Research highlights that a supportive whole school climate and ethos is imperative to mental health support, and refers to the core values, attitudes, beliefs and culture which *"permeates every aspect of school and classroom life [...] it indeed shapes everything significant to the success of the school."* (Weare, 2015b, p 5). Successful environments create a platform for individuals to feel listened to, understood and empowered.

Hornby & Atkinson (2003) set out a framework for promoting mental health in schools, with school ethos underpinning other layers of the framework (organisation, provision and practice). They set out that an ethos should aim to involve all parties – pupils, teachers and parents – as having a role and responsibility to promote mental health. They propose that this should consider the following aspects: *caring for all*; *valuing diversity; building self-esteem, relationships; safety, continuity; participation; and fostering independence.*

2.2.3. Consulting young people

Pupil voice refers to genuine consultation and authentic involvement of all students regarding decision-making about their education, and when done well, it has multiple benefits for YP in relation to their sense of connectedness and positive attitudes towards school, engagement in their learning, self-efficacy, social skills, and improved relationships with teachers (Weare, 2015; Rose & Doveston, 2008).

It has been acknowledged that the voices of **all** YP need to be heard, not just those who are most motivated and engaged in school life. Michael & Frederickson (2013) argue that the voices of YP with BESD are still amongst the least heard, despite a growth in research employing the views of YP more generally. In addition to the voices of 'disruptive' YP , Russell (2007) also argues that the voice of passive but vulnerable YP is also less likely to be heard. She warns that in her research and experience, YP who were not perceived to be 'a problem' for the school were viewed as not requiring

intervention, even in situations where they self-referred for help. She argues that all voices need to be heard, "*no matter how quiet*".

This sentiment is echoed by O'Connor, Hodkinson, Burton, & Torstensson, (2011) who note that whilst the literature seemingly offers clarity on teachers' and parents' perceptions and views of YP with BESD, there is very little currently in respect of the voices of YP themselves. Although others have noted an increase in the mechanisms available for gaining pupils views, there is still considerable work to be done to facilitate a meaningful and genuine contribution of these views into practice and policy, in order to avoid tokenism (McCluskey, 2014; Rose & Doveston, 2008).

Rose & Doveston (2008) argue that researchers need to commit to placing YP firmly at the heart of research as this is paramount to respecting and valuing their views, and empowering them to recognise that their views may influence change. This also serves to make debates *"more relevant and well-focused"* (McCluskey, 2014, p93) and that YP should be invited to contribute on the issues that affect them directly and in significant ways.

In terms of YP's choice and agency in accessing mental health support in school, Spratt et al (2010) found a low self-referral rate across all six of the school-based interventions they reviewed, and indeed some did not offer the opportunity for self-referral. Segrott, Rothwell, & Thomas (2013) argue that YP's choice about whether to access support is fundamental and should be an ongoing option. In their study of a school-based emotional support service run by Barnardo's, they noted that teaching staff again were the primary referrers but that YP also had to agree in order to access it, and also had control about how information was recorded and/or shared (aside from those relating to safeguarding concerns). However, often YP were not given an option to self-refer, arguably taking control away from CYP and privileging some over others.

Spratt et al (2010) argue one of the dangers of teachers tending to primarily refer 'problematic pupils' for an intervention is that YP come to view it as being "for bad people", thereby being reluctant to seek help or access support due to

the stigma attached to it. They argue that to enable YP to access support, there requires a careful consideration of referral procedures and routes of access, and some 'creative thinking' around how to engage YP. For example, drop-in sessions, social activities or spaces to sit and eat lunch together may be helpful as 'zones of engagement' in order to begin to establish a relationship and a sense of trust, and reduce barriers of threat or stigma (Segrott et al., 2013).

2.2.4. The impact of stigma

Research has suggested that stigma in society surrounding mental health issues can deter YP from seeking help when they experience such difficulties (Naylor, Cowie, Walters, Talamelli, & Dawkins, 2009). Stigma is identified as one of the most common reasons that YP do not seek help, along with not recognising there is a problem and not knowing how to access support (Bowers, Manion, Papadopoulos, & Gauvreau, 2013). Bowers et al. (2013) found that YP perceived stigma to be the greatest barrier to YP accessing help for mental health issues.

However, another study considering barriers to mental health support has challenged this (Sharpe et al., 2016). In a survey of school staff, the biggest perceived barrier to supporting mental health in schools was identified as the capacity of NHS CAMHS (61% of staff reporting that this is 'very much' a barrier), compared to 'attitudes towards mental health' which only 14% viewed as being 'very much' a barrier, and 20% stating this was 'not at all' a barrier. It was proposed that this low perception of stigma may reflect the positive impact of public antistigma campaigns such as 'Time to Change'. However, recent data from the Princes Trust (2017) indicates that 78% of their sample of YP aged 16-25 (with and without mental health difficulties) think that there is a lot or some stigma attached to mental health issues, indicating that there is still a long way to go in tackling this issue amongst YP. This suggests a stark contrast in the perceptions of school staff and YP about the stigma surrounding mental health difficulties, again highlighting the need to consult YP.

In working to address this issue, Naylor et al. (2009) reported a positive impact of a six week school-based intervention to teach adolescents about mental health. Six months after the intervention, they found that the intervention group showed significantly more sensitivity and empathy towards people with mental health difficulties compared to a control group who had not had the intervention. Sholl, Korkie, & Harper (2010) also described a similar teaching intervention delivered in a London secondary school, co-facilitated by two clinical psychologists, one of whom was also a mental health service user. They also reported that YP had a much more positive view of mental health following the intervention, and as such, conclude that effective teaching about mental health may help to tackle the issue of stigma in YP.

2.3.   Learning Support Units

LSUs were implemented as part of the EiC initiative. There is no one model proposed, affording schools the flexibility to establish support in response to their priorities and the needs of their students. There is seen to be a dual purpose of LSUs, with those deemed to be most effective considering both students' academic needs and providing "*strong care, guidance and support*" (Oftsed, 2006). There exist a variety of different names for such provisions, including Pastoral Support Units, Inclusion Units, Student Support Centres, In-School Centres (ISC), but the term LSU tends to be the most widely used, and will be used throughout this thesis.

The DfES defines the purpose of LSUs as *"school-based centres for pupils who are disaffected, at risk of exclusion or vulnerable because of family or social issues. They provide short-term teaching and support programmes tailored to the needs of pupils who need help in improving their behaviour, attendance or attitude to learning."* (cited in Ofsted report, 2006)

Research has found that LSUs can be effective in supporting the most vulnerable pupils, in relation to preventing exclusions, and improving

attendance, attainment and behaviour (IOE & NFER, 2014; Steer, 2005; Ofsted, 2006; Hallam & Castle, 2001), and that they work best when they are part of a whole-school approach and complement other work in school (McSherry, 2004). It is typical for students to spend at least some of their timetable in the LSU, particularly those lessons that they find particularly difficult, but the intention is not for the LSU to act as a replacement for mainstream classes; rather the goal is to enable them to cope with challenges presented in the school context.

Much of the research into LSUs has focused on YP with challenging behaviour and who are at risk of exclusion from school. Schools that reduce exclusions whilst keeping their students on-site often attribute this success to a shift in school ethos, and consider how adapting the environment, curriculum and pedagogy may better foster the inclusion of students at risk of exclusion (Hatton, 2013). Hallam & Castle (2001) found that successful in-school provision actively involved all school staff, which led to a greater understanding and acceptance of the provision, used inclusive strategies and approaches across the school, and resulted in less dependence on individual members of staff to 'deal with' challenging behaviour. This resulted in a cultural shift away from a 'within-child' view of behaviour to encourage a deeper understanding of systemic influences. Sydney (2009) highlights the importance of an LSU being set within a whole school inclusive ethos, posing the question "*[if YP return] to a classroom that still does not meet their needs, can you get lasting improvement?"* (p 46).

Marchant & Ellis (2015) highlight the importance of physical availability, and accessing a separate base or unit can be beneficial for YP when they need support. In addition, the time and flexibility more readily offered by pastoral support staff was considered important in that they were able to be present for YP in order for them to address issues at their own pace. By virtue of being a part of the school system, staff were able to provide immediate support for YP who were known to be experiencing difficulties (Hallam & Castle, 2001). A further strength identified is the development of positive relationships between staff and parents, and between staff and pupils. (HMIE, 2010)

Although the very existence of an LSU in a school would suggest inclusive practice, Burns & Hulusi (2005) argue that in reality, they are vulnerable to becoming an exclusion unit working in isolation from the rest of the school system. This calls for clarity from school leadership when establishing an LSU as to the aims and purpose of the provision and clear communication across the whole school.

To my knowledge, there is currently no research which focuses explicitly on how an LSU provision can provide specific, targeted support for addressing mental health difficulties. As such, this is the focus of the present study, by striving to understand how a one-to-one mentoring intervention (one of the forms of intervention offered in the LSU) supports the most vulnerable YP in the school.

2.4. Mentoring

Mentoring forms the basis of many interventions aimed at supporting vulnerable CYP and exists in many forms, including group mentoring, community-based mentoring, peer mentoring, and school-based mentoring (Komosa-Hawkins, 2010). School-based mentoring is the fastest growing approach, accounting for nearly half of all youth mentoring programmes in the United States (US) (Schwartz, Rhodes, Chan, & Herrera, 2011).

However, there is variation between definitions of what mentoring is. Hall (2003) suggests that there are four dimensions to be taken into account when defining and characterising mentoring: the origin of the mentoring relationship; the purpose of it; the nature of the relationship (i.e one-to-one or group); and the site in which the mentoring takes place (such as school or community). He concludes that *"mentoring is not one thing: it is a range of possibilities."* (p. 9).

A common distinction that is drawn in the literature is the origin of the mentoring relationship, broadly falling under the headings of 'natural' and 'planned' mentoring. Natural mentoring are those relationships which develop

organically, often in community and family settings. Planned mentoring is implemented systematically through formal processes and structures (Russell, 2007). Some authors refer to planned mentoring as 'artificial' mentoring, but this term is questioned by the present researcher as it would suggest a form of mentoring relationship that is not authentic. The form of mentoring that is the focus of this thesis is a planned intervention, but within which, the relationship is still encouraged to develop organically.

Much of the literature relating to mentoring originates from the US, and often consists of large-scale quantitative evaluations of mentoring interventions. Furthermore, these studies typically rely on the use of self-report measures and statistical analysis to deem whether various interventions have been successful or not. More recently, there has been a small amount of qualitative research aimed at understanding the processes of mentoring, particularly relating to the relationship between the mentor and mentee. The majority of the mentoring literature reviewed here will relate to school-based mentoring, but other research on different forms of mentoring, such as community-based mentoring, will be drawn upon where relevant.

2.4.1. School-based mentoring

Mentoring programmes have been developed and implemented to address a range of issues affecting YP, including poor academic performance, substance abuse, teenage pregnancy, youth offending and low self-esteem (Piper & Piper, 2000; Thompson & Kelly-Vance, 2001), which as noted in the previous chapter, are amongst the myriad negative potential outcomes for YP identified as having mental health difficulties. However, research directly relating to mentoring as an intervention for adolescents with mental health problems is lacking, despite suggestions that this could be a promising approach (Garraway & Pistrang, 2010).

Many positive effects of mentoring have been demonstrated in the literature, in both large and small scale studies employing qualitative and quantitative methods.

Mentoring has the potential to increase the perceived social support of CYP, thereby having a positive impact on the development of their internal resources (such as coping skills and self-esteem) and social and emotional health. Furthermore, increased perceived social support has been found to increase levels of school engagement, connectedness, attitudes towards school, motivation, attendance and attainment. (DuBois, Holloway, Valentine, & Cooper, 2002; Komosa-Hawkins, 2012; Rhodes, Spencer, Keller, Liang, & Noam, 2006). The emotional support provided by mentors has had positive effects on parent, teacher and peer relationships, and thereby gains for CYP in self-concept and social and emotional competence (Komosa-Hawkins, 2012; Rhodes et al., 2006; Chan, Rhodes, Howard, Lowe, Schwarz & Herrera, 2013). Komosa-Hawkins (2012) suggests that mentoring fosters resilience in YP through the provision of support that may enable them to cope with transitions and change, stay in education, and to prepare for their future.

In their meta-analysis of 55 evaluative studies, DuBois et al (2002) considered five types of outcome measure for mentoring schemes: problem or high-risk behaviour; academic/educational outcomes; career/employment outcomes; social competence; and emotional and psychological adjustment. It was concluded that mentoring programmes had a significant effect on the first three types of outcomes, and some effect on the last two. They also considered age, gender, race/ethnicity and family structure, and found that there were positive effects across the outcome types for all groups.

DuBois et al found that overall, the positive effects of mentoring were 'modest' for the 'average youth', and although it can make a measurable difference, it should not be considered a large difference. This said, they acknowledged that mentoring programmes appear to offer the greatest benefit to those who are more 'at-risk', especially those facing environmental risk or disadvantage and who those from a low socioeconomic background. The authors note that there was a substantial degree of variation in outcomes for YP who were considered

at-risk due to 'personal vulnerabilities'. DuBois et al caution that when YP are experiencing "*significant personal problems*" they are likely to require *"relatively extensive amounts of specialised assistance… a situation that is not necessarily well-suited to the primarily volunteer and nonprofessional status of most mentors."* (p 189) They suggest that to overcome this, there needs to be sufficient training and mentor support, and that there is evidence that poorly implemented programmes can actually have adverse outcomes on at-risk youth.

Whilst there is much to be learnt from large scale studies, mentoring is a complex process, *"an inherently interpersonal endeavour"* (DuBois et al, p. 189), which takes place between two people over a period of time. Komosa-Hawkins (2010) notes that it is important to recognise that lack of statistical significance in some large scale studies does not necessarily equate to no effect, and that outcomes may simply be indirect or not immediately evident. Furthermore, Beltman & MacCallum (2006) also note the limitations of the available data on mentoring outcomes, which don't reflect that the changes for some individual students could be "quite dramatic". Komosa-Hawkins (2012) argues that as one-to-one mentoring is an individualised intervention, measuring programme outcomes is complicated and as such it is necessary to *"contextualise the complexity"* (p 407) for example through longitudinal research and complex analyses of mentoring processes.

In light of this complexity, Frels & Onwuegbuzie (2012) warn that those coordinating mentoring programmes should place less emphasis on the desired outcomes and instead to focus on the potential for mentoring to be a meaningful experience. Research which explores the development and characteristics of mentoring relationships will now be considered in more detail.

2.4.2. The mentoring relationship

Frels & Onwuegbuzie (2012) point out that ultimately, school-based mentoring is most successful when based on the value of a strong dyadic relationship, and it is this that acts as the facilitator for change. They note that *"the relational*

component of trust *seems to be the single most important factor for successful mentoring"* (p. 183) and that benefits for YP were contingent upon a strong connection characterised by mutuality, trust and empathy.

The presence of attunement in the relationship is also a key component of successful mentoring. Attunement in mentoring relationships is characterised by *"the mentor's ability to read [a YP's verbal and nonverbal] cues, interpret their meaning, flexibly adapt expectations and respond contingently to the youth's bids for support"* (Weiler, Chesmore, Pryce, Haddock, & Rhodes, 2017, p 4). Mentors who do not demonstrate these characteristics can often fail to build a strong connection with their mentee (Pryce, 2012).

Zilberstein & Spencer (2017) suggest that mentoring relationships have the potential to resemble a secondary attachment relationship, and that the principles of attachment can be drawn upon in the development of such relationships. They point out that in considering the qualities that CYP desire and value in a mentoring relationship are those that occur in secure attachment: safety and security; opportunities for growth; unconditional regard; authentic engagement; active participation; responsiveness; and empathy. They suggest that no matter what the developmental stage, the same principles of attuned, sensitive and consistent behaviours are crucial, and that mentors who engage in attachment-based relational strategies can help to modify the YP's earlier working models.

Rhodes et al. (2006) outline the potential impact that mentoring can have on youth who have had poor attachment experiences. Through offering the YP genuine care and support, mentors can help to challenge sometimes long-standing negative views that they may hold of themselves and their relationships with others. For some, this may be the first instance in which they have been able to view a relationship with an adult as positive, and thus mentoring may act as something of a "corrective experience".

Furthermore, relationships that are person-centred, driven by the YP rather than primarily by the expectations of the mentor, have been found to have a

positive impact on youth engagement and relationship quality (Segrott et al., 2013) although Langhout, Rhodes, & Osborne (2004) found that those relationships which had elements of both structure and support were more beneficial than those of an unconditionally supportive type. From an attachment perspective, this again highlights that an element of security provided through a consistent approach is likely to be beneficial whilst also being attuned and following the YP's lead.

Langhout et al. (2004) raise the importance of considering the unique context of each individual when planning a mentoring intervention as the level of support and direction a person is likely to need will depend on their characteristics and readiness to change. They draw on counselling literature, with psychotherapists providing a combination of high or low support and high or low direction – with differences in these dimensions not resulting in therapeutic relationships that are necessarily 'better' or 'worse'.

2.4.3. Attachment in therapeutic contexts

It is of relevance to consider mentoring in the context of the therapeutic alliance and therapeutic reparenting. Reparenting refers to a range of models and approaches used in a diverse range of settings and contexts, which have the aim of addressing a person's developmental and psychological needs through a relationship with another; usually a carer or therapist. Therapeutic reparenting has been written about in various contexts including adoption and fostering (e.g. Van Doorn & Connelly, 2011; Murphy & Callaghan, 1989; Archer & Gordon, 2013); and in therapeutic counselling. Willison & Masson (1990) consider the role that therapeutic reparenting can have for "developmentally deprived" students, that is, YP who may experience a variety of unmet psychological needs resulting from their experiences in childhood and adolescence. They cite a variety of contributing factors to this unmet need, including parental absence, substance misuse, illness, as well as trauma, abuse and neglect.

The term 'therapeutic alliance' is defined by Prever (2014) as the degree to which the client trusts and believes in the therapist, as well as how much they like them. Prever argues that the establishment of the therapeutic alliance is especially important when working with CYP, who have often experienced a range of interventions prior to being referred for counselling. The quality of the therapeutic alliance has been found to have a bigger effect on the outcomes of treatment than the form of treatment used, indicating the power of the relationship in therapeutic work (Music, 2017). Warmth, empathy and genuine positive regard are considered key therapist qualities which can serve to enhance CYP's engagement and good outcomes (Dunsmuir & Hardy, 2016).

Brassard & Johnson (2016) outline the importance of attachment theory in the development of the therapeutic alliance between the therapist and client. They propose that an attachment-oriented therapist acts as a surrogate attachment figure by actively helping their clients to regulate emotion, particularly attachment-related anxiety which can impact on interactions and relationships with others. They propose that the provision of a secure base as created by the therapist can allow a healing process to occur. This perspective indicates that the skill of the therapist is in creating the space and the context for "self-healing" rather than viewing the therapist as the direct agent of change and healing in the client. This too is a goal of mentoring, with the mentor supporting the mentee to draw upon and develop their strengths, skills and resources in order to problem solve and overcome difficulty with increasing autonomy.

Perris, Fretwell & Shaw (2012) outline the role of the therapist in reparenting contexts as taking on a parent-like role and establishing a secure attachment bond in order to meet the client's core emotional needs within the therapeutic relationship. However, they do caution for the need for therapist self-care in carrying out such work, for example the additional responsibility they may feel for influencing their clients on a more personal level, and to also acknowledge that they will not be able to *"emotionally attach"* to all clients, recognising that at times there may exist a *"fundamental mismatch"* between therapist and client (p 480).

Whilst mentoring is not considered 'therapy' and mentors are not trained therapists or counsellors, there are some aspects of the therapeutic alliance which are apparent in the approach of mentors in working with young people (for example, as seen in the relationship qualities outlined by Zilberstein & Spencer, 2017).

2.4.4. Views of mentors and YP

Garraway & Pistrang (2010) point out that despite the growing evidence base indicating the effectiveness of mentoring, there is a lack of qualitative evidence on how YP experience the process. This is vital, as mentoring will have limited impact unless YP themselves can identify the benefits of mentoring and as such engage with the relationship. They identified African-Caribbean boys as being a particularly vulnerable group who are less likely to access mental health services compared to white adolescents, and set out to gain the views of this population on a community mentoring scheme in London, set up in partnership with CAMHS. Mentors met with the YP at least weekly, and CAMHS professionals were encouraged to liaise regarding the support for each YP. The YP had diagnoses including depression, schizophrenia and ADHD, and some were known to a Youth Offending Team. Focus groups were held with 13 boys, and eight then agreed to an individual interview. Five mentors (adult males) were also interviewed.

The boys' accounts highlighted the uniqueness of the mentoring relationship. They reported developing strong emotional bonds, enabling them to share their personal difficulties that they felt unable to discuss with others. They felt their mentors were flexible and available for them when they needed them. There was a strong sense of shared life experiences, with mentors coming from similar backgrounds the boys and talking openly about their own experiences. Mentors also acted in a mediatory role between the boys and other professionals, and the boys felt they had an advocate who could 'speak their language' but also could speak the language of the professionals. This was an important function of the mentoring relationship, 'bridging the gap' between the

African-Caribbean community and mental health services. Garraway and Pistrang note that one of the most significant changes in this group was in their attitudes towards help-seeking, and it was evident that this had begun to generalise to other settings, such as asking for help at school.

This study provided an in-depth look at the mentoring relationship and how this can support vulnerable YP who are reluctant to engage in support from other sources. The views of the boys were overwhelmingly positive, and the authors indicate that further research as to how mentoring can be used as an approach working alongside mental health services is needed, especially for hard-to-reach groups.

Another notable study which sought to understand the relational processes underpinning mentoring from the point of view of YP and mentors was that of Spencer (2006). Four processes emerged from the data: authenticity; empathy; collaboration; and companionship. Authenticity refers to a genuine approach to the relationship, being "real" with one another and feeling safe to express feelings. Empathy was viewed as an extension from authenticity; that mentors took an interest and strived to understand the YP's experiences in all their complexities, without judgement or agenda. These processes were seen to be being particularly important in the early stages of the relationship, and as the pair got to know each other better, mentors began tailoring their support to the YP's specific needs which they began collaboratively working on (for example an intention to promote academic skills, managing intense feelings, or social problem solving skills). There was clear evidence of the pairs enjoying each other's company, feeling like they mattered to one another, and the development of a genuine companionship.

Spencer suggests that the deepening of the relationship between the pairs was dependent on the joint commitment and emotional involvement of both parties, but that in the early stages, the role of the mentor was often to "carry the load of the relationship" whilst the adolescent came to know and eventually trust their mentor. Spencer concludes that the adolescents, who were all facing significant and persistent challenges, *"clearly expressed that having an adult*

mentor who was integrally involved in their day-to-day emotional lives was important for their psychological health during this period of tremendous growth and change." (p 313).

2.4.5. School staff as mentors

In reviewing best practices for school-based mentoring, Komosa-Hawkins (2010) outlines both the advantages and disadvantages of school staff acting in the role of mentor. Advantages include the vested interest that staff have in delivering such interventions, that the staff are present on the school site and are likely to be working alongside other staff who can provide support and a platform for the sharing of ideas and strategies. The primary disadvantage is that the intensity typically tends to be lower than would be provided in community-based mentoring programmes, and that the time constraints (i.e. the school calendar) necessarily place boundaries and limits around the intervention. Typically, school-based mentors meet YP much less frequently and for a shorter duration and this may therefore have implications for the bond that develops. Research has suggested that mentoring interventions should run for a minimum of 6 months to show positive effects, but that 12 months or more is recommended, to allow for strong relationships to be established (Grossman & Rhodes, 2002).

The literature on schools employing staff to work in a mentoring capacity is somewhat limited, although there has been some UK research focusing on the role of learning mentors, defined by the DfES was a person who helps *"YP overcome barriers to learning through one-to-one mentoring, regular contact with families/carers and encouraging positive family involvement."* (cited in Bishop, 2011). Whilst learning mentors are typically seen as having a dual role in both supporting academic development and providing emotional support within the context and priorities of the school, Rose & Doveston (2008) found that learning mentors perceived themselves as having a much more personal role in school, and that the individual needs of the child are their main priority over the whole school agenda.

Jones, Doveston, & Rose (2009) suggest that the ambiguity and fluidity of role definitions is actually a strength rather than a weakness of mentoring and aids developing supportive and relevant pastoral systems. This indicates that mentoring interventions can be set up in response to the needs of a particular school setting with less formalised boundaries around the role as there are with other roles in schools. However, it has been argued that in order for mentoring to be effective, there needs to be a clear leadership in schools, otherwise staff are left to create their own professional identity, with no clear role expectations from the mentors or the wider school staff (Rhodes, 2006; Hallam, Castle, & Rogers, 2005).

2.5.   Rationale for the present study

The mental health of YP in the UK has been labelled as *"an emerging public health crisis"* (Humphrey & Wigelsworth, 2016) with a well-documented rise in the prevalence of such difficulties, but with inadequate availability of support from CAMHS to cope with the increasing demand. Schools are increasingly being looked to as an alternative setting for providing mental health support, but there is considerable variation in the provision of support and the quality and effectiveness of that support, with some calling for 'beacon schools' to be used as a means of spreading best practice (Thorley, 2016). This is in the spirit of 'practice-based evidence' and 'what works on the ground' which has been highlighted as being necessary when evaluating individualised interventions with a more therapeutic focus (Dunsmuir & Hardy, 2016).

As has been set out in this literature review, there is a great deal of ambiguity and variation relating to the conceptualisation of both LSUs and mentoring interventions and how they have been established in school settings. This has been positioned as providing the necessary flexibility for schools to develop and implement pastoral support systems which respond to the needs of their students. However there is a paucity of research specifically looking at how both LSUs and school-based mentoring interventions support YP with SEMH

needs as its primary purpose over academic support. There is also limited research into the views and experiences of YP who engage in mentoring relationships, especially those identified as having mental health difficulties (Garraway & Pistrang, 2010).

2.6. Aims and research questions

The aim of the present study is to explore how such a provision works to support YP presenting with SEMH difficulties.

Drawing on the theoretical underpinnings of attachment, resilience and systemic thinking, the study aims to capture the views and experiences of YP accessing the most 'intensive' intervention of one-to-one mentoring offered within the LSU, to establish whether YP perceive the provision to be successful in its aim, and the extent to which the support offered helps to support them and enable them to cope with their difficulties.

The research questions are as follows:

1. What circumstances and challenges in the lives of YP have contributed to their need for support?
2. In light of these challenges, what are the YP's experiences of support in school and from other sources?
3. To what extent do YP feel this support has helped them, and in what ways?

It is hoped that the findings will contribute to knowledge about 'what works' in supporting YP who are amongst the most vulnerable in schools through employing a mentoring approach, and that this will be of use to schools and professionals working to support mental health and wellbeing.

Chapter 3
Methodology

The following chapter outlines the methodology and epistemological positioning of the research project. It provides a rationale for the research design and methodological approach used and why this was selected. Information regarding the recruitment of participants, the research context and ethical considerations are outlined.

3.1.   Ontological and epistemological position

As Bold (2011) explains, there is a need for researchers to be clear in setting out their values and beliefs, and acknowledge how this influences their research, including ontology (how we perceive reality, and ourselves in relation to our environment), epistemology (our view on how knowledge is created), methodology (how we carry out research) and social purpose (what we want to achieve in the social world). Together this can be conceptualised as a "worldview", which are broad orientations about the world and the nature of research (Creswell, 2009).

These fall within two primary traditions: positivism and relativism. Broadly speaking, positivism is considered to be the standard view of science, in which objective knowledge, or facts, can be gained from direct experience or observation (Robson & McCartan, 2016), and tends to be based on quantitative data and direct hypothesis testing. Social Constructionism is instead positioned from a relativist viewpoint, and holds that rather than the existence of an objective reality, meaning is socially constructed, and that development and outcomes for individuals are the result of a 'complex web' of perceptions and responses, which lie in the wider systems around the person (Kelly, 2008). Knowledge is viewed as being created through language and social interactions, and discourses develop which allow people to make sense of their experiences. Constructionists propose that our patterns of living are sustained

by our relationships (Gergen, 2015) and that human beings seek to understand the world by constructing subjective meanings of their experiences, which results in multiple interpreted realities (Creswell, 2009).

This thesis is positioned from a Social Constructionist perspective as it strives to uncover how individuals have constructed and made sense of their reality through the stories they tell. It is also acknowledged that in my role as the researcher, with my own values, perspectives and life experiences, will have an influence on the research. The interviews are a product of the context, dynamic, the questions posed and in my interpretation of the data: a co-construction between myself and the participants. In order to provide transparency to the reader I have outlined my motivations for undertaking this research within the introductory chapter.

This research is concerned with accessing the voice of YP and striving to understand how they have made sense and meaning of their experiences. In line with the Social Constructionist perspective, the experiences of the participants are viewed as being a product of their social and cultural context and their relationships with others, and interviews aimed to create a platform for participants to share their views and experiences from their own perspective, rather than aiming to elicit an objective, factual account.

3.2. Selecting a research method

The aims of the study were twofold: firstly to appreciate the complexity of the challenges and circumstances YP had faced in their lives; and secondly, to understand how they have been supported in school in light of these challenges.

In order to address the first aim, I required a qualitative research method that allowed the stories of the YP to be captured and accurately represented, whilst respecting and celebrating their individuality. This is in line with a narrative approach, which allows for individual complexities and richness to be

maintained, by typically looking for meaning within transcripts rather than across transcripts.

In addressing the second aim, it was felt that a different approach to data analysis was required. Whilst there was a great deal of individuality in the YP's accounts relating to their life contexts, there were clear commonalities regarding their experiences of support in school. As such, it was felt that an approach which allows for patterns and themes to be identified across a data set would help to capture and communicate the experiences of the group as a whole. Thematic Analysis, as described by Braun & Clarke (2006), enables a researcher to analyse data to find these repeated patterns of meaning. My decision making processes in relation to this are outlined at the end of this chapter.

3.3. A Narrative Approach

There are many definitions of narrative and a great diversity of approaches that can be taken to narrative research. Riessman (2008) proposes that this variety of definitions can be viewed as being on a continuum, with its application in social linguistics at one end, referring to a discrete unit of discourse, and applications in social history and anthropology at the other, in which narrative can refer to an entire life story. In the middle of this continuum are narrative approaches used in psychology and sociology, where personal narratives are *"extended accounts of lives in context that develop over the course of single or multiple research interviews"* (Riessman, 2008, p. 6). These approaches all have in common that they examine text or other data that has a storied form.

Elliott (2005) describes narratives as having three key facets. Firstly, there is a temporal aspect in that a series of events are described, thus telling a story rather than just describing a situation. Secondly, meaning can be derived from the story. Thirdly, there is a social aspect to the narrative, in terms of both the reason that the story is being told, and how the relationship between the narrator and the listener might affect the way that the story is being told. As

clearly outlined by Phil Salmon, *"all narratives are, in a fundamental sense, co-constructed"* (in Riessman, 2008, p. 31).

Broadly speaking, narrative inquiry can focus on either the content of the story or the way in which it is told. Thematic narrative analysis is concerned with the content, whereas structural narrative analysis also focuses on the *way* a story is told, which is considered equally as important as the content (Riessman, 2005). In a traditional model of structural analysis, the approach is text centred and focuses primarily on the events described in the narrative and takes little account of context. Thematic narrative analysis methods on the other hand usually encompasses two ideas: that the researcher is concerned with identifying themes, and that experiences usually involve relationships between people and contexts (Bold, 2011).

3.4.   Interviews

In line with the qualitative approach and aim to capture YP's views, a semi-structured interview method was selected.

The intervention that the YP in the study are receiving is predominantly based upon verbal communication in a one-to-one context. It was felt that the YP would therefore be able to engage with the interview process, provided that the environment and the circumstances were right. Through my previous experience working with vulnerable adolescents and in my current role as a TEP, I consider myself skilled in facilitating an atmosphere which is safe and secure and in developing a rapport with the YP to enable them to feel comfortable in sharing their stories with me. Riessman (2005) points out that listening in an emotionally attentive and engaged way is a complex process and rarely included in social scientists' professional training, despite its importance in narrative interviewing. However, the development of this skill is one which is very much embedded in EP training.

Owing to the diversity in narrative approaches, there is no prescribed method of interviewing to gain participants' narratives. Some researchers prefer to

utilise an unstructured interview approach which often have no set agenda, and as such do not impose any particular questions or guide the participants in any set direction.

Semi structured interviews allow pre-determined questions to be asked but offer the interviewer possibility of following up interesting responses, probing for more detail, and adapting the interview schedule as necessary.

McCluskey et al (2015) advocate the use of a flexible interview schedule, used as a 'topic guide'. They found that approaching interviews in this way encouraged the flow of conversation and enabled YP to initiate discussion in areas of priority for them. It is however recognised that some YP may prefer a more structured approach, and the interviews in the present study were carried out in a manner that was felt most appropriate for each individual. This is in line with a social constructionist epistemology, as the interviewer is able to adapt the process dependent on the way that the interviewee is making sense and meaning of the topics covered, and how these are being expressed.

3.4.1. Developing the interview topic guide

The interviews were positioned to YP as being an informal discussion, and an idea of the topic areas that would be covered was outlined at the beginning of the interview. It was decided that rather than have a list of questions in front of me, I would let the conversation develop naturally and in so doing, I was able to devote my full attention to what the YP was telling me and to allow for their stories to develop in an authentic and meaningful way for them.

The initial question asked of all YP was deliberately very open, "Can you tell me a little bit about yourself?", allowing the participants to respond in a way that they felt most comfortable. For example, some participants chose to tell me about things that they enjoyed doing, and others chose to talk about the challenges they have faced from the very beginning of the interview.

The interview guide (presented in Appendix B) contained a summary of themes to be covered, which included: experiences at school – difficult and positive; experiences at home – difficult and positive; support received (The Hub and other sources); and what could be different or better. The themes were developed with a systemic framework in mind, to consider a variety of aspects in the YP's lives, and in light of the literature, for example to understand their relationships, views and attitudes of others, connectedness to school and to The Hub, and processes such as referral pathways. There were suggested questions for each of these themes, but I found that many of these were covered naturally as the conversation developed and it was not necessary to refer to the interview schedule very often, if at all.

There was no prescribed time period for the interviews and they ranged between 20 minutes and one hour, with the majority lasting around 40 minutes. This was sufficient time to cover the broad topic areas I wanted to cover, but also allowed for the YP to talk about the things that were important to them in some depth. I did not feel the need to re-focus the YP or move the conversation back to my agenda as I wanted to ensure that they felt they were being heard and understood, and they often raised interesting topics and lines of conversation. At times, I would ask follow up questions on an interesting topic that a YP had touched upon, and I ensured that I used their own words as much as possible when doing so, so as not to impose my own interpretations of meaning, for example, "you mentioned before that you don't want to add to your mum's worries, could you tell me a little more about that?". The interviews ended with the opportunity for the YP to add anything important that they felt hadn't been covered in enough depth or that had been missed.

It should be noted that a pilot of the interview schedule was not carried out. This would have provided an opportunity to ask YP for feedback on the questions asked, however as noted, each of the interviews was different in terms of the natural discussion and conversation that developed. The life journey approach has been adapted from previous research and was received well by the YP in my study.

All interviews took place in a quiet and private room within The Hub to provide a distraction free and confidential atmosphere. Interviews were recorded using an iPad dictaphone application and were then transferred into a password protected file.

3.4.2. Life Journey and Rating Scale

A visual tool which has been employed successfully in interviews with YP are life grids. Life grids enable important life events to be mapped over time, and have been found useful in fostering a more relaxed atmosphere and helping to engage YP when discussing sensitive issues (Wilson, Cunningham-Burley, Bancroft, Backett-Milburn, & Masters, 2007). O'Riordan (2011) found that using life grids helped YP to structure their thinking, which can be particularly helpful when they have difficult or complex stories to tell. Elliott (2005) also advocates the use of life history grids in narrative research, arguing that *"respondents are likely to find it easier to talk about specific times and places rather than being asked about a very wide time frame."* (p. 31).

In the present study, these were presented as 'life journeys' and broken down into key time periods: preschool, primary school, secondary school, and future, based upon an adaptation of the life grid approach by Tellis-James (2013).

The life journeys were utilised as a tool within the YP's interviews as a visual aid for mapping individuals' journeys and identifying 'critical moments' which are seen as having important consequences (O'Connor et al., 2011), for example being excluded from school or a stressful life event. Thomson, Bell, Holland, Henderson, McGrellis & Sharpe (2002) define critical moments as *"an event described in an interview that either the researcher or the interviewee sees as having important consequences for their lives and identities."* (p. 339). Thomson et al (2002) argue that the YP in their study were sometimes living through experiences which, in the future, they may look back on as critical moments. Arguably this is where a researcher may place a higher degree of interpretation of the YP's narratives to define their current experiences as being significant in this way. They also point out that it is impossible for us as

researchers to know when the absence of a critical moment in a YP's story is the consequence of level of articulation, degree of experience, the amount of time that has passed since the event, or a reluctance to share certain experiences with the interviewer. Despite this, there is much to be gained by understanding critical events in a narrative form rather than as an objective truth.

The life journey in the present study was presented to YP in a very open manner, asking them initially if there was any time that stood out as being particularly good, or particularly difficult. The life journey was then used to talk around different periods of the YP's life.

Another visual aid used in the interviews was a simple 0 – 10 rating scale, in which 0 represented 'the worst it could be' and 10 represented 'the best it could be'. The YP were asked where they would position "school in general" and "The Hub specifically" on the rating scale. This is an approach regularly used in my role as a TEP, and it provided a useful framework at the beginning of the interview to enable me to gain an insight into the YP's general feelings about school and The Hub which could then be explored further through my questioning.

Examples of both tools are included in Appendix C.

3.4.3. Staff Interviews

It should be noted that initially, the decision was also taken to interview staff in order to provide additional context to the information gathered from the YP. Four members of staff were interviewed, including the lead professional, and two mentors in The Hub. One deputy Head of Year was also interviewed in order to capture how The Hub works more broadly alongside the pastoral support team. However, due to the word constraints and in order to do justice to the rich data gathered from the YP, who are placed firmly at the heart of this research, an analysis of the staff data is not presented in this thesis. However, the insights of the school staff were extremely valuable in setting out the

context of The Hub as a provision and how it works on a practical level to support YP, and is drawn upon at times where felt relevant in the findings and discussions chapters.

3.5. Participants

Information about the local context, selection and recruitment of the participating school and YP will now be set out. In line with ethical procedures to protect participants' anonymity, all names have been changed, including the name of the school, the provision and all YP and staff.

3.5.1. The local context

To enable the reader to gain an insight into the local context, and thus the setting the YP are living within, information about the Local Authority (LA) and the school has been provided.

The research took place in an outer London borough. The 2011 census indicates that 79% of the borough's population is of white ethnicity, and other ethnic groups are represented in this community including those of Asian descent (12%) and African and Caribbean descent (Office for National Statistics, 2011). The borough has a combination of selective grammar schools and comprehensive schools. The school participating in the study is a larger than average co-educational comprehensive academy. The most recent available data for the school (2015) is summarised below:

1,700 pupils
2.3% pupils with a statement or EHC Plan (national average 1.8%)
16.3% pupils classified as receiving SEN support (national average 11.6%)
29.3% pupils eligible for Free School Meals (national average 29.4%)
57% pupils attaining 5+ GCSEs grade A*-C (national average 53.8%, LA average 70.4%)

3.5.2. Recruitment

Nine participants were recruited through a single secondary school, Woodview, in the LA where I was working as a TEP. The potential school was initially identified through conversations with the members of the Educational Psychology Service team, to determine which secondary schools in the area had a provision specifically designed to meet the social, emotional and mental health needs of their students.

Once a school had been identified, discussions then took place with members of the Senior Leadership Team, including a deputy head teacher and the lead professional in the LSU provision. A letter was also sent to the Head Teacher detailing information about the study, inviting them to participate (see Appendix D). Once the school had agreed to participate, letters were sent out to the parents of all YP who were currently receiving the mentoring intervention via the LSU, asking them for consent for their child to participate and also for themselves to participate (see Appendix E). Once parents had provided written consent for their child, the YP were informed about the study by LSU staff, provided with an information sheet (see Appendix F), and asked if they would like to volunteer to take part. After consent had been obtained from parents and YP, I organised interview dates with the LSU manager. YP aged 16 or over were approached first, and parents then given the opportunity to opt out. Parental consent was not sought for YP aged 18.

Parents were given the opportunity to take part in an interview, but no parents expressed interest at this time. As previously mentioned, four members of staff agreed to take part and were interviewed.

Details of individual participants are included below in Table 1.

Table 1: Participant Details

Participant Name	Gender	Age	Year group	Presenting needs / challenges
Alice	Female	16	11	Family context, peer relationships
Becca	Female	16	11	Family context, young carer, learning difficulties, challenging behaviour, peer relationships
Chloe	Female	17	12	Peer relationships, depression, self-harm, suicidal thoughts, social anxiety
Daniel	Male	14	9	Challenging behaviour, multiple exclusions and transitions, peer relationships
Ella	Female	13	9	Anxiety, social relationships, Autism Spectrum Disorder
Fiona	Female	17	12	Family context, anxiety, panic attacks
Grace	Female	18	13	Body Dysmorphic Disorder
Izzy	Female	16	12	Social anxiety, self-harm
Jake	Male	16	11	Anorexia, substance use, peer relationships, school refusal

3.6. Ethical considerations

When designing the research project and recruiting and interacting with participants, the Code of Human Research Ethics (British Psychological Society, 2014b) was followed.

The YP taking part in the research constitute a vulnerable group due to their age, and thus great care was taken to ensure that the YP were fully informed of the nature of the research. In addition, parental consent was obtained prior to the YP being approached. At the beginning of the interviews, YP were reminded of the purpose of the interviews, and had the opportunity to ask questions.

3.6.1. Regard for the participants' welfare and rights.

It was recognised that YP were likely to be attending The Hub due to difficulties they have experienced at school or in their lives, and so discussing these in the interview could result in powerful and potentially distressing feelings. In order to minimise this, participants were informed in advance about the topics that would be covered in the interview and reassured that they wouldn't have to answer any questions they did not feel comfortable with, as well as having the right to withdraw fully from the research at any time. Prior to commencing the EP training, I have had experience working directly with vulnerable YP who have experienced difficulties and/or been excluded from school, and it was felt that this would add to my ability to manage sensitive situations and in ensuring the provision of a safe and supportive environment.

Safeguarding and child protection procedures were strictly adhered to. Participants were informed from the outset that any information disclosed during the interview which may suggest that they or someone else was in danger or at risk of harm would necessarily be reported to the appropriate staff member in the school to ensure their safety. This was made clear at the beginning of the interviews and therefore enabled them to make an informed decision about the information that they shared with me. The YP were informed

that the research was not fully confidential because it would be available in the public domain, but that they would not be named and identifying features such as the school and LA name would be removed. Participants were then asked to read and sign the consent form to indicate that they understood what was involved in the study (Appendix F).

At the end of the interviews, the participants were thanked and given further opportunities to ask me any questions or to share their views and feelings on the experience. I did this to enable the participants to feel that their views were heard throughout the whole process and to feel empowered by the fact myself, and the school through agreeing to the research, valued their opinions and wanted to understand their experience and discover ways to improve support for them. Feedback on the process from YP and staff was positive.

3.6.2. Interviews with The Hub staff

Four members of staff from The Hub were interviewed as part of the data collection phase, but for reasons previously outlined, this data was not formally analysed or presented in depth within this thesis. It is pertinent to consider the ethical implications of this.

It was explained to staff from the outset that the purpose of their interviews was primarily to gain an overview of the context, including the purpose of The Hub, the interventions run, and to gain an insight into the referrals, monitoring and other procedures. This information is referred to throughout this thesis, for example in the introductory chapter setting out the context for the research, in the findings chapters where appropriate to link to young people's views, and throughout the discussion. Without the staff interviews, the rich picture of the work carried out by The Hub to support young people would not be as evident to the reader. However, it must still be recognised that four staff members contributed their time and effort to the research and their views were not formally represented within the research. It is my intention to formally analyse and report on this data in future work, in order to represent all parties who

contributed to the study.

3.7. Data analysis

3.7.1. Transcription

Narrative researchers often view the transcription of interviews as part of the analysis process and an act of meaning making in itself (Emerson & Frosh, 2004). Bold (2011) writes that as all narrative research relies heavily on interpretation, often this process begins during the data collection and the transcription phases. Authors write of different methods of organising and presenting the data in the transcripts, which often depends on the form of narrative analysis being carried out. For example, Reissman (2008) describes how in thematic analysis, "messy" spoken language is often transformed to make it more easily readable, as the focus is on the content of the narrative. In other forms of narrative analysis which also focus on the language used and how the narrative is presented verbally, it would be necessary for researchers to transcribe the interview data more closely with a consideration for the subtleties of language.

The present research is concerned with understanding YP's individual experiences through looking at the content of their narrative rather than the language used. Therefore the data was transcribed verbatim, paying attention to the whole words used, omitting any utterances and including punctuation where appropriate to aid ease of reading.

3.7.2. Reorganising and restorying the narrative

Once transcribed, the data may then be re-transcribed or reorganised in different ways to explore how to best make sense of the data as part of the analysis process. As has been discussed, narrative analysis is a broad and diverse family of approaches, and researchers describe different ways of reorganising or 'restorying' their data depending on the aims of their research. McCormack (2004) and Hollingsworth & Dybdahl (2007) outline the difficulties

that researchers can face when embarking on narrative research, due to the diversity in approaches and the lack of literature focusing on methodological approaches to this form of analysis. The approaches discussed here relate to narrative thematic analysis rather than structural analysis methods.

In a bid to respond to the *"dilemmas"* that researchers face in the task of *"storying stories",* McCormack (2004, p 219) describes her own approach undertaken in her doctoral thesis. McCormack sets out the idea of storying stories as an alternative way to approach and re-present interview conversations, based upon the belief that individuals' understandings of their experiences are constructed and reconstructed through stories. Whilst the degree of interpretation of data on this level has raised questions about subjectivity in the analysis of narrative and other qualitative data (Bold, 2011), McCormack proposes that the approach of storying must involve a series of reconstructions – firstly by the storyteller, who is reconstructing their experiences through recall and description in the interview; secondly by the researcher who transcribes, analyses and interprets the experience; and thirdly by the reader, who reads and reacts to the experience. McCormack argues that this approach *"values transformation at a personal level, individual subjectivity and the researcher's voice"* (p220).

McCormack's approach to analysis included two stages: the first to construct an 'interpretive story' through a process of active listening to the interview recordings, and identifying self-contained stories told by the participant within the interview. Additional detail can be added to these stories from elsewhere in the interview to 'enrich' them. Following this, McCormack explains that the stories are then temporally ordered in order to create an 'interpretative story middle'. The beginning and the end of the stories are written by the researcher to provide an 'orientation' to set the scene, and an epilogue to summarise the story, drawing on the researcher's interpretation and reflections. McCormack's second phase was to repeat this process across multiple interviews with the same participant, resulting in the creation of 'nested stories' for each individual. The stories were shared with the participants to seek feedback on the interpretation.

Similarly, Ollerenshaw & Creswell (2002) describe methods of restorying, or retelling the story, which they propose is a process of analysing the story for key narrative elements (such as time, place, plot and scene) and then rewriting it in a chronological sequence. They suggest that this process provides greater clarity to the story, as when individuals tell their story the sequence may not be logically developed.

Taking a different approach, Waller, Farquharson, & Dempsey (2015) describe the development of 'thematised biographies' or 'case histories' based on interview transcripts, enabling transcripts to be analysed both holistically and cross-sectionally. This creates a holistic sense of each person's story in relation to the research topic but also allows for individual stories to be compared. Such 'case studies' are created by the researcher from close readings of the transcripts and going back and forth between transcripts and the literature.

Tellis-James & Fox (2016) describe a five-step approach to analysis, during which narratives are broken down into self-contained story episodes, and then re-organised into separate stories of past and future, in line with their research questions. Reissman (2008) describes a more creative approach to reorganising her data, which involves the organisation of text into poetic stanzas, each relating to a particular theme.

3.7.3. Developing my approach to narrative analysis

This diversity in narrative approaches led me to seek out an appropriate model or models described in the literature on which I could base my analysis. I wanted to develop an approach which captured the individual stories of the YP, but which also allowed me to work across the transcripts to identify commonalities and themes. Through my reading of the literature, I chose to take a flexible approach to analysis, using a combination of elements from these different models, rather than imposing a particular model of analysis onto my data. I drew particularly on Reissman's (2008) description of thematic narrative analysis through employing a 'restorying' approach, including

elements of those described by McCormack (2004) and Ollerenshaw & Cresswell (2002), and upon Thomson et al's (2002) notion of critical moments.

However, it was felt that the term "moment" is indicative of a brief and transient event, and for many of the YP, the events and experiences they described were complex and ongoing, and there was a sense of flux captured in their narratives. In order to better capture the complexity of the YP's stories in the present study, Thomson et al's (2002) notion of "critical moments" has been conceptualised here as "critical experiences". In addition, the ways in which the YP respond to and make sense of events and experiences in their lives were also identified in the stories.

Drawing on restorying approaches, individual storied accounts were created for each participant, an example of which can be found in Appendix G. I then began searching for emergent themes within each individual story, as well as looking for any broad areas of commonality across stories. My approach to analysis is outlined below. The process was not always linear and it was often necessary to go back and forth between the stages in order to reflect on the analysis process and strive to protect the integrity of each individual's story.

1. *Familiarisation with the data*

   This phase began during the transcription process, but I also found it helpful to re-read the transcripts several times and listen back to the original audio recordings. The aim of this was to engage with the data as fully as possible in the initial stages to build a picture of the YP's story as a whole and how they described and made sense of their experiences.

2. *Breaking the narratives down*

   The aim was to create a story using the YP's own words, and thus I cut down the transcripts to remove my sections of speech and to paraphrase where necessary to ensure there was a flow in the story. Any amendments I made to wording are indicated by the use of brackets

[xxx] around the text. I repeated phases 1 and 2 several times, reducing the transcript down where possible but aiming to keep the essence and key parts of the narrative intact.

3. *Separating out the individual journeys*

During the analysis of the first few transcripts, I added this stage upon reflecting on my approach. The transcripts had a strong sense of individuality in terms of the YP's unique experiences and events in their lives which had contributed to their difficulties. However, there were many areas of commonality in their stories about the support they had received in school and their views on this. In order to best capture the uniqueness of the individual, but also the similarities in their experiences of support, it was felt that separating out these elements during the analysis process would facilitate an analysis of the data which was more reflective of both the individual and the group in these terms. I therefore separated out the individual experiences to focus on these in developing a narrative representation for each YP. This was the stage of the analysis process where I considered that adopting two analysis methods on different parts of the transcripts would provide the best platform for capturing the YP's views and experiences and in understanding and addressing the research questions.

4. *Restorying*

Once the transcript had been broken down into sections containing the key events and reflections in the YP's narrative, the sections were reorganised into chronological order. The use of the life journey tool in the interviews allowed for a strong sense of chronology and key time periods to be reflected in the interview transcripts.

5. *Identifying critical experiences*

Once a story had been created for each individual, the stories were

analysed further to identify critical experiences and key themes within each. This process began during the restorying phase, as the transcripts were condensed in order to retain the key essence of the narratives and organised in a manner which made sense as self-contained narrative chunks. As Creswell (2009) notes, qualitative analysis involves multiple levels of analysis and is interactive and circular rather than linear in practice.

6. *Searching for shared meaning*

Further drawing upon the approach of Thomson et al (2002), I began to look across the accounts and at the critical experiences identified within each to seek to identify areas of commonality. During this stage, categories of critical experiences (i.e. areas of YP's lives in which the experiences fell, such as school or family contexts) and also commonalities in their responses to critical experiences (e.g., distress or adaptive responses) were identified.

Presenting the critical experiences and responses to them in this way intends to highlight the breadth and diversity of the challenges the YP have faced, whilst also containing this within key areas of meaning.

Breaking down the text, reorganising it and engaging in several layers of analysis was a lengthy, circular process. However, this required me to engage with my data in multiple ways, through different lenses, and helped to ensure that my understanding and interpretation of the stories was grounded firmly in the YP's own words.

3.7.4. Thematic analysis

Thematic analysis was used as a method to analyse the data relating to young people's experiences of support. During stage three of the process outlined above, I split the transcripts in order to create a restoried narrative. However, I still chose to conduct a thematic analysis on the full transcript to ensure that no codes and nuances were missed or lost in the analysis.

Thematic analysis is a qualitative technique described by Braun and Clarke (2006) as a *"method for identifying, analysing and reporting patterns (themes) within data"* (p. 6). There are different approaches to thematically analyse data, and as Guest, MacQueen and Namey (2012) set out, the approach chosen should be governed by the 'primary analytic purpose', which may be to explore, identify, explain, confirm or compare.

The present study is exploratory in its nature, with the aim of striving to understand young people's experiences and how they view the support they have received. An exploratory analysis, or inductive thematic analysis, is therefore considered most appropriate (Guest et al, 2012). This method of analysis is driven by the data, rather than being a theoretically driven examination of the transcripts, searching for particular themes. The aim of an exploratory analysis is to provide a rich description of the data without trying to fit it into a pre-existing or fixed coding frame (Braun & Clark, 2006). That said, it is also important to note that whilst the themes were data-driven, my epistemological stance, prior experiences and the theoretical underpinnings of the study will have inevitably been present during the process of analysis, as is reflected in the titles of some of the themes.

Braun & Clark (2006) outline a six stage model of thematic analysis. Table 2 shows these phases and how they relate to the analysis in this study.

Table 2: The six stages of thematic analysis (Braun & Clarke, 2006)

Stage	Process in this study
1. Familiarisation with the data	The interview audio recordings were transcribed. The transcripts were then read and re-read a number of times, and initial ideas noted.
2. Generating initial codes	Each transcript was examined individually to generate individual codes, by identifying and describing features of the data which could be coded in a meaningful way. This process involved going over the transcripts several times, starting off in some instances by coding broad sections of text and then going back over these, in order to break them down into a series of smaller codes. NVivo software was utilised in order to be able to amend and refine my codes and to help me to merge and split my data as I engaged in the analysis process.
3. Searching for themes	Once all codes had been created, they were then collated into potential themes. This involved a consideration of how data could be gathered and grouped to form themes and subthemes, and whether an overarching theme was present. I then created an initial thematic map to help to organise the themes and subthemes.
4. Reviewing themes	The themes were then revised through a process of discarding, merging and splitting themes and re-naming them in order to enhance clarity for the reader. During this process, I kept revisiting the transcripts in order to check that the themes captured the data in a meaningful way.

The organisation of some of the themes was amended, and during this phase I was guided by the comments and feedback from my two academic supervisors.

5. Defining and naming themes

Once the coded data had been refined and organised into themes and subthemes, there was a consideration of the overall story presented in each theme, and each was named appropriately, again utilising supervision to discuss and define these.

6. Reporting the outcome of analysis

Chapter 5 provides a description of the themes which emerged during the Thematic Analysis, with extracts of data provided to support and illuminate them.

Having outlined my approach to the analysis in this chapter, the findings of my analysis will be presented in the subsequent chapters. Chapter 4 presents the outcomes of the narrative analysis and Chapter 5 presents the Thematic Analysis.

Chapter 4
Findings: Young people's narratives

The aim of the study is to understand how The Hub works to support the YP who access the provision, as told by them as the service users.

This chapter aims to address the first research question, "What circumstances and challenges in the lives of YP have contributed to their need for support?" and sets out their journeys to The Hub.

The stories told in this chapter provide necessary context and enable the reader to more fully understand the complexity of the challenges each YP has faced in their lives, in order to appreciate how The Hub has been able to provide holistic and individualised support in response to these unique experiences.

A full analysis and narrative presentation for each participant was considered, however within the word count constraints and in order to more concisely and succinctly address the research questions this was not possible. A further option was to provide a full in depth narrative account for a small number of the YP, but it was felt that this would undermine the diversity and the aim of understanding complexity and breadth of experiences.

4.1.   Critical experiences: Individual complexity within common themes

As outlined in the previous chapter, the analysis aimed to identify key areas of meaning across the accounts, whilst also capturing the diversity and complexity of individual experiences.

Table 3 presents the overarching categories of critical experiences as identified across the nine stories and the types of responses the YP had to these experiences. Detailed tables presenting the individual critical experiences shown in the YP's accounts under each broad category is presented in Appendix H. Also within Appendix I are narrative summaries for each YP which aim to provide the reader with an overview of each YP's experiences and

outline the key contextual information, such as educational history, involvement from CAMHS and when the YP began to access support from The Hub.

Table 3: Categories of critical experiences and responses to these

Categories of critical experiences	Responses to Critical Experiences
• Family • Social Relationships • Education • Risky behaviour	• Distress • Developing resilience • Identity – "Who am I?"

The goal of this chapter is to present a more in-depth analysis of the key themes across the accounts. The primary areas of critical experiences related to family, relationships and education, and an exploration of these findings is presented below. A fourth, notably smaller area, was 'risky behaviour', but an in depth analysis of this is not presented due to it primarily being discussed by one of the participants (Jake). Many aspects of the YPs' responses to these critical experiences can be captured within the three broad themes, particularly those relating to 'distress' and 'resilience'.

In addition, Appendix J contains a discussion of Jake's story, which was somewhat different from that of the other YP's and as such his experiences are not represented in the same way through the themes presented here.

4.2.   Challenging Family Circumstances

Relationships and circumstances within the family context were a common source of stress within the lives of many of the YP. The experiences were diverse, including a lack of contact with parents, being a young carer,

bereavement and loss, family breakdown, and parental mental health difficulties.

Family was an important part of Fiona's story, and she talked about difficult family circumstances as being a significant factor in her ability to cope with the day to day pressures of life.

She describes Year 8 as a particularly difficult year for her, due to her parents separating. In a complex situation, Fiona took up a caregiving role in the household often looking after her younger siblings and helping around the house. She also had the responsibility to make difficult decisions about where and with whom she and her siblings would live. Fiona continues to support her mother with household duties in the absence of her father, and explained how it is becoming increasingly difficult for her to juggle the different demands placed on her.

> *It was just a really stressful situation… my mum was going through a difficult time as well... I had to like take responsibility of my [siblings] to like give her some time… so it was quite hard because I felt like I had my own stuff going on and then like I wanted to be there for my mum… It was just really difficult.*

As Fiona told me her story, it was clear that it was an exceptionally difficult and painful time for her, ultimately resulting in her losing contact with her father - through his choice rather than hers - which is still a source of upset and confusion for her.

> *"…he didn't want to see me anymore. And I was just, it really hurt. Because I was like, "But why?" […] I still see him around [the area], but whenever he sees me he looks at me as if I've done something wrong… it's just like, I don't know what I've done."*

Despite the events taking place when she was in Year 8, the long-lasting impact of this on Fiona and her family was evident throughout her story. She

described conflicting feelings of both personal blame and unfathomed rejection, suggesting that she continues to try and make sense of the situation and her role in it. Rhetorical questions punctuated her account, such as "*how do I deal with this?*" and *"how did we survive this?".*

In her response to this critical experience, Fiona talked about how she began experiencing anxiety attacks and low mood, which resulted in her withdrawing from others, including her family and her friends:

> *I started getting like anxiety attacks in Year 9… And then like the way I was, I was just so different. It was like, I kept to myself.. just stayed in my room and I wouldn't talk to people…. Everything was just so low, I just felt really unmotivated to do anything. Even when I saw my grades going down… I kind of had this attitude of like, "I don't care" …. it's like I just lost everything. It was like I was a different person… I completely changed… when I look back, I see that I was changing but in the moment I just didn't realise it.*

Despite these difficulties, Fiona is clearly very close with her mother and her siblings, and explained that they had been through and survived so much together, and have made a conscious effort to "*start new again".*

A central theme in Becca's story is her brother's disability. She told me very little of her life before her brother was born, and this appeared to be a key, life-changing event for her and her family. She often talked about how the family are under a great deal of stress, but it was clear from her account that they are extremely close and a resilient family unit.
Becca was very reflective and open during the interview, and there appeared to be a tension between how much she clearly loves, cares for and protects her brother, but also a sense of mourning for the life that she had and could have had if things had been different. Running throughout Becca's story was her desire to be able to look ahead to the future, rather than looking back and dwelling on negative thoughts and experiences.

> *My worries are sometimes always [my brother]. What would it be like if I had a normal family?... What would he be like [if] he wasn't disabled and stuff? In a way I have had that… when he wasn't here…. But I can't think like that… it's going to eat me alive…*

Becca also prefers not to talk to her family about her worries, "*because they have so much to deal with".* She talked about how her household is busy and everyone has to pitch in and help to look after her brother, who requires a high level of care. Becca notes that now she is older, she takes more responsibility for her brother and this has an impact on her social life at times. She feels that her friends don't fully understand the responsibility she has at home, and in a sense that she can't have 'a normal life'.

> *I have to help out a lot.. now I'm old enough I take [my brother] out to give my mum some time… It is so hard. I don't think any of my friends understand   what I do [at home] and stuff.. sometimes I do go out and I feel really guilty…*

Family was also an important part of Alice's story. She described a turbulent home life whilst living with her parents, with whom she has little contact now, and explained that her mother was a drug addict and alcoholic. However, Alice spoke very highly of her grandad, who she came to live with during primary school, and it was clear she values the stability, warmth and secure base offered by him.

Alice described an ongoing difficult relationship with her mother, who sometimes attempts to make contact with her "*out of the blue"* which Alice resists, saying *"I'm quite blunt with her… I'm not a big fan of her".* Alice explains that her brother still maintains contact with their mother and so in this sense is still in her life as well. It was noted that Alice referred to her mother as "his mum" below, indicating the sense of distance she feels from her mother as having this maternal role in her own life.

> *My grandad's got custody of [my brother] now. But he still sees <u>his mum</u>, like he loves <u>his mum</u>, and we don't see our dad that often… we love our grandad. We're happy with him and everything's alright now.*

Alice has a close relationship with her grandad, and explains how he, along with her aunts, has been a key source of motivation, encouragement and support for her over the years. She explained how she aspired to *"be like them"*, to strive to achieve her potential and work hard, rather than to be "*like her mum"* who she does not perceive as being a desirable role model.

> *I think my motivation [was] my grandad and my aunts… [they] would be like encouraging me to do well academically. And I just don't think I wanted to be like my mum. My mum hasn't worked in 16 years and I [wanted to be] the complete opposite of what she was, be like my grandad.*

Despite her close relationship with her grandad, Alice explained that she did not feel comfortable turning to him for emotional support, and it was clear she valued having a source of impartial support from her mentor. Alice talks to her mentor about a variety of topics in her life, but it was apparent that being able to talk about her family situation was important for her.

Jake and Izzy both talk about their parents suffering with similar difficulties to them. Whilst Jake identities the similarities between his and his mother's difficult relationships with food and how this had an influence on him growing up, Izzy was unaware of her mother's struggle with depression and anxiety until fairly recently. She explained that she had no idea about her mother's mental health difficulties, but seems to make sense of this by acknowledging that her and her mother share a reluctance in their approach to discussing their feelings and tend to hide their suffering.

My mum's got problems with eating... Like she also suffered as a kid but not as bad as I did. I think it's just how I grew up, watching my mum constantly on diets… I'd always hear [her] talk about calories and all that… because obviously you're going to look up to your mum. (Jake)

My mum has anxiety and depression, her own stuff, so I feel like if I tell her then it's just going to contribute to her problems…. [My mum] is like me, we don't like share how we're feeling…. I didn't realise until she actually told me, like I wouldn't have realised… it has impacted me because at first I was like… quite shocked… I wouldn't have expected it… (Izzy)

A key theme running through Izzy's story was how difficult she finds it to open up and share her feelings with others, especially her family. She described her parents as having a *"rough"* relationship and there being a tense atmosphere at home, often resulting in her isolating herself to avoid confrontation and trying to hide her own feelings. Izzy describes this as a 'cycle', indicating that nothing changes, and that she observes that these situations between her parents keep occurring.

I can now pick up like even if one thing's said that [my mum] is going to take it quite badly and stuff… then obviously I get upset about it but I don't say anything, so… it's like a cycle. I don't like confrontation anyway so I wouldn't get involved.

Izzy described how she began turning to self-harm as a way of coping when things became very difficult, and there was also a sense of a circular nature of her self-harming behaviours. The way in which Izzy spoke about things "building up" to a point where she turned to self-harm suggested that she was using this as a coping mechanism, alleviating her feelings about her immediate situation, before things then building up again.

[Self-harm was] something that I did rely on… Because I don't tend to talk about stuff, I just let everything build up and then I don't know what else to do in that situation because I won't cry at home because then

obviously my parents will ask loads of questions and stuff…. So everything just builds up and I just don't know what to do so I just turn to [self-harm].

Chloe identified the death of her grandmother, who she described as "her world", as being a significant event which contributed to her low mood and suicidal thoughts, in combination with other difficult experiences she was facing. This event triggered feelings of undeserved entitlement about her own life, feeling as though she did not deserve to be alive if someone she loved was not.

I felt like if she couldn't wake up the next day, I didn't really have the right to in a way… I just didn't like the idea of me having that privilege and her not. And I think that just made it all a lot worse as well.

4.3. Social relationships

All of the YP spoke about challenges relating to navigating their social world and in their relationships with others, to different degrees. As family relationships are discussed in the previous section, 'relationships' in this section relates to peer relationships and romantic relationships. Social anxiety and difficulties relating to other people is also discussed.

Bullying was identified as a critical experience for many of the YP. For some the bullying was historic, often beginning in primary school, but which they felt has subsequently impacted on their peer relationships and interactions in secondary school.

Fiona talked about the impact that bullying at primary school had on her at the time and how these experiences informed how she deals with peer difficulties even now. She described how she was "*terrorised*" by another child but that she felt unable to tell others that she was being bullied. She recalled that she

then developed a way to deal with this bullying by 'brushing it off' which she felt helped the situation at the time.

> *I just thought to myself that I don't really care like if people say these things… that's their problem. I'll just ignore it and keep going, and I guess that's what I do now… I just pretend I don't hear them… it might hurt inside but I just don't want them to know that because it will just fuel things… they'll continue because they know that it gets to me.*

Becca discusses experiencing bullying when she was in primary school, which she views as being linked to her brother's disability "*I got bullied because my brother was in hospital… I heard someone saying, "I hope you die with him"… I used to get really tearful and stuff.."*

Throughout her story, Becca talked about how she has changed over the years, particularly with regard to her attitude towards school and in her behaviour. She largely attributes this to her choice of friendships. In some respects Becca feels she had little choice over who she became friends with and it was unfortunate that she was exposed to "*the wrong people*" due to being in the bottom set, and was almost inevitable that she became friends with them. In hindsight, she regrets forming these friendships but again reflects on the need to move on from past mistakes.

> *I'm not the brightest kid.. I'm in the bottom set.. most people in my year who are naughty are in there… I mixed with the wrong people and then that's sort of gradually how it happened.*

> *It's nothing I could have helped for me to be in bottom [set] because it's not my fault of how clever or more help I need … But I just felt like I should have just kept myself in a corner by myself. But it's nothing I can do now […] I regret it but I can't keep looking back. […] You've just got to move on.*

Becca discusses incidents where she felt pressured to do things by her friends, such as drinking alcohol in school, not wanting to *"look like a fool"* by saying no. Becca feels a key turning point for her was making a decision to leave some of her friendships behind *"they were so bad with me so, unfortunately, I thought I can't deal with it no more".* She has since formed new friendships with YP who she feels have a positive influence on her behaviour. These extracts highlight that for Becca, her peer group have a significant mediating impact on how she navigates and manages her social world, and also on her own identity and relationships with others. There was a sense that by being able to talk through situations with her mentor, she has developed a resilience and learned to make more independent and positive choices.

> *My behaviour's improved so much.. I used to be a vile person. I dug myself a bigger and bigger hole and I dunno how I got out of it…I just feel better because I know who I'm hanging around with.. I've now found friendships to get me on the right path. I don't do stupid things any more.. I've learned from it.*

Bullying was a key theme in Chloe's story, and she identifies the onset of this as being the beginning of her difficulties and a key contributor to her low mood. The bullying was instigated by her ex-boyfriend, someone she had previously been close to. She describes how her feelings of depression developed over a long period of time, and eventually resulted in her self-harming and making several attempts to take her own life.

> *I think it was something that built up... I just got tired of it because [the bullying] was going on through the whole of Year 9, Year 10… I couldn't really tell anyone about it because it's just petty stuff. But when it's petty but it's consistent… When they tell you like, "Oh, you're a waste of space," … At first it just means nothing.. But then when you start to believe it as well... it's hard to let it go... it's just like, I might as well just.. disappear.*

Chloe describes feelings of worthlessness and *"not wanting to exist"* which seem to be closely linked with the constant negative messages she was receiving from others over several years. She talked about how her depression developed to the point where she didn't envisage or desire a future for herself, and so disengaged from many aspects of her life, including her education and her friendships.

> *I think Year 11 was probably my worst year. I was struggling to find a purpose to literally get out of bed in the morning… I didn't really feel like there was a purpose in going to school if I didn't really wanna be alive… if I didn't see myself in the future… It was just a waste of time. So I kind of let everything slip... I kept myself to myself.*

Chloe then identified an incident which appeared to be a pivotal moment for her. She describes how she was targeted very publicly via a messaging app which was visible to many of her peers. There was a sense of betrayal and abandonment in Chloe's recollection of these events, and a combination of the years of bullying, her low mood, her sense of disengagement from life and the immediate triggering incident led her to make a further attempt to take her life.

> *So I tried to take my life…. It was what [my ex-boyfriend] said that hurt me the most… Someone that I trusted, and when you confide in someone and they use what you tell them.. it just knocks you down so much. I find it really hard to trust anyone now… I lost a lot of friends as well… that was an eye-opener for me. Two of them actually stuck with me… they're my best friends…they're very supportive.*

Following this event, Chloe's story reached a turning point and became more hopeful. She began talking about how she was able to engage in support from The Hub and CAMHS, overcoming the initial hurdle of talking about her thoughts and feelings for the first time. Despite finding it "*hard just having two friends, in such a big school"*, she counts these friends as a vital source of support along with the support she receives from The Hub. The degree to which Chloe values this support is shown in her decision to stay on at

Woodview for sixth form despite the peers who bullied her also staying, and her parents' reservations, highlighting how important it is for Chloe to be understood in this way.

> *I can't guarantee that another school is going to help me the way they have… they've been so supportive.. whereas if I'm new to a school they know what they read on paper but they don't know everything that I've been through.*

Ella identifies bullying as a key event which contributed to her social anxiety. Ella described how in primary school she found it difficult to make relationships with others, especially girls, and then experienced bullying at her first secondary school before moving to Woodview.

Ella has a diagnosis of ASD and she discussed her difficulties in navigating social situations at times, which results in her feeling highly anxious. She talked about how her experiences of bullying have affected her and have made her more anxious and sensitive with regards to her social relationships. This anxiety reached a peak when she was in Year 8 and she described how she began having suicidal thoughts, which became more frequent as a result of difficulties with her peers.

> *One of the hardest things for me [is] like knowing if your friend is mad at you or not. I find that particularly hard.*
> *I had suicidal thoughts… I was having struggles with a friendship group at that time… them saying stuff that would hurt my feelings… if you know people don't like you, I think I get really upset about it. Because I don't know what I've done wrong… I think I take something seriously than as a joke. [Then the thoughts] kind of started happening quite quick.*

Ella talked about how she became concerned as the thoughts became more frequent and sought help by telling her mentor. Through accessing support and

being able to *"talk about emotions"* and discuss her response to social situations, Ella feels that she has gained confidence and has developed friendships with supportive peers who understand her.

Izzy talked about her low confidence and anxiety in navigating her social world. She noted the development of this over time, being socially isolated in primary school but then being happy and sociable in secondary school. She noted that she was teased by her peers but didn't identify this as bullying.

Year 10 was a key turning point when Izzy's confidence *"completely dropped".* She still expresses uncertainty about why this happened, saying *"I don't really know what happened, to be honest… it was just quite sudden in a way, like I didn't really expect it".* Izzy talked about how her social anxiety continues to impact on her day to day life, and used an example of a team sports club she has recently joined and how she is determined to overcome her social anxiety in order to engage in an activity she really enjoys.

> *I'm still really scared when I'm there, […] I obviously know how to interact but I choose not to because it scares me too much…. But it is getting better… I've noticed a difference if I keep persevering because I'm not going to let it stop me, I'm still going to go and just hope that improves… when I'm there and I've got over the fear then I do really enjoy it.*

Grace's story was different from that of the other YP's in the sense that she identified a particular event which triggered the difficulties she is facing currently, rather than a combination of experiences and the development of difficulties over time. She did note that primary school was difficult for her due to experiences of bullying, but going to secondary school had been a fresh start and her peer relationships had been much better.

Grace notes that she has always tended to have some negative thoughts about the way she looks, but indicated that this was manageable and had little impact on her day to day life. A critical experience as described by Grace was finding photographs of other girls on her boyfriend's phone, which for her acted as *"a catalyst"* and triggered an "*obsessive depression"* about the way she looked.

> *[After] I went on [my boyfriend's] phone […] I was quite paranoid about that. It got to the point where I was sort of obsessive over myself and I couldn't do anything.. the things with my boyfriend sort of like catalysed it… And then they just were becoming more like every day thoughts and I couldn't really stop them… It was affecting school… It was also affecting my relationship really really badly… and my friendships, and my relationship with my family. I just think everything was sort of getting to me, and then.. I just sort of fell apart.*

Grace described ongoing problems with her relationship and how her mentor acts as an important source of support to talk about these issues.

4.4. Education

Education was a key theme across the YP's accounts, but there were some subtle differences in how the YP spoke about their experiences of school and education. Some YP talked about how they found it difficult to cope with school as a result of the difficulties they were facing in other aspects of their lives, whilst others talked about how the pressure of school contributed to the development of their difficulties.

As seven of the nine participants were in Year 11 or sixth form, GCSEs emerged as being a critical experience in many of the YP's stories.

For some of the YP, academic achievement had not been a prior concern and they had generally had good experiences of school historically. However, they

talked about feeling like things had slipped out of their control, and reported difficulties focusing in lessons due to ruminating on thoughts and feelings.

Grace talked about doing well in her GCSEs and coping well with the transition to sixth form. When Grace began experiencing the intrusive thoughts associated with her BDD, she explained that her biggest concern was how much it was affecting her school work, and this was one of the key reasons that she sought support. She described BDD as feeling like *"a lack of control… everything was spinning out of control"*. Grace gave the impression of being a young woman who usually has a strong sense of control over her life, and so this lack of control was clearly unnerving for her. With support from The Hub, Grace was able to sort out her concerns relating to her school work relatively quickly.

> *I was quite behind on work… I was struggling to get like the pieces of work done because it was just a lot for my brain at the time… I'm not worried about the exams because I know that I'll work hard… I'm back on top of it now.*

For Fiona, a key concern was the impact that her family situation was having on her grades, which she describes as being an initial shock and then something that seemed to slip out of her control.

> *[They said] "Your grades have like massively gone down." And that was a really big shock to me because I didn't think that all of this was like affecting my grades in that way…. I thought – at school – everything was just the same. I didn't want people to see what was happening so I tried to like be a different person in a kind of way.*

These difficulties persisted for Fiona, and she found it difficult to motivate herself for her GCSEs, thinking, *"what's the point? [I'm not] going to come out with these amazing grades anyway"* . At this point Fiona was drawing comparisons between herself and her peers, noting, *"everyone was trying so hard"* but that she struggled to find the motivation. Fiona also described a

balancing act between keeping on top of her school work whilst also helping out at home and caring for her siblings. She explained that there was a conflict between her wanting to tell her teachers that she was struggling with personal matters, but at the same time not wanting to be treated differently. She described her mentor as being a key source of motivation for her at this point.

> *It was like the teachers are putting so much pressure on you [but] they don't necessarily know what you're going through… you want to tell them but you don't want them to treat you differently or anything.. so I was just like, I need to keep [my grades] up.*

Chloe talked about how she had always performed well academically, and as such, felt there were high expectations of her to do well in her GCSEs. She discussed how Year 11 was a particularly difficult time for her, recognising that whilst GCSEs are expected to be stressful, she struggled to cope with the added pressure this placed on her and she didn't want to disappoint others by failing.

> *I've always done quite well… [my family have] always thought very highly of me… then in Year 11 I kind of wasn't doing as good and I felt a bit like a disappointment… At the time I kind of felt like if I killed myself before the exams I wouldn't have to take them which means I wouldn't fail… [I wouldn't] look like a failure.*

Chloe talked about the frequency of her thoughts about suicide, which were impacting on her ability to engage with her day to day life. There was a sense that these thoughts were all-consuming as Chloe explained that even seemingly inconsequential everyday objects could be a trigger for negative thoughts.

> *Lessons were kind of hard for me… I just spent daydreaming about not existing and stuff like that… I used to think about things like, "If I wasn't here who would be sitting in my chair?" or, "If I wasn't here, who'd be*

using this whiteboard?"… like really small stuff like that… trying to focus when you've got all this other stuff on your mind…you should be listening [but] you really can't.

Alice talked about GCSEs as being a significant source of stress for her, and resulted in her losing interest in school during Year 10. Her views towards school are complex, partially influenced by her difficult relationships with peers and teachers, but she also has a strong sense of feeling as though she has little control over her education and is being pushed towards a particular outcome which doesn't fit with her own aspirations. She identifies as someone who isn't going to do well in her GCSEs, and in this sense the education system isn't suited to her, but there are a lack of alternatives.

I don't like the actual education system… how it's set up… how we're sort of forced to do all this… Because GCSEs are pushed, your future is pushed to going to college or uni or some apprenticeship… When you're 14 they like lay it in front of you and say, "Choose." It's just all pushed… None of it's choice… and no one refuses either. I am the one that sort of, like rebelliates out. It's all picked out for me, you know?

Conversely, for Becca, GCSEs have been a source of motivation. She talks about how she has always struggled academically, and has never felt that teachers have fully understood her learning needs, which has been a source of frustration for her.

I didn't get my statement until high school so I struggled a lot and no one understood me. I feel like some teachers don't understand me because I'm dyslexic.. I get frustrated and then I end up exploding… I have good days and bad days. I could have got so better grades…

Becca feels that others have low expectations of her due to her previous poor attainment and challenging behaviour in school and as such she is striving to "prove them wrong".

> *I've knuckled down in Year 11 because of all my exams.. Recently I've been so motivated… my word for myself is 'determination'.. but I do find it so stressful.. I've gotta keep going… just try and prove all the teachers wrong.*

Daniel's experiences of education are very different to that of the other participants. Daniel has experienced a great deal of upheaval in his home and school life, attending multiple primary and secondary schools, as well as alternative provisions following exclusions and managed moves. It was apparent from his account that he has not had a true sense of belonging in his school environments, especially in the secondary phase.

Daniel finds the large school environment overwhelming, and feels he is more likely to succeed in the small environment of the Pupil Referral Unit (PRU). Daniel explained that because he was doing well in the PRU, he was then re-integrated to a mainstream school, but in his opinion the placement is failing.

Daniel explained that moving schools so often was "*OK*" and it was a *"change of scenery",* but it was apparent from his strong desire to return to the PRU that this was an environment where he felt he belonged more than in mainstream. He also showed a strong preference for The Hub compared to the wider school environment, spending the majority of his break and lunchtimes there.

> *I want to go back to The PRU… Because it's like easier there… now it's starting to show [that] I'm struggling and I'm just getting in trouble for it…. [The PRU is] more adapted to what I need, I'd say…. There's more teachers and there's like less people in the classroom so that's easier to [not] get distracted… you can put your head down and do your work.. when I was there I was doing well.*

> *It's nice and calm [in The Hub]. Outside [on] the playground, it's just…*
> *it's   messy out there… there's loads of kids.*

Jake's experiences of education are mediated significantly by the fact he missed a large amount of school during the time he was admitted to hospital. He explained that he missed almost the whole of Year 9 and although there was a hospital school, he did not feel that the work was relevant for him. He talked about feeling that he has never been able to catch up with his peers and is so far behind that his attendance has become a significant problem.

> *I'm bunking a lot… That's basically this year.. because I'm so far behind because of everything I've missed, and sometimes like I find school a lot harder than other people.*

When he is in school, Jake also finds it difficult to concentrate in lessons and has a tendency to ruminate on his problems. This was also discussed by Ella, who explained how talking to her mentor has helped her to be able to focus in lessons because she feels that her problems have been heard and are being *"sorted out".*

> *In a lesson you'll just, when the teacher's talking, you won't be listening to what the teacher's saying. I don't know if it's like this with everyone, but I'll just be thinking of my own problems.* (Jake)

> *It's just helpful so then when you go back to your class, you know, they've got that sorted. They're sorting that out for you. You can think about what you're learning…. Because otherwise.. it goes in my brain and I can't get it out.* (Ella)

Chapter 5
Findings: Thematic Analysis

The previous chapter provided the contextual information necessary to understand the YP's situations and to give the reader an insight into their support needs. It identified common areas of 'critical experiences' within the YP's stories, including challenging family circumstances, social relationships, education and issues of identity and self-concept. YP's responses to these critical experiences were outlined.

This chapter aims to answer the second and third research questions, relating to the YP's experiences of support at school and from other sources, and their perceptions of the extent to which this support has helped them to cope with the challenges and difficulties they face.

The findings from the thematic analysis are presented in this chapter, and the five themes and their sub-themes are presented in the thematic map below. Each theme is then discussed in detail with illustrative quotes from participants provided.

Table 4: Thematic Map

Theme:	Subtheme:
1. Personalised nature of support	Containment
	"I can talk about anything"
	Equipping YP to face challenges
2. Attuned and responsive school system	Flexibility
	The Hub as a mediator
	Referral pathways
3. Other sources of support	Family
	Friends
	CAMHS
4. Barriers to accessing support	Stigma
	Capacity to engage with support
	Safeguarding and confidentiality
	Lack of awareness from others
5. Impact of support	

5.1.   Theme 1: Personalised nature of support

For the YP, The Hub is seen as being a place where they feel safe, secure and understood. There was a strong sense in the YP's accounts of how personal

the support they receive is, rather than a set or fixed intervention that is delivered in the same way for everyone.

5.1.1. Subtheme 1: Containment

The containing nature of the relationship established between the YP and their mentor was a key theme in the YP's accounts.

Many of the YP talked about how their mentor was non-judgemental and open, which in turn enabled them to be open themselves. Becca and Daniel explain how their mentor "*knows what to do"* in difficult situations, resulting in them feeling understood and able to trust their mentor to deal with challenging situations in a calm and sensitive way. There was a sense that they feel their mentor is equipped to handle any situation without over-reacting, as Grace suggests, which is reassuring for them.

Becca: *When I've got upset and stuff they knew what to do, where some teachers go like, "Oh, what do I do?" […] They feel sometimes awkward in a situation but [The Hub staff] don't, they're like, "Oh, don't worry. Just let it all out," you know. It's quite nice.*

Daniel: *The staff that are in here can deal with situations really well […] they're not people who are like straightaway jump to, "Oh, you're in trouble". Like we try to talk about it.*

Alice feels that at times she is judged and dismissed by teachers when she shows her emotions and vulnerability, but this is not the case in The Hub, thereby allowing her to talk about her worries in a safe and containing environment. Grace also explained that she can share anything that is on her mind, and feels secure in the knowledge that her mentor will help her through difficulties in a calm manner, whilst maintaining confidentiality.

Alice: *She's open and […] you can relate to her as well. The Hub teachers are really different to all the other ones. There's no judging and there's no rules. And it's a lot better.*

Grace: *I just don't hold anything back, so if I'm feeling really really low, then I can tell her. […] So if it was something serious I know that she's not going to go and broadcast it to all the teachers […] she would like work through and like sort it out, rather than be like really worried and… like over protective of it.*

Several of the YP described the support they receive from their mentor as being a genuine caring relationship rather than simply being their job. They clearly valued the rapport and bond they have developed with their mentor, some viewing it more as a friendship and acknowledging the personal qualities of their relationship.

Chloe: *[Some people think] they're just like every other teacher, but they're really not. I really feel like there's more of a relationship there […] it just feels safe.*
            I count Miss as a friend rather than someone that I just talk to.

Jake: *[Miss and I] We've also got that bond in that she's not like just like, it's only work.*

Izzy talked about how she had some common interests with her previous mentor and would talk whilst playing sport. This allowed her to be able to discuss things that she found difficult talking about in a more traditional one to one discussion format, again highlighting how staff are able to be flexible and adapt their approach depending on what works for the YP.

Izzy: *We had a lot of the same interests. […] We would go play basketball and then at the same time talk about things, […] then*

the hardness of having to talk about stuff like was contradicted by doing something I enjoy.

Several YP described instances where staff have contacted them outside of school time on their work phones to 'check in', particularly there has been a stressful or upsetting event. This is something that the YP clearly value, especially as for some, their mentor is their primary source of emotional support. This suggests that even when the school day ends, the support from The Hub does not.

Becca: *[Miss] sometimes gets the bus with me and stuff, [...] if not then she always wants me to come in the morning to check how I am, and sometimes lunchtime or after school.*

Chloe: *[Miss] goes above and beyond. [...] If she knows that I've had a bad day, she'll text me [...] they genuinely do care rather than it just being for the school.*

The YP also value the relaxed and positive atmosphere of The Hub and how this in turn has a positive and calming effect on their mood. Chloe and Becca talk about having a close relationship with other members of staff in The Hub as well as with their mentor.

Becca: *I've got so much support here[...] they're always smiling and they're always happy, and that's what I need to be around.*

Chloe : *If ever I'm having like a low day, all I have to do is come in here and she just brightens me up so much. She's just so amazing. [...] She's literally one of a kind, no other person can lift me like that [...] she's so cool, the way she does it.*

5.1.2. Subtheme 2: "I can talk about anything"

Many of the YP discussed experiencing a range of issues in different aspects of their lives, for which they have been able to discuss and seek support from their mentor. However it should be noted that this was not something they were necessarily able to do straight away, with some of the YP explaining that they found it very hard to open up initially. This is discussed later in relation to Theme 4.

Relating to the subtheme of 'Containment', at present the YP feel that they are able to safely share their concerns on a range of subjects with their mentor without judgement. Daniel and Ella talked about how The Hub is an important source of advice for them, and Fiona is able to use her mentoring sessions to reflect on the ways she has tried to cope with situations and what has worked.

Daniel: *It's good for advice and stuff […] Really about anything. You can say something and you definitely get something back.*

Fiona: *I talk about what I've done in the two weeks, how I'm feeling, […] if I've done anything to like stress me out or make me feel low, and like ways I've tried to improve it, so like to not feel those ways.*

Chloe talks about feeling that she can speak to her mentor about whatever is on her mind, and that staff recognise that YP may have multiple areas that they are struggling with at once, rather than being focused on a particular area. Support in this sense is holistic and aims to address any area of difficulty a YP is experiencing. She compares this to the support she has received from CAMHS which is much more focused on addressing her depression. Grace also talks about how The Hub acts "*like a mediator*" for her, enabling her to work through any issues she is experiencing.

Chloe: *[CAMHS is] very structured […] whereas [at The Hub] it's more*
                understanding that even though you have like depression there
                are other problems that you also have as well. [...] And they
                understand that, whereas CAMHS, they're just focused on one
                thing.

Grace: *I talked a lot of it through with her and she helped me like, sort my*
                sleep out. She helped me sort school out. And [recently] I just had
                a really bad day […] just felt like everything was going wrong, and
                I came down here and sorted it out, and left feeling much better,
                […] so.. its like a mediator in a way. […] I feel I can tell her
                anything.

Chloe talked about how schools are well placed to provide holistic support and
can support YP with a range of issues, and need to be open to doing so:

Chloe: *I think [schools could] probably to look at the bigger picture, "You*
                have depression, that's fine. Like we'll help you through that but is
                there anything else you're struggling with as a result of it or
                related to it or even something separate?"

5.1.3. Subtheme 3: Equipping YP to face challenges

Some of the YP talked about how their mentor had helped them to think about
difficult situations in more rational ways and to develop coping strategies. In
this way, support aims to empower the YP to deal with some of the challenges
they face more independently. Becca talks about how she is able to think
through situations and imagine what her mentor would say to her, which is
helpful for her to make positive choices.

Becca: *You find a way how to solve the issue. Which I love… it's gave me so many ways of thought now. […] if you're outside school and obviously they might not be able to help then and there, I'll be like, "What would they do? What would they push me in the right direction?" And it sort of helps a lot, with my motivation as well.*

Fiona: *So trying different thinking mechanisms and instead of keeping things to ourselves, try to like let it out to other people.*

Alice: *[She helps to] pin point what's sort of causing it […] I can understand from what she's saying, and I think when I walk out I feel a lot better.. Helps a lot.*

Others talk about how they have learnt techniques to use independently when they need to.

Daniel: *[I learnt] breathing techniques, which do help, like take deep breaths and count or something. […] And like finding, when you're about to explode, how to stop.*

Izzy: *Just like little things. It's called […] grounding. We'll use like five things you can see, four things you can hear […] That works quite well.*

5.2. Theme 2: Attuned and responsive school system

This theme captures aspects of how the provision has been established and organised within the school environment in order to best support those accessing it. YP valued The Hub being easily accessible during the school day and having the flexibility to drop down if they needed additional support outside

of their timetabled sessions. They value the calm environment which appears to act as a secure base for them in a large, busy school.

Mentors often act in the role of mediator between the YP and wider school staff, indicating attuned pastoral support systems and being responsive to the YP's needs. They also discussed referral pathways, that is, how they initially came to access the support of The Hub.

5.2.1. Subtheme 1: Flexibility

The Hub being a part of the school system was seen as a positive by the YP, in that accessing support could be seen as being just another part of their school day.
Chloe talks about how this makes support seem much more accessible and relaxed compared to going to CAMHS.

Chloe: *Going to CAMHS, it's kind of like a constant reminder, whereas here, because I'm at school anyway […] It's more of just like a social thing whereas at CAMHS it's like, "Oh my god, I know why I'm here… I have depression," […] I prefer it here.*

The flexible nature of the support was valued greatly by the YP, with many using it on an informal basis as well as for their timetabled sessions, reassuring them that if they are having a bad day, they are able to access support immediately.

Fiona: *[If] I'm feeling a certain way, I can either just like text Miss or I can come down. I know we can talk about it or something.*

The YP talked about how the small physical environment felt relaxed, calm and safe. This was particularly valued at times when they were feeling overwhelmed, and sometimes just being in this environment was enough to help them to calm down. Daniel and Fiona compare this with other areas of the school which they can find stressful at times.

Daniel: *It's a place where you can go when you're feeling agitated but also a place where you can go if you just want to stay in a calm mood […] when you're worked up like you can calm down.*

Fiona: *I'll be upstairs in like the sixth form area and I would not be able to smile at all because there's nothing happy about it. And then I'll come down here and it's just so much different, and it's like no one is judging you for anything. And it just makes you happy.*

Chloe: *It's just very… Safe. I feel safe in The Hub. […] It's informal as well and it's so laid back […] And that's why I really like it.*

Seeing other YP who are also experiencing some difficulties creates a safe, comfortable and non-judgmental atmosphere.

Jake: *It's a small area, not around many people. People that come in here know each other and just really friendly.*

Ella: *I think that the best thing is having other people that have, not suffer with it, but also know how you're feeling down here.*

Further demonstrating the flexible nature of The Hub, Alice and Izzy talked about how they prefer to access support only when they feel it is necessary, rather than having timetabled mentoring sessions.

Alice has only ever used The Hub on an informal drop-in basis, despite being offered timetabled sessions. She explains how for her, being able to drop down as and when she needs to is the right level of support for her at this time.

Alice: *I don't come here that often… there's no set sessions or anything. Literally if I'm feeling down and I think I'm genuinely going to burst out crying in the lesson or I've had an argument with someone.[…] then I'll sit in here, talk to Miss, have my lunch in here… just like relax a bit.*

I feel like if I talk about every single problem, it's going to become big in my head […] So I just, if I need to get it out, she's there to get it out… that's how I like it.

Izzy previously had timetabled sessions but feels she *"grew out of them",* but it is helpful for her to know that the support for her is still there. This indicates that the support doesn't end when YP are no longer formally accessing the provision. However, Izzy notes that although there are normally staff around, she is *"fussy"* about who she talks to, so for her it would be better to have a purely drop in service available.

Izzy: *In Year 10 the sessions went great. [But then] I kind of wanted to speak when I wanted to speak and not have a set time, if you get what I'm saying.*

5.2.2. Subtheme 2: The Hub as a Mediator

YP talked about how their mentor has been able to act as a mediator between them and the wider school staff at times, further demonstrating the holistic nature of the support and a responsiveness to individual needs.

The sixth form students in particular talked about difficulties keeping on top of their work at times, and explained how their mentor has been able to liaise with school staff on their behalf to reduce some of the pressure relating to deadlines or work load.

Grace: *[Miss] helped me sort school out, because I had a lot of pressure from teachers who had been chasing me for homework […] she's sort of like my communication with the teachers, without telling them that I've got like a mental illness.*

Fiona: *I can't really approach teachers because I feel really awkward about it. So Miss just like sent them an email about like what's going on [and] telling them not to like pressure me when it comes to [speaking in lessons].*

These YP all felt that following this information sharing, teaching staff had taken this on board and been more understanding and supportive once they knew about the difficulties they were facing. This alludes to the supportive whole school ethos and the responsiveness of teaching staff, adapting their approach in order to support YP with their learning.

Fiona: *And like I feel like the teachers are more understanding [now].. they know that I've got so many different things going on […] they're not going to completely change everything but it's like they'll be more understanding to you.*

Grace: *She went and spoke to my Head of Year and just said – she doesn't want you to think she's lazy, she's just been diagnosed with something, and she's struggling a bit, and then now they're like a lot more supportive so instead of asking me for my work they'll ask me if I need help.*

For some of the YP, The Hub has helped them in more practical ways through implementing reduced timetables or providing timeout cards to help during times of more acute need.

Jake :   *When I had my eating disorder I didn't really, hardly had energy […] sometimes [Miss would] just let me sleep in her office or something. I had […] a reduced timetable as well.*

Daniel: *I use my timeout card […] but you can't abuse it. I'd [come down and] see [Miss]… Like we'll talk about it, try and resolve it.*

Fiona: *I was also given this timeout card by my Head of Year [to use] whenever I felt like I was stressed in lesson. [It helps] because […] at that moment it's like, "Oh my god, what do I do? How do I react?" So I just take my card out and I step outside and I think, "I have to calm myself down and just like think rationally."*

Furthermore, during an interview with one of the mentors, she explained that at times, they will support a YP in a lesson if needed, for example if they are finding particular lessons difficult to attend. Becca explained that this is sometimes helpful for her when she is anxious.

Becca: *If I'm anxious they might say, "Come down here, try and sort of de-stress a bit," and then they take you the lesson and just sort of keep an eye on [you]. So they go to the lesson with you.*

At other times, YP can come to The Hub to complete their work in the calm and quiet environment if they feel unable to be in the classroom, enabling them to still engage with their learning.

Grace: *If I don't want to go to my lesson completely, Miss will get the work for me and mark me in on the register, which is really*

helpful. Because then I'm not missing the lesson, I'm doing the work.

5.2.3. Subtheme 3: Referral Pathways

The interviews reflected the different referral pathways to accessing support at The Hub. This included referral by teaching staff, by parents, or by the YP seeking support. For Daniel and Jake, they received support as soon as they transferred to Woodview from another school as they were both identified as being vulnerable.

Most of the YP explained how they had been referred by teaching staff who had become concerned about them, suggesting that staff recognising the signs that YP are experiencing difficulties is the primary route into accessing the provision. These referrals usually take place by staff submitting a form to the Inclusion Management Team, as discussed by Alice and Chloe, although Fiona and Izzy suggest a more informal referral to The Hub for support.

Chloe: *I think some of the teachers were worried about me so they put in […] a form, and I think I had about four forms from four different teachers saying that I should probably come to The Hub.*

Fiona: *[My teacher] kept me behind to like talk to me about it and then she was like, "It'll be good if you go see Miss in The Hub […] There's loads of other students in your position as well that she's working with."*

Izzy: *My friend used to see [Miss]. And then one day she bumped into me in the corridor and was like, "You alright?" And I was like, "No, not really." She was like, "Well come and see me then," and it kind of went from there.*

Ella was referred to The Hub for support following concern from her mother. Similarly, when Jake was at his previous school, his mother contacted staff to raise concerns and he was referred to the school counsellor. He explained that he was then transferred to Woodview and accessed support from The Hub immediately.

Ella: *[Miss] spoke to me because I think my mum called the school because I think I was getting quite anxious of what people think about me […] then it kind of just carried on.*

Hannah: *So did you want to go and see a counsellor or did someone else suggest it?*

Jake: *No, because when you're sick you don't want it. When you've got like an eating disorder, you don't want to be helped. […] obviously my mum would have seen the signs and she would've… [told them].*

Grace was the only YP who approached a member of staff to explain that she was experiencing some difficulties, having first looked online to see if she could identify a reason for her "obsessive depression" about her looks. Her Head of Year then organised support from The Hub for Grace on this basis.

Grace: *I just said [to my Head of Year], "I'm going to the GP tomorrow, and I think I've got Body Dysmorphia and that's why I've been struggling with my attendance and my work", and she said "that makes a lot of sense".*

5.3.   Theme 3: Other sources of support

The YP talked about the other sources of support that were available to them, or in some cases, where there was a lack of support from other sources.

Despite many of the YP describing good relationships with family or friends, this did not necessarily mean that they felt able to draw upon them as a source of emotional support, for a variety of reasons outlined throughout this theme. For many of the YP, The Hub was their primary source of support.

Chloe: *It's just, it's nice, to have that [support], where you can't really get it anywhere else.*

Jake: *This is the like one place that I know I can come if I feel, if I don't feel up for anything, like I'll just come here.*

5.3.1. Subtheme 1: Family

For some of the YP, support from family was important alongside the support they are receiving from The Hub. Daniel talks about how he will go to different people for support depending on what it is he wants to discuss, sometimes going to his mentor and at other times turning to family. Ella talked about how her family are very supportive, but that it is important to her to have someone to talk to during the school day when family support cannot be accessed.

Daniel: *I've spoken to my mum about it. […] she usually can just like do something that will help.*

Chloe feels that following her suicide attempt, her family have been more aware of and sensitive to her feelings, for example her father being in contact much more regularly and her siblings knowing when she needs some extra support.

Chloe: *My siblings […] can kind of tell when they think that I'm not in a good mood, not having a good day. So they kind of distract me […] They're really helpful.*

However, several YP talked about not wanting to burden their family members by talking about their difficulties with them. This appeared to be primarily in situations where the YP felt their parents already had a lot to worry about, and so didn't want to *"contribute to their problems"* by sharing their own.

Izzy: *I don't talk to very many people, like I don't talk to anyone in my family about how I feel partially because my mum has like anxiety and depression, her own stuff, so I feel like if I tell her then it's just going to contribute to her problems.*

Fiona: *I could talk to Miss about anything but […] I didn't really want my mum knowing because I didn't want her to have more to worry about.*

Ella: *[Suicidal thoughts] would just come into my head and I told [Miss]… because I didn't want to tell my mum because I think it would make her upset […] it was getting to the point where everything that went bad, I was thinking about them so I thought I need to tell someone.*

Further reflecting the idea of The Hub acting as a mediator for the YP, Becca talked about instances where she has chosen to share something with her mentor that she knew would have to be passed onto her parents. She described feeling like *"a weight had been lifted"* when her mother was told that she had been involved with using drugs. Whilst Becca has a close relationship with her mentor, she also explains that knowing that it is her mentor's job to support students meant that she was able to more freely share her feelings without feeling guilty.

Becca: *Some things she'll have to tell my mum but sometimes actually it's alright to tell my mum. Like my mum's never going to get angry with me but, you know, she'd be like, "Why can't you come talk to me about it?" But I just feel like I don't wanna worry my*

mum as much because she has so much to deal with. And Miss..
that's her job… Miss is used to people saying things and stuff.

Alice and Grace talked about how they prefer not to talk to their family members about the way they are feeling. Despite Alice having a very close relationship with her grandad, she explained that they both feel uncomfortable talking about *"deep stuff"*. Grace values her privacy at home and feels that if she talks about how she is feeling, this will affect her family's perception of her and how they will act around her.

Alice: *I can't talk to my grandad about much because he's like the*
          common man, like brushes everything to the side. So it was nice
          to come here.

Grace: *I told my told mum about [my BDD], but I don't talk to her about it.*
          […] 'cause I feel that [my family] would really treat me differently.
          They'd just like mollycoddle me, and be really annoying.

          I would rather tell Miss, rather than my family members, I just
          don't think it's something they need to be involved in.

5.3.2. Subtheme 2: Friends

Friends who had experienced similar difficulties were an important source of support for some of the YP. They felt that these friends were able to understand and identify with them in a way that others could not.

Grace: *Even though it was like a sad thing, it made me feel better that*
          someone else felt like that. So like it is good to have a friend
          who's got similar things in their life.

Izzy: *One of my friends […] was struggling for a bit […] She understands that coming like here helps me and that it's not a bad place because she's experienced [difficulties] herself.*

Chloe and Ella explained that having close friends who they could talk to about their need to access support and who would be supportive rather than judgemental was important for them.

Ella: *They know that I come [to The Hub] and they take it really well, actually. They respect me. Like they treat me like a normal person and they just know I'm a little bit more sensitive […] They're not like, "Can't believe you go there. You're different."*

However, some YP described feeling that they don't always trust others enough to discuss their feelings with them, but do feel comfortable opening up to their mentor. Chloe describes how she felt her trust was betrayed by her ex-boyfriend which has since impacted on her ability to trust others.

Chloe: *I find it really hard to trust anyone now. I can't, there's only a few amount of people that I can confide in.*

Fiona: *I like talking to Miss because I feel like there's no one else I can talk to. I don't trust people enough to tell them everything because I'm scared of their opinion. […] I know that Miss is trying to help me and she's not going to do anything that will make me feel even worse.*

For Grace and Izzy there was a sense of not feeling comfortable with fully opening up and sharing their feelings with others. Grace talks about how she doesn't feel her boyfriend understands the extent of her difficulties, partially due to differences associated with gender. In this sense, Grace seems to have adapted her expectations of the support provided by her boyfriend. Izzy also

talks about how she will allude to her difficulties when talking to one of her friends, but will not fully open up, as she finds it difficult to talk about.

Grace: *I don't expect [my boyfriend] to understand because I just don't think he would. I think it's harder sometimes for men to understand women, because we're so different. […] I don't think he understands like the extent of it.*

Izzy: *I talk to like one of my friends but I don't really even say […] what I'm actually feeling. I kind of just like lower the standard, if you get what I'm saying.*

5.3.3. Subtheme 3: CAMHS

Five of the YP have received support from CAMHS, and often drew comparisons between CAMHS and the support they were receiving from The Hub. On the whole, the YP appeared to value the support they received from The Hub far more, for reasons including the less formal environment, the relationships they have developed with their mentors, and the more holistic nature of the support. It is acknowledged by the researcher that the nature and purpose of support from CAMHS is different to that provided by school, and this is also recognised by some of the YP.

As discussed in an earlier theme, the relationship with their mentor was something the YP greatly valued. In this instance, Chloe and Jake compare the close relationship they have with their mentor to the formal relationship they have with CAMHS professionals.

Chloe: *[The Hub is] very informal and the people that work here are very friendly whereas places like CAMHS, it's very formal. I don't really like it. […] I feel more comfortable talking to [Miss].*

Jake: *[Miss and I] We've also got that bond.. Because […] when I was with CAMHS, the person I worked with there was just some like grumpy man. And he just didn't get the bond and I think also if I did get the bond I'd be more willing to listen as well.*

Chloe talked about the issues with having the two sources of support running simultaneously and feeling like she was having to repeat herself. Whilst she talked positively of her experiences of CBT from CAMHS, and has been able to utilise the strategies she has learnt, she prefers accessing The Hub for talking about her problems.

Chloe: *I didn't really like that part, speaking to two different people […] I tell [Miss] everything […] It's hard enough saying it to one person but saying it to two people, it's like you just can't. Because I've already said it once, and once it's out there I just don't think I can say it again.*

[At The Hub] it's more of a friendship than it is a counselling thing. I tell [Miss] things but it's more like, once our session's over, it's done. We talk about [other things], it kind of builds that relationship whereas CAMHS, it's like you go there for an hour, "Hi, how're you doing? See you next week," kind of thing. I prefer it here. CAMHS, it's good for the whole cognitive side of it but it's not so good for the, like… I feel like you get a lot more out of The Hub than you do CAMHS.

Grace also talks about how she has accessed The Hub whilst she is on the waiting list for CBT intervention from CAMHS and that this has been very positive for her and in a sense prepared her to be able to make the most of CBT.

Grace: *[Without The Hub] I wouldn't have had any support and I probably would still be really tearful so I think it's probably going to make my transition into CBT a lot easier, because I think if I had started going [straight away] I would have been really upset all the time.*

Izzy talks about her issues with accessing both forms of provision at times. She stated that she would like a drop-in service at CAMHS but also finds it hard to access the drop-in support at The Hub because she feels staff are always busy.

Izzy: *Obviously if I wanted to say how I was feeling [at CAMHS] then, then I would say it but it was generally like strategies and things to help me manage with stuff […] at the time that worked, but, I feel like there should be some, like a set of people like put aside purely just for like a drop-in.*

5.4.   Theme 4: Barriers to accessing support

Many of the YP discussed some of the barriers to accessing support, either in relation to themselves or their perceptions as to why others experiencing difficulties are currently unable to access support. Within the subthemes, there was a sense of internal and external barriers, i.e. those that lie within the YP, and those that come from sources in their environment.

5.4.1. Subtheme 1: Stigma

Some of the YP talked about the views of others as being a potential barrier for them accessing support from The Hub or other sources. For example, they discussed the perceptions of other students in the school as to what The Hub is and the 'type' of people that access it, primarily as being those who have something "wrong with them".

Izzy: *It's perceived as a place where you go to get help. Like people don't see it as a place for anyone.. just a place for […] people that need help. They've got something wrong with them. Like not in a rude way, but that's how it is seen.*

Fiona: *There were people who really needed to come to The Hub but they wouldn't because there was like this stigma around it of like, you shouldn't go to The Hub or whatever.*
            Because people automatically think that, "Oh, there's something wrong with you, you've got a problem."

Alice talks about how she herself held that view previously, but that her view changed when she started to access the support recently. Grace too talks about how she found it difficult when she first received support from CAMHS, experiencing some mixed feelings about wanting to access this support, but at the same time not wanting to perceive herself in the same way that she perceived others accessing the same service. This suggests that for Alice and Grace, there was a sense of inner conflict between wanting to address their difficulties but also experiencing a potential threat to their identity by doing so.

Alice: *People walk out of lesson and you'd say, "Where are you going?" and they'd be like, "I'm going to The Hub." And you'd be like, "Oh, one of* them *people."*
            I used to just think it was for people who were bunking or people that were purposely trying to cause trouble for themselves.

Grace: *It was a bit scary in the waiting room, there were quite a few, like, crazy people and then I sort of didn't want to class myself as crazy.*

Fiona discusses how stigma should be addressed through educating others, whilst Izzy feels that despite efforts to promote The Hub positively in the school, it is still not understood by others. Similarly, Chloe feels that mental

health issues are at times mocked by others due to a lack of understanding and openness.

Fiona: *So I guess it's more on the students' part. It's like the students need to be taught more about maybe acceptance and like different problems that people might be going through.*

Izzy: *They've tried like in assemblies and stuff like, they've tried to like speak about it as like a positive place – which it is – [But] unless they use it, I don't think they'd really understand what the whole concept of it is.*

Chloe: *Because there are people in the year that do laugh about that stuff. But, I dunno, I guess people just aren't open to that kind of thing.*

Several of the YP talked about their friends not understanding their difficulties or their need to access support in school, or choosing not to talk to them about it in order to avoid the risk of being negatively judged.

Izzy: *When I used to [say to my friends]… "Oh, I've got to go to The Hub," they're like, "Well why have you got to go there?" And because I didn't speak to any of them about it, they didn't understand why.*

Fiona: *I just stopped telling them things altogether. I just kept coming down here, and they were like, "Well, why do you have to go to The Hub?" And it's like, because I do, you know? […] I'm not just going to keep it to myself because you guys have a problem with it. I'm going to go sort it out.*

5.4.2. Subtheme 2: Capacity to engage with support

Some of the YP discussed their own internal barriers to engaging with support, which included not seeing any way out of the difficulties they were facing, not knowing how to talk about their feelings, and not feeling worthy of support.

Chloe, Grace and Jake all discussed initially feeling that there was no way out from their difficulties and it would be something that would always be a problem for them.

Chloe: *Before I didn't see myself getting better, like I thought that was going to be it but… And they were saying, "Oh, it will get better…" And I didn't really believe that but now that I've gone through that, I kind of know that now.*

Jake: *When I had my eating disorder I seriously thought it was going to be something that would affect me my whole life. I seriously didn't see like any way out. You know, people tell me that there is but I just feel they're talking like rubbish, because it's something you need to experience to like properly understand.*

Grace: *BDD is like an OCD […] like I just felt everything was spinning out of control. And because it was my looks, I felt that there was nothing I could do about them and it was inevitable.*

Finding it difficult to talk about their problems was another issue that the YP raised as being either an initial or an ongoing barrier to accessing support.

As discussed within Theme 1, the YP expressed how they value being able to talk to their mentor about a range of issues. This indicates that there has been a change over time for some of the YP. For example, Chloe talks about how difficult it was to talk about her problems for the first time, but is now able to tell her mentor anything. Fiona talks about how she was able to talk about her

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problems, but notes that for others this is not so easy and may make them resistant to seeking help.

Chloe: *When it's in your head and you've never had to say it out loud before, it's the hardest thing. Like even if you try and say it, the words just won't come out.*

It's a lot, it's easier to talk about now […] Because when you're experiencing it, it's really hard but when you've kind of gone past it, it's easier to look back on it. And to kind of explain how you're feeling.

Fiona: *There's so many students who are scared of like coming out and like talking to people about it. […] Because loads of people like shut themselves away and don't know how to start.*

I feel like Woodview is quite good because we have like assemblies and stuff […] and like we're encouraged to come down [to The Hub] if anything worries you. But I feel like people still feel like they can't come down. Like no matter what.

Although Daniel feels comfortable talking to his mentor and seeking advice on a wide range of issues, he explained that there are certain things he would prefer not to talk about, particularly incidents relating to his behaviour in school.

Daniel: *We've talked about it but I've kind of said I don't really want to because it's just annoying.*

For Izzy, difficulties accessing support remains a present issue where she feels uncertain about talking to anyone about how she is feeling. She describes an inner tension between feeling she is a burden, yet will choose to access support when she feels she really needs it. Izzy's difficulties in talking about

how she is feeling has led to self-harming behaviours at times. She recognises that that she has support available from various sources, but that she has to decide for herself whether she feels she can access this.

Izzy: *If I really need someone then I'll come here. If, like if I need to talk I generally don't so I just won't choose to go anywhere […] I'm not very good at opening up…*

I just feel like I waste people's time.. so I don't say anything.

So the support like is there but it's whether I take it or not.

Jake described there being an onus on himself to make a change and overcome his eating disorder, but that he has been helped with other issues, such as drug use, through support from others.

Jake: *I reckon [with] the drugs, I could say they helped me. The eating disorder, I wouldn't say they did […] My opinion is I don't think you can be helped out of an eating disorder, […] like that's completely up to you […] You're going to be ready when you're ready. You don't need other people to help you through it.*

5.4.3. Subtheme 3: Safeguarding and Confidentiality

Izzy and Chloe both talked about concerns sharing information with school staff because they knew certain information would not be kept confidential and private in safeguarding situations. Both recognised the need for safeguarding procedures, but Izzy in particular discusses how this affects what she talks about in school and how she would prefer it if staff could monitor a situation before escalating it to safeguarding procedures.

Chloe: *I don't really like the whole safeguarding thing, because, the thing with CAMHS – there's a positive about CAMHS – it's like everything you say, it's confidential, whereas here it's confidential to an extent and then it's not.*

Izzy: *[Sometimes] I'll just leave without saying anything because I'm like too scared to say something […] like I almost think that they're going to like call my parents and stuff […] I don't want them to worry. And they only do that when it's like safeguarding but it's still in the back of my head.*

5.4.4. Subtheme 4: Lack of awareness from others

Whilst subthemes 2 and 3 captured YP's internal barriers to accessing support, this subtheme reflects the role of other people in perhaps not being aware of and identifying a YP's needs. This is also linked to the difficulties some of the YP have in being able to talk about their problems, especially for the first time.

There was a sense from some of the YP that teachers hold an assumption that there is nothing wrong. Chloe talked about how she may have been able to access support sooner if someone else had picked up on the signs. She explains she doesn't view this as a fault of the school, but that mental health issues can sometimes not be visible to others.

Chloe: *When the school were aware then they were kind of more understanding but I think before that […] they just assumed that nothing was wrong. Because obviously like a broken leg, you can see it but other stuff, like mental stuff, you can't.. [I think} they didn't consider the fact that maybe something was wrong.*

Izzy talks about how she feels that other people haven't picked up on how difficult she is finding things currently, but also feels she can't tell people. Fiona

also describes a conflict between wanting to tell teachers about her difficulties but not wanting to be treated differently.

Izzy: *I don't think they realise like right now that I'm like really quite struggling. I don't think anyone does, to be honest.*

            But I don't want to say anything […] in [some lessons] I'm quite anxious anyway […] But they don't really pick up on it.

Chloe talks about how it is important for teachers to be more open minded and understanding that how a YP is presenting may be an indicator of difficulties that they are facing, and in those situations to ask questions. Daniel talks about how he is on a behaviour report due to his difficulties focusing in lessons, but that he doesn't feel listened to when he tells people he finds this very difficult, which in turn makes him more frustrated.

Chloe: *If they literally just said to me, "Is there something wrong?" maybe I would have been a bit more open about it. Because coming forward and saying, "Oh, by the way, Miss, I don't want to be here anymore,"[…] It's so much harder to like say that, whereas if someone comes up to you and says, "Are you all right? Is something wrong?" you kind of feel more, like…*

Hannah: *Like you could say something?*

Chloe: *Yeah.*

Daniel: *My teacher says to me, "All you have to do is focus," but it's not exactly that easy […] it's like they're not hearing what I have to say. […] Every day is a bad report and that means I'm going to be on it for ages. Like they're leading me the wrong way.*

5.5.   Subtheme 5: Impact of support

To understand how the YP perceive the impact of the support from The Hub, they were asked what they thought things would be like for them if they had *not* had access to the provision. Some felt that they would have been excluded or attending a different provision.

Becca: *I wouldn't be at [Woodview]. I'd be probably at [The PRU] or [specialist provision]. Really, they've turned my life around […] I probably wouldn't be in education.. like they have changed me so much. Like I have changed myself but they have got me to change it and stuff.*

Jake: *I think I would have already been kicked out if it weren't for here. [Miss has] also got me out of a lot of trouble as well.*

Others felt they would have completely disengaged from school, or that things would be worse for them, for example Alice talks about how she would "*be bunking a lot…. Not being in any lessons*", and Jake "*I think I'd miss a lot more school".* Ella and Fiona explain how they would probably be socially isolated. Chloe feels that without The Hub, she may not still be alive.

Ella: *I think I would just be worse than I am now. I'd be really anxious, probably not have many friends.*

Fiona: I *guess I would have shut everyone out and I wouldn't be able to talk to people. And I don't even think I'd be at Woodview right now because my grades would be so terrible that I wouldn't get in. […] my mindset would be completely different.*
           Talking to Miss, […] I knew that I could do it. It was like, I'm not just going to let this ruin the rest of, well, my life.

Chloe: *Without The Hub, I don't know if I would be here today, is what I'm saying.*

Some of the YP talked about how they feel they have moved on, or are moving on, from their difficulties and have learnt to cope better with things with the support of The Hub.

Chloe: *Suicidal thoughts and stuff like that haven't really crossed my mind in a very long time […] I haven't self-harmed in months. That's quite an achievement, I think, for me. Especially when before I didn't see myself getting better […] I'm definitely not in the same place I was before, which is good.*

Becca: *I'd say [schools need to give students] a second chance, like and just make sure that there is a teacher who is there 24/7 […] because that really helps and it's never too late. Never too late to change someone because I managed to change..*

             They've saved me. Like they just have my back, like hell… And I don't know how to repay them. And I can't, like there's nothing I can repay them with to say how like appreciating I am.

Chapter 6
Discussion

This chapter considers how the findings identified in chapters four and five address the research questions. The primary focus is on the second and third research questions. The first was designed to enable the reader to understand the YP's contexts and support needs, in order to more fully understand how they have been supported in school in light of these complex challenges.

The strengths and limitations of the study are then examined, future research directions are proposed and implications for schools and EP practice are presented.

6.1.　Research Question 1

What circumstances and challenges in the lives of YP have contributed to their need for support?

Within each of the YP's stories, there was a strong sense of change and development over time, and with this, grappling with their sense of identity in response to key events as well their transition from child to adolescent to young adult. The majority of the YP presented their story in a retrospective manner, looking back over difficult times with a sense of 'coming out the other side', having survived some significant life challenges, and acknowledging how different things now were.

As anticipated, there was a great deal of complexity in the YP's stories, with challenges and difficult circumstances coming from multiple sources in their lives. This highlights the need to employ a systemic framework when considering presentations of mental health difficulties, rather than a within-child, medicalised view, as has been strongly argued within the literature (e.g. Shute & Slee, 2016; Rendall & Stuart, 2005).

In relation to YP's family contexts, critical experiences included family breakdown, loss of contact with parents, being a young carer, parental mental

health difficulties and bereavement and loss. Other critical experiences tended to relate to the school environment (in terms of social relationships as well as education) and included experiencing bullying, difficult peer relationships, the pressure to achieve academically and experiencing difficulties with learning. These findings are not unexpected, as it is well established that there are numerous risk factors for mental health difficulties in these areas (e.g. Frith, 2016; Wise, 2000)

As highlighted in the resilience literature, stressful events are 'the stuff of life', however long-term exposure to stressors can be more damaging to a person's mental health than acute events. For some of the YP, challenging circumstances persisted over time, sometimes beginning in their early and middle childhood. The holistic and responsive nature of The Hub was valued by YP as addressing a range of issues rather than focusing on one presenting difficulty, and for many, helping them to face these challenges with a renewed resilience and determination.

6.2.   Research Question 2 and 3

In light of these challenges, what are the YP's experiences of support in school and from other sources?
To what extent do YP feel this support has helped them, and in what ways?

The Hub is an innovative model of an LSU, in that its primary task is to support the SEMH of its YP, rather than a more traditional focus on behaviour and/or learning. The YP interviewed in this study were overwhelmingly positive about the support they have received and how it has enabled them to cope with a diverse range of challenges.

The key findings relating to the strengths of the provision, as well as barriers to accessing it will be set out, considering how this links to theory and research.

6.2.1. The power of a secure base

A key theme present throughout the YP's accounts was how individualised the support is, built on a firm foundation of a close, supportive and trusting relationship, which enables them to feel safe, secure and able to talk about a range of issues that concern them without judgement.

The central, underpinning tenet of the support was the relationship between the YP and their mentor. There was a striking sense of uniqueness to this relationship – different from their relationships with other school staff and with their families and friends – and it was clear that there was a genuine bond and reciprocity, aligning with the principles of attachment theory. For many of the YP, they felt unable to draw on other sources of support in their lives, often due to concerns about contributing to those people's existing worries. This was often the case when there were difficulties and challenges within the family context. As such, mentors provided YP with a space in which they felt they could freely discuss anything that was on their mind, as Grace asserted, "*I just don't hold anything back.".* For many YP, they explained that they could talk about anything and everything, including issues at school and in family and social contexts.

However, it was clear that this was something that developed over time, and there was a notable shift in the YP's capacity to engage with the support. It is noted by Spencer (2006) that often in the early stages of the relationship, the mentor often had to 'carry the load' until the adolescent was ready to engage more fully and to reveal more of themselves once trust had been established. This was reflected in the YP's accounts with many of them noting how difficult it was to open up and talk about their problems initially, but once the relationship had been established, they could talk about anything. Crucially, they felt that this relationship was genuine and their mentor authentically cared about them, beyond the bounds of their job role. Some of the YP described their mentor as being like a friend and there was a mutuality in the relationship where the mentors would share their own experiences and discuss aspects of their own lives.

It has been consistently highlighted throughout the literature that drawing on the principles of attachment is effective in the development of a successful mentoring relationship. For example, Zilberstein & Spencer (2017) note that the qualities CYP desire and value in a mentoring relationship are those that occur in secure attachment, which includes safety and security; opportunities for growth; unconditional regard; authentic engagement; active participation; responsiveness; and empathy. Indeed, these were all themes which emerged in the present study as being aspects of the relationship which YP valued.

In adolescence, the readiness and availability of an attachment figure in times of need is considered more important than constant proximity, providing the adolescent with the confidence that a trusted adult is available for them during periods of stress or difficulty. Smith, Newman-Thomas & Stormont (2015) suggest that with this knowledge, adolescents are then able to internalise this feeling of security, or the "secure base", and that mentors may serve to positively modify a young person's internal working model of adults as reliable resources. This is echoed by Rhodes et al (2006) who also outline that consistency, sensitivity and responsiveness to YP's needs can promote a sense of predictability and stability that they may lack from other sources. This is crucial in times of crisis and acute need, as YP have the knowledge that they have somewhere and someone to turn to, a *"dependable source of protection and support"* (p 693).

This responsiveness and flexibility is important for the development of a successful therapeutic relationship, which *"involves, among other things, offering extra session time, being available between sessions within reasonable limits, being caring and nurturing, and showing genuine, parental-like love and affection"* (Perris et al, 2012, p 478). Bombèr (2009) indicates that being available and present for YP during the school day can facilitate this sense of security, and that with such *"emotional scaffolding"* in place, the YP is more readily able to have the confidence, courage and curiosity to explore and in engage in new tasks and experiences.

The emotional availability of mentors was demonstrated in the findings of the present study. The flexible, attuned and responsive nature of support from The Hub staff was repeatedly captured in the YP's accounts. Opportunities for informal support were valued by all of the YP, with Alice and Izzy choosing to access support purely on this basis. Whilst the rest of the YP valued having regular timetabled sessions, they also talked about how they used The Hub on a drop in basis when they were having a difficult day. The flexibility for YP to do this highlights the supportive whole-school ethos, with YP knowing they can always access The Hub, no matter what. The use of timeout cards enables YP to leave a lesson at any point if they feel they need to, recognised by all teaching staff. Grace too noted that staff respected her opinion on whether or not she could be in a lesson, and she could complete her work in The Hub in times when she was finding mainstream classes difficult. This serves to promote the choice and agency of YP to seek support as and when they need it, an aspect which they all valued and felt had a significant positive impact on their attendance and their capacity to engage in lessons. As demonstrated in the literature, unfortunately this agency afforded to YP is not reflected in all practice, and often school staff are the gatekeepers of such support (Spratt et al, 2010).

The containing nature of the relationship was a consistent theme across the YP's accounts. The Hub staff were seen to be non-judgemental and open, communicating to the YP through their availability and responsiveness that they "knew what to do" and could handle any situation. YP valued their mentor remaining calm, normalising strong feelings and not being "awkward" or "over-protective". There was a sense that they could "let it all out" and would then leave feeling much better. Ella explained that it was helpful for her to know that her mentor is "sorting things out" for her and this enables her to focus on her learning. Support also extended beyond the school day, with mentors being in contact with YP out of school hours during times of acute need. There was a sense in the YP's accounts that they knew they were being 'held in mind' and their mentors genuinely cared about them.

6.2.2. Developing resilience

Through the YP's accounts it was evident that the support they had received had enabled many of them to develop their inner resources. As a result they felt more empowered and in control of their lives, and even when they couldn't change the situation they were in, they were better able to face these challenges and cope in more adaptive and resilient ways. For many, there was a shift from feeling helpless and trapped to feeling hopeful about their lives and their futures. This is in line with literature which proposes that the social and emotional support offered by the mentoring process can positively influence YPs life trajectories, for example YP can be empowered to stay in school, able to make smoother transitions and adjustments, and to prepare for their futures (Komosa-Hawkins, 2012)

Again highlighting the need for mentors to be flexible and responsive, it is recognised that YPs needs change over time. Pascarelli (1998) proposed that the mentor's role initially focuses on demonstrating empathy and giving advice, and then moving towards empowering the YP through acknowledging their strengths. This is then followed by encouraging independence in the YP to draw upon their skills and resources. An increase in confidence leading to YP feeling that they are more able to cope with the daily stresses of school life is shown in the literature (Rose & Doveston, 2008). With regards to the therapeutic alliance, Perris et al (2012) stress the importance of first establishing a secure attachment between the therapist and client, and when established, the focus can shift to the therapist supporting the client to develop a greater sense of autonomy, initiating a 'self-healing' process guided by the therapist (Brassard & Johnson, 2016).

Initially feeling that things were out of their control was especially evident in Grace and Fiona's accounts, but the stories of other YP contained elements of their lives being governed by external factors. For Jake, he talked about how he was *"just one of those people"* who would always be going through something, and Becca talked about how at times she had been put in a position where she felt it was inevitable that she would make negative choices. The YP

talked about The Hub helping them to *"find ways to solve the issue", "try different thinking mechanisms"* and *"pin pointing what's causing it"* as well as utilising practical tools to help them feel calm and in control, such as mindfulness, breathing techniques and using timeout cards. Relating back to the concept of the emotional secure base, it appeared that through the process of mentoring facilitated by the attuned containing relationship, YP were better able to self-regulate and develop independence in facing their emotional challenges.

6.2.3. Mediation and information sharing

The mediatory role of The Hub was expressed particularly by the sixth form students, who at times struggled to cope with the workload and deadlines. Fiona, Grace and Izzy talked about how their mentor had acted on their behalf by communicating with school staff, for example if they needed some additional support in lessons, less pressure put on them with regards to deadlines, or that they felt anxious speaking in class. The YP could then see that their teachers acted upon this information and worked to provide additional support for them where needed. Again, this highlights that the YP can share their concerns and trust in their mentor to advocate on their behalf, and crucially, that teaching staff respond to this in a way that is meaningful and helpful to the YP and enables them to feel that their bids for support have been heard, understood and acted upon.

As well as mentors acting as a mediator between YP and school staff, in some cases they also acted as a mediator between YP and their families. For example, Becca explained how she decided to tell her mentor that she had been smoking cannabis, and she knew that her mentor would have to tell her mother. Similarly, Ella didn't want to broach the topic of her suicidal thoughts with her mother, and instead turned to her mentor. For both YP, there was a sense that this information would be presented to their parents in a more manageable and tolerable form than if it came directly from them, with their parents being reassured that they were already being supported.

For other YP however, the knowledge that their mentor had to follow safeguarding procedures acted as a barrier to them sharing certain information. This was particularly noted by Izzy and Chloe. Although Chloe overwhelmingly preferred the support she received from The Hub to that of CAMHS, she explained she preferred the confidential nature of CAMHS when it came to discussing certain issues. For Izzy, safeguarding procedures were a significant barrier to her seeking support and she was greatly concerned that things may be shared with her parents that she didn't want them to know about, particularly her self-harming behaviours. By censoring what information she shared with her mentor, this served to act as a barrier to deepening the relationship. There was a cyclical nature in Izzy's self-harming behaviours and her difficulties in expressing how she is feeling. She noted that because she doesn't talk about things, her problems "build up" and she turns to self-harm. In this sense, self-harm appeared to act as a barrier to her engaging with support, and her lack of engagement in support resulted in self-harm.

However, the enduring nature of the support offered was also indicated by the fact that Izzy still continues to access The Hub, but does so as and when she feels she needs it.

6.2.4. Links with CAMHS

An interesting aspect of the provision is the close links they have established with CAMHS. This was not explicitly noted through the YP's interviews, owing to it being a 'behind the scenes' factor within the set up of the provision, but is nonetheless pertinent to note. The lead professional in The Hub has regular supervision and consultation with CAMHS, to both support her in her role and to discuss YP who are known to both provisions. This has a dual purpose of increasing the skills and knowledge of The Hub staff, and also ensures that their work complements that of CAMHS for a more joined up way of working. Pettitt (2003) looked into effective joint working between CAMHS and schools, but this was typically in the sense that CAMHS professionals would engage in

work on school sites. The current practice shown in The Hub is a more collaborative approach. Pettitt also identified a role of EPs in this process, which is discussed further in the following chapter.

For some YP, accessing both forms of support alongside each other was not considered helpful, for example Chloe stated, *"it's hard enough saying it to one person but saying it to two people, it's like you just can't."* For Chloe, she much prefers the small, familiar environment of The Hub in order to talk about her problems with an adult she has a close relationship with. It was felt by all the YP accessing CAMHS that The Hub felt more accessible by virtue of it being within the school and, as Jake explained, because they "*have that bond".* Chloe did note that CAMHS has been helpful for her to access CBT support. Grace too is awaiting CBT and accessing The Hub in the meantime. She felt that the two provisions would complement each other well, and that by The Hub addressing and supporting her emotionally, she was prepared to make the most of CBT. This suggests a way in which schools and CAMHS services can work together to support YP, by providing emotional support within schools and referring to CAMHS for more specialist therapeutic interventions.

It is also important to note that although professionals working within CAMHS are highly skilled in providing therapeutic support to YP, the nature and extent of the support available is heavily influenced by funding and resources. This means that in practice, many YP referred to specialist CAMHS for support may only be able to access short-term interventions, and that many YP who would benefit from intervention do not meet the increasingly high thresholds. As has been outlined in Chapters 1 and 2 of this thesis, there is a role here for school-based interventions to provide support to YP in this context of stretched CAMHS services. The findings of the present study demonstrate that despite having less formal training, school staff can provide valuable and personalised support to YP through the establishment of a close mentoring relationship, drawing on the principles of attachment, which can serve to meet the emotional needs of YP. As demonstrated in the literature, the therapeutic alliance has been found to have a bigger effect on the outcomes of treatment than the form

of treatment used, indicating the power of the relationship in such work (Music, 2017).

6.2.5. Barriers to accessing support

Although there were many positive aspects of the support identified by the YP, barriers to accessing this support were also discussed. These related to both barriers that were attributed to external sources, as well as those that related more directly to the YP themselves.

Stigma was one of the most widely discussed barriers across the YPs accounts. Whilst The Hub aims to be visible and understood by all staff and students in the school, through an inclusive ethos in which mental health is acknowledged, accepted and discussed openly, stigma and negative attitudes towards mental health held by others was raised by many of the YP. Some of the YP explained how the views of others (as well as their own views in some cases) had impacted on their propensity to seek and engage with support. As indicated in the literature and recent published data, it is apparent that stigma may be a persistent issue amongst YP despite widespread national and international efforts to directly tackle it, and it appears to be more of an issue than service providers and professionals realise (Bowers et al, 2013).

With regards to referrals for support, stigma and perceptions of 'risk' and 'vulnerability' can have an impact on both self-referrals and referrals by others. Spratt et al (2010) suggest that when school staff are the primary referrers for support (which is often seen to be the case in school-based interventions), there needs to be close attention paid to developing staff understanding of YPs needs and how these may present. They identified a tendency for staff to primarily refer 'problematic pupils' for intervention, which can lead to students coming to view the intervention as being "for bad people", thereby being reluctant to seek help or access support due to the stigma attached to it. Spratt et al argue that to enable YP to access support, there requires a careful consideration of referral procedures and routes of access, and some 'creative thinking' around how to engage YP.

Brown (2011) also considers the conceptualisation of 'vulnerability' and how this can impact on policy, research and the allocation of resources. For example, she warns that a deficit-orientated view of vulnerability can foster stigma, and that individuals who seemingly pose a 'threat' to others are readily deemed as *not* vulnerable. Brown argues that by judging some individuals as a threat rather than being at risk, they are excluded from access to vital support services.

Kendal, Keeley, & Callery (2014) found that young people's willingness to seek help from school-based pastoral support services was predominantly mediated by the 'fear of emotional exposure' and worries about being perceived by other students as vulnerable and judged negatively for this. There was also a tendency for young people to make decisions about accessing support after weighing up the potential risks and benefits. The concept of social norms appeared to be the primary influence in Kendal et al's study, and they propose that some of these perceptions may be influenced by school ethos, and promoting help-seeking through influencing student values and perceptions of vulnerability. However, a conscious effort seems to have been made by The Hub to do just this at Woodview, and yet many of the YP discussed stigma as being an ongoing problem in their school context. In one sense the efforts to promote The Hub as "a positive place for all" appeared to be successful, with some of the mentors noting in their interviews that there had been an increase in the number of self-referrals, which had often been through word of mouth, by users of The Hub suggesting that their friends access it in times of need. Efforts have also been made to make support accessible through an email hotline where YP could make contact privately and in their own time, and also involving the student council in thinking of ways to positively promote The Hub.

However, the YP explained that there was still a sense of the wider student population not understanding the purpose of The Hub, or not understanding mental health or emotional needs. For example, Chloe suggested that some people just *"aren't open to it"* and Izzy and Alice expressed that unless people experienced it themselves, they wouldn't understand what The Hub 'is about'. Alice noted that she had previously held negative views of The Hub and the

'type' of people that went there, until she accessed it herself, saying her view had been completely changed as a result. This alludes to the suggestions in the literature that educating YP explicitly and exposing them to the reality of who a service user might be, could potentially go a long way to reduce stigma in this population (e.g. Naylor et al 2009; Scholl et al, 2010).

It is possible that the YP in the present study, who all chose to access support, may be less driven by conforming to such social norms, or were more able to see the benefits of accessing the support. This was explicitly addressed by Fiona, who viewed the benefits of mentoring support as outweighing the fact that some of her peers had a "problem" with her accessing The Hub. Chloe and Ella also discussed the views their friends regarding their decision to access support. It is reasonable to assume that there are a group of YP attending Woodview who would greatly benefit from accessing mentoring support, but who are currently reluctant to seek or engage with help. The views of these YP would be essential to further understand the barriers to engagement and what can be done to reduce these.

It should also be noted that although the sample size was small, the majority of participants in the present study were female, which may have an impact on engaging with support. For example, Murray (2005) asserts that whilst there still exists some ambiguity about the factors that differentiate help-seekers and non help-seekers, gender may go some way to explain these differences. Research indicates that often females are more likely to talk about worries than males, but that this is not universal or conclusive.

It is possible that this also links to the perceptions of vulnerability. A review of help-seeking in young men (Vaswani, 2014) looked at various areas of vulnerability, which included self-harm and suicide, substance misuse, offending behaviour, homelessness and mental health. Young men tended to experience poorer outcomes than young women, and were more likely to display cognitions and problem-solving strategies that were help-avoidant, placing emphasis on themselves to solve their own problems without support. Vogel, Heimerdinger-Edwards, Hammer & Hubbard (2011) identified conformity to 'dominant masculine ideals' as being linked to higher levels of self-stigma

and less favourable attitudes to seeking help from counselling services. Self-stigma is defined as the internalisation of public stigma, such as negative views towards mental health and seeking help – for example to believe oneself to be "inferior" or "weak" for needing to seek support.

Although the narrative analysis in the present study did not explicitly explore the *way* the stories were told, the YP's use of language relating mental health and SEN was felt to be revealing. The language YP used to describe themselves was at times negative or stigmatising (linking with the concept of self-stigma), and yet they also referred to the stigmatic beliefs held by other people as being a potential barrier for individuals to access support. It is tentatively suggested that the negative and stigmatising language associated with mental health problems has become part of the discourse around mental health, amongst YP especially, and that this has persisted despite numerous public campaigns to normalise mental health and address stigma.

Further work striving to understand the discourses around mental health and the impact of stigma would help to inform local and national efforts to tackle this issue. Employing an ecosystemic framework to consider attitudes and beliefs held by different groups, and the influences on these, could be a useful approach for future research.

6.3. Strengths and limitations

The findings of the present study highlight how the SEMH needs of vulnerable YP can be met within the school environment and serves to provide an example of effective practice as told by the YP themselves. In a complex and real-world setting, I set out to understand how and why this provision worked to support them.

There are clear implications associated with interviewing vulnerable YP, especially in asking them to discuss sensitive, intimate aspects of their lives. Whilst I had anticipated that some YP may not want to open up and speak about their difficulties in depth, I was surprised with the frank and open nature

with which many of them spoke to me. Several of the YP expressed directly how keen they were for me to hear, understand and share their stories, and were passionate in their view that other schools needed to hear about The Hub so they could develop one of their own.

The use of the life journey tool also provided a helpful framework for YP to think about different times and aspects of their lives. It was presented to them openly and with curiosity; by simply asking YP if there was a particular time in their lives that stood out as being important, for either positive or negative reasons. This allowed YP to start at a point which they felt comfortable talking about, and enabled the conversation to cover all stages of their lives.

Whilst a limitation of the study was a lack of a pilot study, each of the interviews with the YP took on a different form and structure. This required me to be flexible and to adapt my approach to allow for the YP to share their experiences with me in the order that they wanted to, and with a natural flow of conversation. Often, I felt that it was not necessary to have the interview schedule in front of me, and this helped to make the situation feel more informal. I felt that my skills as an EP helped me to be attuned and sensitive to the stories they were telling me, and built rapport by sharing some information about myself with the YP where appropriate to do so, and this helped to put them at ease.

The majority of the participants were in Year 11 and sixth form. However there is little research on KS4 students accessing LSUs, so this provided an interesting insight. Seven of the nine participants were female and seven were white British. There have been some indications in the literature about cultural and gender differences, and the present study was narrow in these terms.

It is also possible that the sample only consisted of YP who had been able to engage well with support. However, in my interviews with mentors I included questions regarding unsuccessful interventions, and it was noted that this was extremely rare, and that the flexible and individualised approach meant that YP could typically engage in support. Lack of engagement could be an area for future research to consider.

It was also my aim to gather the views of The Hub staff and parents in order to provide triangulation. Whilst I did gather interview data from four members of staff, unfortunately due to space limitations I am not able to present these. However, the insights they gave me were invaluable in understanding how the provision has been established and in the structures and processes behind it, which I have drawn upon throughout the findings and discussion chapters.

In terms of the narrative analysis, as also noted by Hill & Dallos (2011) it is a challenge to both respect the individuality of each participant's story, whilst also drawing out the commonalities. Focus on the common aspects unfortunately compromises some unique elements of individual stories. This was especially the case with Jake, who provided a rich account, but which was somewhat different to other YP's. In an attempt to share his story within the scope of this research, an analysis of Jake's story has been provided in Appendix K. Furthermore, it is noted that narrative approaches require a great deal of analysis and interpretation by the researcher. The fact that researchers conceptualise narrative approaches in different ways, they necessarily involve more or less adaptation to the data. For example some researchers have created poems from interview transcripts.

I wanted to develop an approach which kept the story in the YP's own words, and adopted a restorying approach. Having a clear structure of the life journey tool assisted me in this process, but it is still acknowledged that by re-ordering and editing the transcripts to create a succinct story, I was placing my own interpretations on the narratives. In order to check the fidelity of my approach, I gave the option for the YP to meet with me to read over the stories and transcripts, however none of them felt that this was necessary. This may have been influenced by the fact that GCSE and A level exams were happening at this time, meaning many of the YP will have had significant demands on their time. Positive feedback was however gained from the lead professional in The Hub that the YP were happy with the process.

It is also acknowledged that, as with all narrative research, there is the potential for bias and individuals to misremember events or omit certain experiences. However, in line with a Social Constructionist perspective, objectivity and an exact record of events is not the goal when striving to understand people's experiences: the process of meaning making and how people present their stories is subjective and celebrated, as Bold (2011) states, *"the narrative re-presents experience rather than providing the reality"* (p 30).

Some further reflections on my research journey are presented in Appendix K.

6.4.   Future research

As was intended in the present study, further research could aim to explore how the provision works from the point of view of the mentors. Capturing the views of parents and wider school staff would also provide a different perspective. Further research could more explicitly investigate the various barriers to accessing provision, particularly that of stigma, which appears to be an ongoing issue despite widespread campaigns and efforts to address this.

Future research could extend on the findings of the present study by following young people on their journeys from the outset of when they began to access support until the end of the process, to better capture the changes and underlying processes over time.

6.5.   Conclusion

In light of the current "mental health crisis" we are facing in the UK, with a rise in the prevalence of mental health difficulties in CYP, but specialist CAMHS services becoming increasingly squeezed, other services and settings such as schools are being looked to as an alternative source of support and intervention. However, as Weare (2015) argues, in the current educational, political and economic climate it can be tempting for schools under pressure to see mental health and wellbeing work as *"a luxury or optional extra".*

This research aimed to provide an insight into how one outer-London secondary school has responded to the needs of their vulnerable YP through establishing an LSU provision specifically focusing on mental health and wellbeing, and in which targeted group and individual interventions are delivered.

Mentoring has received a great deal of attention in the international literature, but there is surprisingly scarce research on how this form of approach can be used to support mental health in schools. Research into LSUs has also tended to focus primarily on supporting YP at risk of exclusion and where the focus is both on supporting their academic needs as well as pastoral needs. The provision in the present study is a demonstration of innovative practice in which supporting YP's mental health needs is its primary focus.

Through gaining the views of the YP accessing this provision, a number of important findings are put forward. The YP had a variety of presenting needs which are viewed in the context of challenging life events and circumstances. Despite their diversity, there was a high degree of consistency in the aspects of the support the YP valued and had enabled them to work towards overcoming some of the challenges they were facing.

The findings from the present study tell in the YP's words how significantly the support they have received in school has impacted upon their lives, and enabled them become more resilient, independent, happy and successful in the face of significant and far-reaching life challenges. Without this support, many felt they would not be in education, would have been permanently excluded, would have disengaged from school and from their social lives, and may not even be alive to tell their story.

Chapter 7
Implications for EP practice

This chapter will consider how findings from the research should be considered by EPs and how this might influence their practice, on an individual, group and systemic level. EPs are well placed through their regular contact and work with schools to contribute to discussions and to support schools regarding ways in which the social, emotional and mental health needs of YP can be met. There is also scope for EPs to support and work with other professionals and to work to instigate and influence policy change.

Research has highlighted that school ethos can significantly impact upon student and staff wellbeing. Grieg et al (2016) outline how EPs can have a pivotal role in supporting schools at a systemic level to embed proactive approaches and to facilitate a preventative strategy for mental health and wellbeing. Evans & Cowell (2013) outline how EPs are in an excellent position to support schools to facilitate change at this level, and have a four-fold role in school improvement. This includes: designing, planning and implementing improvement programmes; in conducting research and then disseminating research evidence to schools and policymakers; and in supporting schools in understanding and making links between research and their individual context and practice. The findings of the present study indicate how a whole-school approach to positive mental health has been promoted within the school, but nonetheless also identifies persistent issues with stigma and help-seeking. EPs could work to support school staff in exploring such tensions and issues within their unique school environment (e.g. relating to student engagement, sense of belonging, resilience, beliefs and attitudes). Approaches that could help to facilitate discussions, afford a deeper understanding and promote problem solving include Solution Circles (e.g. Grahamslaw & Henson, 2015), work discussion groups and Reflecting Teams.

Staff wellbeing has been shown to be important in promoting a positive whole-school ethos, and research has indicated that when staff feel empowered and fulfilled in their job roles, they are better able to meet the emotional needs of their students. One way to promote this is through training and professional development for school staff, at a targeted (e.g. pastoral teams) and whole-school level. As has been discussed, research suggests that teaching staff are the primary referrers of YP for targeted SEMH support, and this was also the case in the present study. This places responsibility on school staff not only to meet the educational and academic needs of YP, but also to have an awareness of signs of risk and distress which could indicate SEMH needs. EPs could have a key role in whole-school training relating to promoting mental health in schools, empowering staff to identify those at risk and to support schools in setting up referral systems to access targeted interventions, including opportunities for self-referral with clear points of access for YP to seek support.

A considerable role for EPs could be in a supervisory capacity, and indeed this was an area raised by The Hub staff in the present study as being something that they would greatly value. Dunsmuir, Lang & Leadbetter (2015) highlight how EPs are frequently offering supervision to other professionals (17.5% of supervision being given to those outside of their own teams) and that have the necessary skills to make supervision successful. This could also include the provision of consultation forums and targeted drop in sessions for staff (for example, for Newly Qualified Teachers) to enable them to discuss any concerns or to seek support regarding their students' wellbeing. Furthermore, Solomon & Nashat (2010) cite the importance of containment for school staff through professionals offering a 'therapeutic presence', which enables staff to tolerate and manage anxiety, becoming freer to explore, experiment and contemplate new ideas and ways of working.

In addition, it is important to encourage authentic and meaningful ways of consulting with and engaging YP. The YP in the present study were able to identify both facilitators and barriers to accessing mentoring and other support, and in order to foster engagement from a wider range of YP, it is imperative

that students themselves are involved in discussions about their support needs, informing the development of interventions that are both relevant and helpful for them. Engagement of parents is another area of consideration for schools, and EPs could support schools to consider ways of achieving this and engaging with more hard-to-reach and vulnerable families.

For the YP in the present study, containment and attunement played an important role within the mentoring relationship, and also within the wider school system. This is an area that EPs could support schools in, by disseminating knowledge and promoting understanding of these principles in order to foster a sense of student belonging, and school responsiveness at a whole-school level. For example, research has considered the effectiveness of delivering training to pastoral staff which focuses on the concepts of containment and other psychological processes, in order to develop staff skill and understanding of working with YP who self-harm (Lee, 2016). Containment was found to be a key factor in understanding self-harm and staff were receptive to engaging in training drawing on psychodynamic principles which helped them to reflect on their practice, and furthermore created a peer support group resource for school based consultations.

Furthermore, EPs could contribute to developing the attunement skills of those working in a mentoring role. Pryce (2012) suggests that by engaging in professional training and development, mentors can enhance their skills in active listening, maintaining eye contact, identifying nonverbal as well as verbal cues, responding to those cues, maintaining flexibility and soliciting youth ideas. These are all actions that can be modelled and practiced prior to and during mentoring interventions. A further suggestion is the use of peer observation and self-assessment of skills by mentors. EPs with relevant training and experience could facilitate this through the use of approaches and techniques such as Video Enhanced Reflection on Practice (VERP) or Video Interaction Guidance (VIG), which could help to support the principles for attuned interaction in mentoring relationships.

At a broader level, the present research has implications for multi-agency and joint working protocols between schools, EP services and CAMHS. Woodview have established links with their local CAMHS service which appeared to be beneficial in working to support students' SEMH needs. Greig et al (2016) argue that EPs should be working more closely with mental health services to identify and provide support to CYP at the earliest point of need. It is the view of the present researcher that there would be considerable scope for EPs to also work alongside schools and CAMHS to bring in their knowledge of the school system and how this can impact on a YPs social and emotional wellbeing, and to provide bespoke supervision and consultation packages to school staff.

Furthermore, inter-professional working groups could be established to work collaboratively on developing and delivering intervention programmes, with the EP bringing their skills and knowledge of psychological theory, models and research evidence, whilst also promoting the need for interventions to be personalised and tailored to an individual's or group's needs. It would be vital to work collaboratively with school staff, drawing upon their knowledge and ideas about how this could best be implemented in their unique school context.

In the delivery of interventions, EPs could work alongside school staff in educating YP about mental health in order to tackle stigma. For example, co-facilitating workshops with groups of YP or developing initiatives such as appointing student 'mental health ambassadors' may be successful. In the context of squeezed CAMHS services, resulting in high access thresholds and long waiting lists, EPs can also support individual YP through the delivery of specialist therapeutic interventions, such as CBT and therapeutic play, which could complement the work of mentors. This would also carry the benefit of being delivered on the school site, thereby making the support more easily accessible, which YP in the present study valued.

As has been set out previously, there is a great degree of variation in the provision of mental health support in schools and in the quality and effectiveness of that support. Thus, there is a need for 'beacon schools' to

share best practice (Thorley, 2016) and 'practice-based evidence' of what works in individualised and therapeutic interventions (Dunsmuir & Hardy, 2016). This formed part of the rationale for the present study, and it is a necessity that further research is carried out to best understand the ways in which schools can support their YP. This is especially pertinent in the current UK context, in which there is an increasing focus on the need for schools to support mental health and wellbeing. EPs, both qualified and in training, can make valuable contributions to the knowledge and evidence base in order to support and improve outcomes for vulnerable CYP.

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Appendix A: Details of literature search

The literature search was undertaken through using databases including British Education Index, PsycINFO, PsycARTICLES, ERIC and Web of Science. Key search terms such as 'mental health', 'wellbeing', 'mentoring', 'learning support units' were used as well as 'young people', 'adolescents' and 'teenagers'. This was used as a starting point and further literature in key areas were then sought by adding search terms such as 'attachment'. Both UK and international literature written in English was included.

In order to include relevant legislation, official reports and work of key children's and mental health charities, a search of key internet sites was also carried out.

Appendix B: Young Person Interview Guide

Themes to be covered
Experiences at home/school – difficult and positive
Support received
What could be different?

Life journey to support discussions.

Introduction
- Explain: purpose of interview; importance of their views and experiences; right to withdraw; confidentiality and anonymity.
- Check young person still happy to continue, sign consent.
- Any questions?

I want to find out lots of things about you – including about your experiences at school and maybe important things that have happened outside of school as well.
First of all, to help me to get to know you a bit better, could you tell me a little bit about yourself?

Prompts:
- E.g. what you like to do, what you're good at, an interesting fact
- How do you think someone who knows you really well would describe you?

Scale:
Beginning of discussion
Rate out of 10: (1) School in general; (2) The Hub specifically

Life journey: introduce and invite young person to think of any key events that have happened, say we can add important things to it as we go along. Is there a time that stands out as being particularly bad? Or particularly good?

Possible questions:
- What's school like for you?
- What are the biggest challenges for you at school? (do you think other people experience the same kind of challenges?)
- What are things are going well at school?
- What's the Hub like? How would you describe the Hub to someone who hadn't been there before?
- When did you start going to the Hub? (mark on life journey) Who decided you would start going to the Hub? Did you have a choice? Did you want to go?
- What do you find helpful about the Hub?

- How do you know it's helped you? What's different/ changed?
- Has anything else helped you?
- What do you think would have happened if you hadn't started having help/mentoring?
- Is there anything or anyone else that's really helped you at school? At home/ out of school?
- Is there something else that you would like (more) help with?
- Any other support that would be helpful?
- What do other people think about you going to the Hub? Good/bad thing?
- If you could give schools one piece of advice about understanding/supporting students, what would that be? If you ran the school what support would you put in place?

Prompts
- What is that like for you?
- How often is that a problem/are things like that?
- Are there times when it is less of a problem?
- How does that make you feel?
- Is this something you've been able to talk about with [mentor]?
- What do you mean by that?
- Can you tell me a bit more about that?
- Has anyone else noticed this?
- Are things better/worse than this time.. (e.g. refer to life journey)
- What's the best/worst thing about…
- What's different/ changed?

Life journey – what are your thoughts about/hopes for the future?

Appendix C: Example life journey and rating scale

(Daniel)

Worst it can be

0   1   2   3   4   5   6   7   8   9   10   Best it can be

Woodview

PRU   The Hub

168
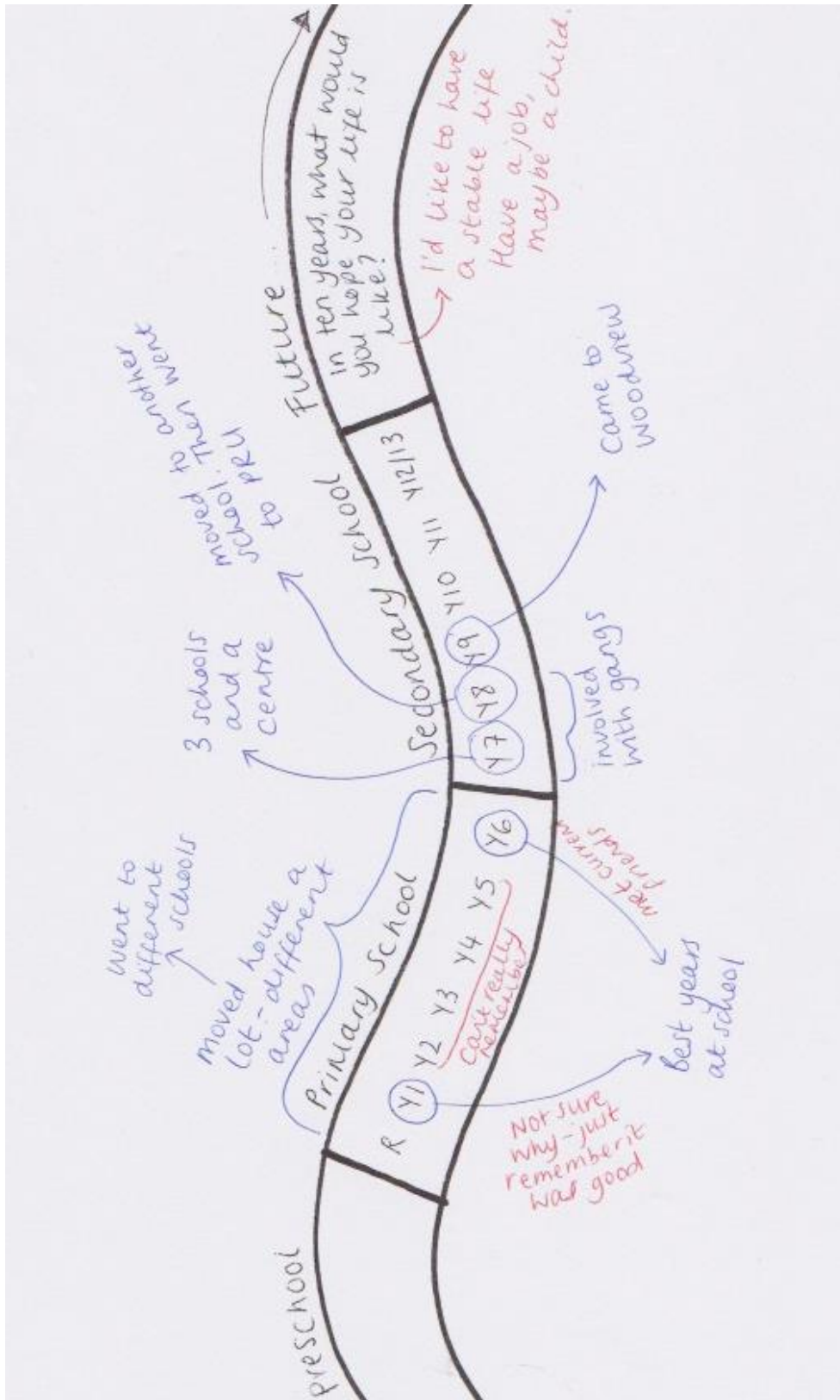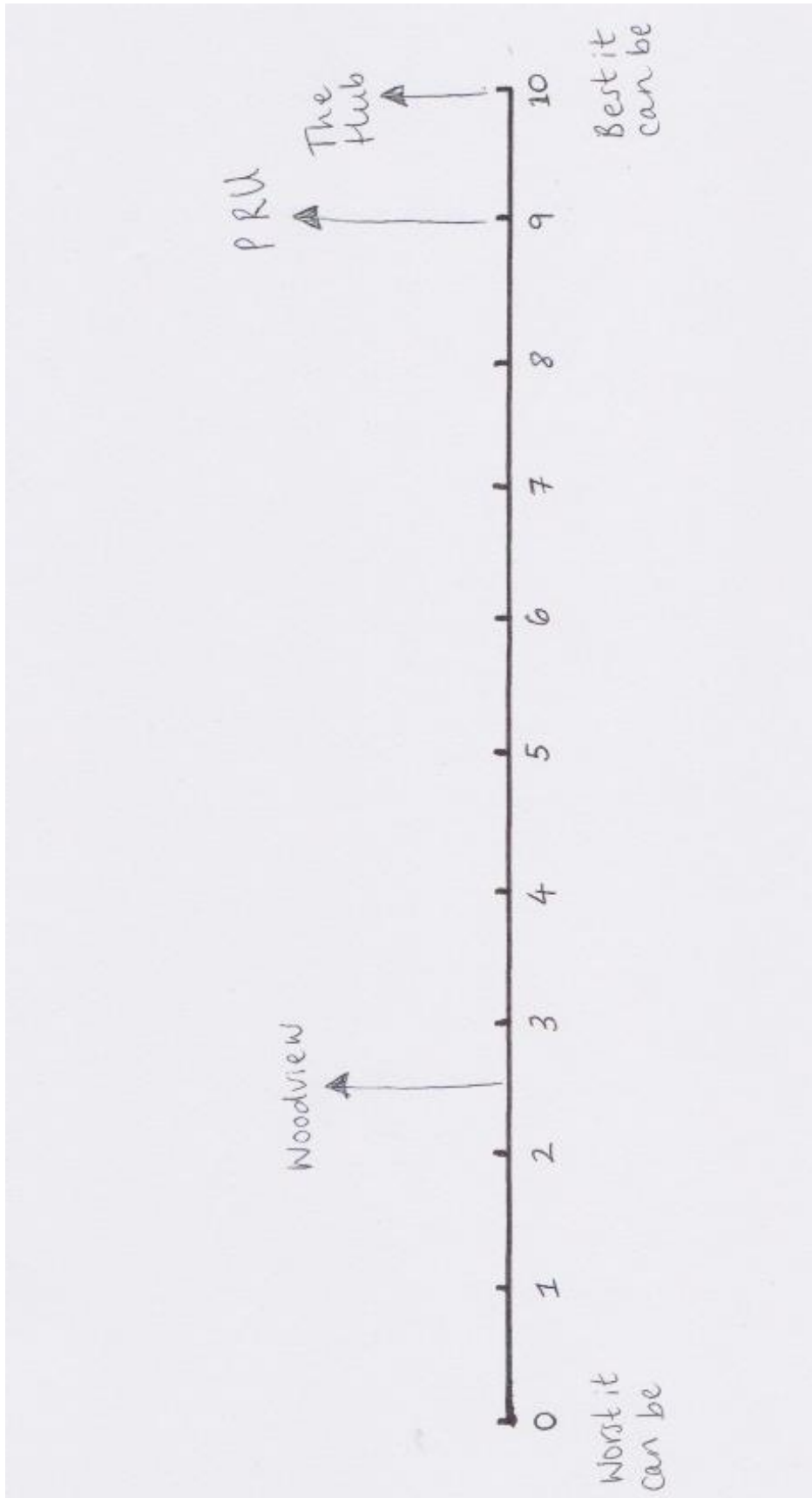
Appendix D: Letter to Head Teacher

Institute of Education UCL

Dear ▮▮▮▮▮

I am writing to invite your school to take part in a research project supported by ▮▮▮▮▮ Educational Psychology Service and the UCL Institute of Education.

I am a trainee Educational Psychologist, in the third year of my Doctorate training, and am currently working in 6 schools across ▮▮▮▮▮ As part of my training, I am completing a research thesis in which I am looking at the within-school provision available (such as 'The ▮▮▮▮▮') to meet a variety of students' support needs, including social, emotional, mental health and behavioural difficulties.

The aim of the study

There is a small body of research which has found that within-school provisions can be effective in supporting the most vulnerable pupils, for example in relation to preventing exclusions, and improving attendance, attainment and behaviour. This positions them as a potentially worthwhile, preventative measure that may give young people the support that they require, prior to problems escalating. There is also evidence that this form of provision is growing in UK secondary schools, rather than relying on external alternative provisions, and therefore a need for increased research in this area.

Currently, there is little research evidence as to what makes within-school provisions successful from different points of view, especially those young people who are accessing such provisions. The aim of my research will be to illuminate how the support process works, what factors help interventions to be successful, and how the process feels for those involved, including young people, school staff, and parents.

What will happen if my school takes part?

I will be seeking permission and support from the school to access, engage and recruit young people, parents and school staff. It would be helpful to have a link person from the school to support this process.

I will need support in finding suitable young people to interview, who are currently accessing interventions via The ▮▮▮▮▮ I will need the school's permission to contact parents and young people via a letter to request consent for their child to take part in a focus group and interview, and enquire as to whether parents would be willing to be interviewed themselves. Parental information and consent letters for parents and young people will be provided.

Also, it will be important to elicit the views of school staff who work in The ███████ or who are involved in the pastoral care of the students taking part.

I would like to invite students from all year groups (7-13) accessing a variety of interventions via The ████████ to take part in the research, and ideally would like around 15 young people (and their parents, if willing) to participate. I plan to conduct the interviews on the school site at a convenient time for staff and students.

Participation will be completely optional and it will be made clear that any participant can withdraw from the research at any point during the process.
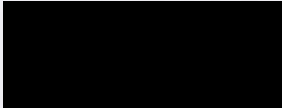
Findings from the research will be summarised and a copy of the research briefing will be made available to you. I would also be happy to meet with you to discuss my findings and their implications for practice.

Who will have access to the research records?

All information collected in this research will remain strictly confidential and will be compliant with the Data Protection Act (1998). The details of interviewees and all data collected will be kept confidential.

If you require further information, please do not hesitate to contact me on ████████████ or hannah.brickley@██████████

Yours sincerely,

Hannah Brickley
Trainee Educational Psychologist

Appendix E: Parent letters

Institute of Education

UCL

Dear Parent/Carer,

I am a Trainee Educational Psychologist and am currently working with a number of schools across ▇▇▇▇▇▇▇▇. The aim of my job is to make sure that young people are happy at school and achieve the best they can in education, by ensuring that they get the support they need.

As part of my Doctorate training, I am carrying out research looking at school-based mentoring provision (like The ▇▇▇▇ to meet the needs of students experiencing a range of difficulties. Of particular interest is how this form of provision can support young people and what makes it successful.

At present, there is little information available about such within-school provisions. Through learning about the experiences of you and your child, I hope to gain an understanding of what makes the provision successful.

Student's views are extremely valuable, and yet their voices are not often heard in research about education. I think that students have a lot of important things to say, and I am hoping to use their views and experiences to help understand what supports them most in school. It is also important to capture parents' views, as you know your child better than anyone else.

The aim of the study

- To gather the views of all key stakeholders, including young people, parents and professionals.
- To collect information that may help inform educational practice and the development of within-school provisions.
- To provide an opportunity for you and your child to discuss the provision safely and confidentially, and share your views about what makes it successful and what could be improved.

What will happen?

Your child will be asked to meet with me at school, which will last approximately 30 minutes. They will be asked questions about lots of different things, including their views on school and the support received at The ▇▇▇▇ I would then like to interview them again 1-2 times over the next few months.

In addition, I would like to interview you separately to get your views on the support that your child receives in school, especially via The ▇▇▇▇. Interviews will last for around 30 minutes.

The interviews will be completely anonymous and names and personal information will not appear anywhere in the study's final report. All data will be kept securely. You and your child can withdraw from this study at *any* time if you no longer wish to participate.

If you give consent for you and/or your child to take part in this study, please sign the attached consent forms and return it to (person/school name). Once you have given your consent, your child will be given an information sheet about the study, explaining who I am, what I am doing, and what will be involved. They will then be asked if they want to take part.

If you would like any further information or have any questions, please do not hesitate to contact me by email (hannah.brickley@▇▇▇▇▇▇ and I will be very happy to speak with you about the research.

Yours sincerely,

▇▇▇▇▇▇▇▇

Parental Consent For Child

Research Project: Experiences of mentoring

Researcher: Hannah Brickley (Trainee Educational Psychologist – UCL Institute of Education and ███████████████████)

Please indicate your consent *for your child* to be interviewed as part of the above study.

I have been informed of and understand the purposes of this study, and what will be involved. I understand that the data collected is strictly confidential and no personal information about my child will be included anywhere in the report of this study. I understand that my child's participation is voluntary and that they are free to withdraw at any time, without giving reason.

I give my consent my child to participate in this project.

Student's name:_____

Parent's name:

_____

Parent's signature:

_____

Please return to: ████████████████████████████████████
████████

This study has been approved by your child's school and by an ethics committee at the UCL Institute of Education.

Parent letter for YP aged 16+

Institute of Education

🏛 UCL

Dear Parent/Carer,

I am a Trainee Educational Psychologist and am currently working with a number of schools across ▉▉▉▉▉▉ The aim of my job is to make sure that young people are happy at school and achieve the best they can in education, by ensuring that they get the support they need.

As part of my Doctorate training, I am carrying out research looking at school-based mentoring provision (like The ▉▉▉ to meet the needs of students experiencing a range of difficulties. Of particular interest is how this form of provision can support young people and what makes it successful.

At present, there is little information available about such within-school provisions. Through learning about the experiences of you and your child, I hope to gain an understanding of what makes the provision successful.

Student's views are extremely valuable, and yet their voices are not often heard in research about education. I think that students have a lot of important things to say, and I am hoping to use their views and experiences to help understand what supports them most in school. It is also important to capture parents' views, as you know your child better than anyone else.

The aim of the study

- To gather the views of young people about support in school.
- To collect information that may help inform educational practice and the development of within-school provisions.
- To provide an opportunity for your child to discuss the provision safely and confidentially, and share their views about what makes it successful and what could be improved.

What will happen?

Your child will be asked to meet with me at school, which will last approximately 30-40 minutes. They will be asked questions about lots of different things, including their views on school and the support received at The ▉▉▉

The interviews will be completely anonymous and names and personal information will not appear anywhere in the study's final report. All data will be kept securely. Your child can withdraw from this study at *any* time if they no longer wish to participate.

Important note regarding consent:

As your child is aged 16 or over, I will provide them with all the information about the research and what is involved. If they agree to participate, they will be invited to an informal interview with me at The ▉▉▉ However, if you do NOT wish your child to take part, please inform ▉▉▉▉▉ at The ▉▉▉ or contact me by email.

If you would like any further information or have any questions, please do not hesitate to contact me by email (hannah.brickley@▉▉▉▉), and I will be very happy to speak with you about the research.

Yours sincerely,

▉▉▉▉▉▉▉▉

Appendix F: Young person information sheet

Institute of Education

🏛 **UCL**

Dear Student,

My name is Hannah and I am a Trainee Educational Psychologist. I work with a number of schools across ▆▆▆▆▆▆▆ and the aim of my job is to make sure that young people are happy at school and achieve the best they can in education, by getting the support they need.

I am doing a project about young people's experiences of school and the support they get in school from places like ▆▆▆▆▆▆. I think that young people's opinions are very important, and I want to hear what **YOU** have to say about lots of different things to do with school.

? What will happen

I will come to your school and meet with you so I can find out some more about you and about The ▆▆▆▆▆

I will meet you on your own, and ask you some questions, a bit like an interview. I will record what you say so that I don't forget anything important that you tell me. I would then like to come back and see you another 1 or 2 times.

We will talk about things like:
- School
- The ▆▆▆▆▆
- Your friends and family
- What and who helps you

Your parents/carers have given you permission to take part already, but it is totally up to you if you want to. You can change your mind about taking part at any time, even if you have already said you will or if you change your mind when we meet.

? Will anyone know what I say

You should know that everything we talk about will be totally anonymous. This means that no one – not your parents, your teachers, or your friends – will know what you have told me. But, you should also know that I might have to tell someone if you say anything about you (or someone else) being in danger or at risk of harm.

When I have finished my project, I will write a report about what I have found out. I might include some of the things you tell me, but I will use a fake name, so no one will know it was you.

? I have a question

If you have any questions or worries about this study, you can email me. My email address is hannah.brickley@▆▆▆▆▆▆. If you are unsure about taking part in this study, you could talk to your parents, teachers or a friend before making your mind up.

One last thing…. **Thank you** for your help!!

Student's Consent

I have been told what this study is about, I understand what I will be asked to do, and I am happy to take part.

I understand that everything I say is totally confidential and anonymous, and all data will be stored safely and securely. I do also understand that if I share anything that might suggest that I (or someone else) is at risk of harm, then this information may be passed on to my school, to make sure that I am kept safe.

My name and personal information will not appear anywhere in the report of this study. I understand that my involvement in this project may be used anonymously as part of a future research project.

I understand that I may decide that I no longer want to be involved at any time during the study and that it is completely my decision if I want to take part. I understand that I will be able to ask any questions that I have about the study at any time.

Please write your name and sign below, and return to: ████████████████████

Date:_____

Print name

_____

Signature

_____

This study has been approved by your school and by an ethics committee at the UCL Institute of Education.

UCL Institute of Education
20 Bedford Way, London WC1H 0AL
+44 (0)20 7612 6000 | enquiries@ioe.ac.uk | www.ucl.ac.uk/ioe

Appendix G: Becca's story

Becca's Story
Year 11 female

I have a disabled brother who I help care for at home.. sometimes we struggle as a family but we always get through things.

I struggled quite a bit in primary school.. I got bullied because my brother was in hospital... I heard someone saying, "I hope you die with him"... I used to get really tearful and stuff.. I was quite shy. I didn't get my statement until high school so I struggled a lot and no one understood me.

In Year 7 I was a goody two-shoes.. Year 8 I was slowly turning.. I'm not the brightest kid.. I'm in the bottom set.. most of people my year who are naughty are in there... I mixed with the wrong people and then that's sort of gradually how it happened. Year 8 and 9 I was so naughty... like I literally was on the verge of getting kicked out... Year 10 it was slowly, gradually getting better.. outside school I had been in a bit of trouble, I used to smoke weed and stuff. I told [Miss].. she told my mum and it was like a weight had been lifted.

I feel like some teachers don't understand me because I'm dyslexic.. I get frustrated and then I end up exploding... I have good days and bad days. I could have got so better grades...

My behaviour's improved so much.. I used to be a vile person. I dug myself a bigger and bigger hole and I dunno how I got out of it...I just feel better because I know who I'm hanging around with.. I've now found friendships to get me on the right path. I don't do stupid things any more.. I've learned from it.

I worry about so much stuff... I do cry to myself sometimes... My worries are sometimes always [my brother]. What would it be like if I had a normal family?... What would he be like [if] he wasn't disabled and stuff? In a way I have had that... when he wasn't here.... But I can't think like that...I don't wanna worry my [parents] because they have so much to deal with...I have to help out a lot.. now I'm old enough I take [my brother] out to give my mum some time... It is so hard. I don't think any of my friends understand what I do [at home] and stuff.. sometimes I do go out and I feel *really* guilty...

Handwritten annotations:

Family challenges

Resilient family unit

Bullying, socially withdrawn

learning difficulties

Not feeling understood

changing identity over time

at risk of exclusion

overwhelming feelings.

things could have been different

mediating nature of friendships

Positive peer role models

learning from past mistakes / considering alternative futures / past

Feels unable to draw on family support

Responsibility at home - friends don't understand.

How life could have been different

I've had suicide thoughts... Miss was always there for me.. she was sitting by my side through the whole day... I cried so much.

constant support / a support in a crisis.

Exams a source of motivation

but also stress.

I've knuckled down in Year 11 because of all my exams.. Recently I've been so motivated... my word for myself is 'determination'.. but I do find it so stressful.. I'm at college two days a week and I'm constantly trying to keep on top of it all.. it's just impossible. I've gotta keep going... just try and prove all the teachers wrong.

wants to challenge others' view of her

Hopeful about future

apprehensive about next phase, but generally positive

I don't know where I wanna go when I leave school.. It's a new journey but I don't like change. Hopefully in the next couple of years I could be at university... I want that achievement... I just want to help people.. I want to give something back... maybe be a teacher or a nurse.. because I have had teachers around me, nurses to help him and stuff.

Role models — people who've made a difference in her life

collaboration worked together to make a change

[The Hub] helped me to turn it around... if it wasn't for them I wouldn't be here.. I wouldn't be at school.. I probably wouldn't be in education. They have changed me so much.. Like I have changed myself [too] but they have got me to change it.. they have saved me.. there is nothing I can repay them with to say how appreciating I am..

I regret [things] but I can't keep looking back... I hate the words "what if?", I hate that... it will just eat you alive... you can't think like that.. You've got to look forwards, you can't always look back.

Don't dwell on past mistakes move forward

★ Reflections / Summary.

Becca was very open with me during the interview. Her story had a strong sense of past and present, and she reflected a great deal on the difficulties and challenges she has faced throughout her life.

→ Her opening sentence was "so I have a disabled brother"

Becca told me very little of her life before her brother was born, and this appeared to be a key, life-changing event for herself and her family. She often talked about how the family are under a great deal of stress, but it was clear from her account that they are extremely close and stick together when times are difficult.

appeared very confident on surface chatty, engaging

Values the Hub as can't draw on other sources of support all the time — in light of family challenges.

Resilient tight knit

2

Becca reflected on the challenges she's faced in school in terms of her learning, behaviour and her relationships with others. A strong theme in her story was a sense of learning from past mistakes, but not dwelling on them and thinking "what if", and instead looking forward to the future.

Learning and behaviour appeared to be mediated by others at times → product of her context, eg being in bottom set

→ *her mentor was a key source of support in helping her to think positively about previous experiences*

Becca's views on the support she has received at school were strikingly positive. She feels that without this support, she would not still be at the school, and would probably be at the PRU or possibly would not be in education. Becca talks of never being able to "repay" The Hub for helping her and there was a sense of uncertainty about how she would be able to cope without this support when she leaves school. However, she is optimistic about the future and has aspirations to go to university and work in a profession to help others, in the way she feels she has been helped.

Very strong relationship with mentor. Concerned about 'going it alone' → said will come back and visit and keep in touch.

Processing complex feelings about moving on

→ Sense of this loss, of secure base

Retraining

But, also identified how she has gained independence and able to problem solve on own.

Appendix H: Critical experiences tables

Table 1: Categories of Critical Experiences

Family	Education
Parents splitting up	Pressure of KS4
Loss of contact with parent	Pressure of GCSE exams
Going into care	Choosing GCSEs
Parental substance abuse	Being excluded from school /
'Rough' relationship between parents	managed moves / PRU
Lack of involvement from parents	Missing school due to hospitalisation
Caring for siblings	Grades going down
Positive and negative role models	Struggling academically
Moving house	Educational needs not understood
Death of close relative	Difficult behaviour
Sibling disability	Difficult relationships with teachers
Parental mental health	Moving schools
	Transition to sixth form
	Not getting grades needed (for sixth
Social relationships	form)
	Attendance
Breaking up with boyfriend/girlfriend	Difficulties coping with large school
Bullying	environment
Falling out with friends	
Mixed with the wrong crowd	
Changing friendship group	**Risky behaviour**
Difficulties making friendships	Smoking cannabis
Conflict with peers	Drinking alcohol in school
Wary of others	Involvement with gangs

Table 2: Responses to Critical Experience

Distress	Developing Resilience
Self-harm Suicide attempt Suicidal thoughts Anxiety attacks Social isolation, "I keep to myself" Social anxiety Obsessive thoughts "It was consuming my life" Feeling out of control, "it is inevitable" Feeling like a failure Blaming self for family breakdown Juggling different pressures Lack of confidence Lack of motivation Feeling trapped Feeling judged Comparison of self and others Guilt Burden on others "I tried to be a different person" Difficulties concentrating in school	Determination Desire to prove people wrong Envisage a positive future Desire for a good life – "I'd like to have a stable life" Something to aim towards – qualifications Quality time to develop relationships with family Developing independence "I'm not going to let this ruin the rest of my life" Wanting to help people – "give something back" Positive about early intervention – "stops it being as big a problem in adult life"
Identity – Who Am I?	
Labels Diagnosis of Body Dysmorphic Disorder Diagnosis of Anorexia Diagnosis of Dyslexia Diagnosis of ASD Identify as having "anxiety" Identify as having "depression" Identify as having "mental health issues" Need for medication	*Self-concept* "Mental" "Crazy" "Not normal" "Sick" "Failure" / "Disappointment" "Shy" "Sensitive" "A bit of a baby" "Naughty" / "bad girl" "Angry" / "Aggressive" "A vile person" "Waste of space" / "waste people's time" "Not the brightest kid" "Can't be arsed" "Nerd" / "goody two shoes"

Appendix I: Narrative summaries

The following summaries were created from the information provided by the young people during the interviews. The aim of these narrative summaries is to provide an overview of each young person's experiences and outline the key contextual information, such as involvement from CAMHS and when the young person began to access support from The Hub.

Alice:

Alice is a 16 year old female in Year 11. Alice described a difficult childhood, explaining that her mother was a drug addict and an alcoholic, and that they experienced a house fire and other difficult circumstances. Her father left home and Alice chose to go and live with her grandad when she was in Year 5. Her brother then came to live with them two years later and the siblings still remain in the care of their grandad. She described a difficult relationship with her mother and avoids contact with her.

Alice explained that she enjoyed school for a while and gave the impression of being happy and settled, and motivated to succeed. The transition into Key Stage 4 was difficult for Alice and she described difficulties with teachers and with the level of the work. She also broke up with her boyfriend and fell out with her best friend at this time, leaving her feeling very isolated from others.

Alice was referred to The Hub in Year 11 due to concerns from teaching staff that she appeared to be very unhappy. She chooses to use The Hub on an informal basis rather than having timetabled sessions.

Becca:

Becca is a 16 year old female in Year 11. Becca has a disabled brother whom she helps to care for and she describes her home life as being stressful and difficult at times. Becca described ups and downs during her school years, including times when her behaviour was challenging and periods of bullying. She explains that she finds learning difficult and she received a Statement of SEN when she was in Year 7, and has a diagnosis of Dyslexia.

Becca "mixed with the wrong people" and explained how she was nearly excluded from school due to her behaviour. She has also experimented with cannabis and alcohol. She feels that she has been able to turn things around with the support from The Hub and by finding more appropriate friendships.

Becca has received support from various staff members throughout her time at Woodview, but began mentoring sessions with her current mentor in Year 10.

Chloe:

Chloe is a 17 year old female in Year 12. Chloe explained how in Year 9, she broke up with her boyfriend who then began to bully her. She described how this escalated to the point where she engaged in self-harm and made several suicide attempts. She also described the death of her grandmother and the pressure of GCSEs coupled with a fear of failure as having a significant impact on her and her ability to cope. A significant public bullying event triggered Chloe to make a further suicide attempt. Chloe also described losing a lot of friends during this time.

Chloe was referred to The Hub by teaching staff when she was mid-way through Year 11 and has also had ongoing support from CAMHS.

Daniel:

Daniel is a 14 year old male in Year 9. Daniel's family moved multiple times during his primary school years and as a result he attended several different schools. Daniel then attended four different secondary schools and two alternative provisions during Year 7 and 8, before moving to Woodview in Year 9. Reasons for these changes in provision included being excluded from school and concerns for his welfare due to involvement with gangs. Daniel talked of finding mainstream secondary school a struggle due to the large number of students and difficulties concentrating and engaging in his lessons. He expressed a strong preference for spending time in The Hub, and ultimately wishes to return to the PRU as he feels they are better able to meet his needs than a large mainstream setting. Daniel has been accessing The Hub since starting at the school.

Ella:

Ella is a 13 year old female in Year 9. She has attended Woodview since the first term of Year 7, briefly attending another school, but moved due to bullying incidents. Ella has a diagnosis of Autism Spectrum Disorder and has received support from The Hub since she was in Year 7 due to high anxiety and difficulties managing her emotions, particularly in relation to social situations and negotiating her relationships with others. Ella has also received support from CAMHS due to experiencing suicidal thoughts.

Ella also has support in school from SEN staff around her speech and language needs and social skills associated with her diagnosis. Ella generally has positive views towards school and feels happy and settled with the support she is receiving.

Fiona:

Fiona is a 17 year old female in Year 12. Fiona has attended Woodview since the first term of Year 7, briefly attending another school. She was referred to The Hub by teaching staff when she was in Year 8 and received support from the Family Support Worker due to a difficult breakdown in her parents' relationship at that time. Following a custody battle, Fiona has not had any contact with her father, and she also helps to care for her siblings. She began experiencing panic attacks in Year 9 and used The Hub on an informal drop in basis. Fiona talked of feeling very low and isolated from others for a period of time, and of the impact that this had on her grades.

She then accessed further support through a resilience group in Year 11, and began having individual mentoring support again in Year 12, due to her ongoing anxiety and her concerns about the impact of this on her education.

Izzy:

Izzy is a 16 year old female in Year 12. Izzy has attended Woodview since midway through Year 7, previously attending another school. Izzy explained how she used to enjoy school but then in Year 10 "lost her confidence" and began experiencing high levels of anxiety, especially in social situations, which she felt then impacted on her education. Izzy described her parents' relationship as

being "rough" and her mother also experiencing anxiety and depression. Izzy engaged in self-harm as a way of coping with her feelings.

Izzy began accessing The Hub in Year 10 and had mentoring support in Year 10 and 11, but now uses The Hub on an informal basis rather than having timetabled sessions. She has also received support from CAMHS for her anxiety. Izzy explained how she is currently reluctant to access support despite it being available.

Grace:

Grace is an 18 year old female in Year 13. Grace first started receiving support from The Hub in Year 13 following her own concerns that she may be suffering from Body Dysmorphic Disorder (BDD), and was subsequently diagnosed by CAMHS. Grace described her BDD as "obsessive depression" about her looks, explaining that she had always experienced those type of thoughts, but they "became more prominent" following an incident with her boyfriend.

Grace strongly values her education and is ambitious about her future. She presented as a very practical and dedicated young woman and views her BDD as something she can overcome provided she has the right support in place. Whilst accessing support from The Hub, Grace is also awaiting CBT intervention from CAMHS and has taken anti-depressant medication.

Jake:

Jake is a 16 year old male in Year 11. Jake began attending Woodview at the end of Year 8 when he transferred from another school, due to concerns about his emotional wellbeing. During Year 9, Jake developed an eating disorder and was admitted to hospital, resulting in him missing nearly a full year of school. Jake described his experiences of anorexia as being "the worst part of his life" and that he continued to experience these difficulties after he was discharged. He described a sudden change where he "snapped out of it" but that he then moved on to smoking cannabis. Jake's attendance is at present very poor, which he attributes to the amount of school he has missed, which has had an impact on his education and his ability to cope with the pressure of school.

Jake has been attending The Hub since he joined the school and has also previously been under the care of CAMHS, relating to his eating disorder. He explained he is attending an optional prevention programme with the Youth Offending Team (YOT) related to his drug use.

Appendix J: Narrative Analysis of Jake's Story

Jake spoke only briefly about his life prior to the onset of his eating disorder, which appeared to be a pivotal moment for him. His experiences of suffering with anorexia was the dominant narrative in his account, and he spoke to me openly about it. His story can be viewed as two separate narratives: one of his battle with anorexia; and the other as a story of moving on, but facing different challenges.

<u>Jake's Story: Part 1</u>

In Year 9 I picked up an eating disorder… That was probably like the worst part of my life. I basically missed a whole year of school because I got admitted to an eating disorder ward…

My mum's got problems with eating... Like she also suffered as a kid but not as I'd always hear [her] talk about calories and all that… because obviously you're going to look up to your mum.

People were aware of it.. like it was just so obvious. I just wouldn't eat.. because I'd think I was overweight... I didn't really, hardly had energy… And then [the hospital] said to my mum, she mustn't send me to school because people can't really monitor my eating. I weren't allowed to do anything. It's bad, but then once you've gone to the hospital then all your rights get taken away, I couldn't even pee by myself.

They had a school [at the hospital]… but it didn't do anything… some of the stuff you learn in there was irrelevant... most of the times I just tried and bunk school to do like my own work… I missed out on a lot at that time.

I just went through with everything because I [knew] I'd get discharged quicker. So I wasn't playing like any games, that I wouldn't eat, because I knew full well I would get tube fed and all that. And I'll get sectioned… and I also saw it happening to other people. Like that ward was… Sometimes it was okay but meal times was hell. I was the only boy... [but] I made some friends

there... [I'm not in touch with them any more]… that's a part of my life which I just want to leave behind.

I think when you come out of there and you go into the real world… it makes you feel kind of mental in a way… And you just wanna be like the people you see on the street… It's hard to explain because first when I got discharged I was still proud that I had an eating disorder… I wasn't fully out of it. I just got through... I still wasn't well because then I still went back to old ways afterwards… Not as bad, but I still did. People that are an anorexic are proud of it, and they show off about it… that's one of the things, like if you've got an eating disorder... you want to be the sickest. Like you can see in the ward the way everyone just wanted to be the thinnest… It was all about who was the most ill.

I seriously thought it was going to be something that would affect me my whole life… I didn't see any way out. You know, people tell me that there is but I just feel they're talking rubbish… it's something you need to experience to like properly understand. It was affecting the whole family. I look back now and I don't understand how I got in that state.

The first part of Jake's story relates to his experiences over a period of around a year, during Year 9 at school. Jake had just moved to Woodview from another school, but recalls only being there for a matter of days before his difficulties escalated to a point where he then became hospitalised. He remembered his mother having difficulties with eating, and weight monitoring having always been a focus in his household since he was young. Although there was no sense of blame, this is a factor which Jake appears to draw on in order to make sense of the development of his difficulties in relation to eating.

Jake talked about his experiences of life on the eating disorder ward as feeling almost degrading at times, being constantly monitored and having "no rights". There was a sense that Jake learnt from others around him what the consequences of non-cooperation would be, including being force-fed or sectioned, and that he knew what he needed to do in order to be discharged. It appeared that for Jake, leaving the ward as quickly as possible was his priority rather than accessing treatment to address his difficulties, and he touches on

the idea that at that time, he didn't want to be helped. He explained that having an eating disorder can foster a mindset where there being "the sickest" was like a competition. Jake also talked briefly about his love for athletics, and perceived the competitive nature of sport in a similar way to anorexia, with the ultimate goal in athletics to "be the fastest" and in experiencing anorexia, to "be the thinnest".

Upon leaving the ward, Jake described a tension between wanting to be like 'everybody else' (i.e. those who were not suffering with anorexia), but also feeling proud of his eating disorder and continuing with his "old ways". The way that Jake spoke about this time suggested that he perceived his anorexia taking over his ability to think clearly and rationally, but retrospectively he is able to make more sense of his experiences. There was a sense of hopelessness in Jake's story at times; not seeing a way out from his difficulties and feeling that he couldn't be helped by anybody and the onus to recover was completely on him.

Whilst Jake made companions on the ward, he noted that he was the only boy, and explained that he did not want to sustain these friendships once he had left, suggesting that there were too many difficult memories which he wanted to "leave behind". A further issue for Jake was feeling like he was missing out on his education which frustrated him and also appears to have had a lasting impact on his views towards school.

Overall, this part of Jake's narrative outlined "the worst part" of his life and provided an insight into the way in which he has since tried to make sense of these events. As Jake spoke to me, he rarely mentioned the role of others, and there was a sense of him feeling very isolated during this period, with anorexia consuming his life.

Jake's Story: Part 2

[Then] one day I just completely snapped out of it… I thought, "I just want to leave this behind." … That's just a stage of my life which I'm not going to go back to… I'm completely recovered. I moved on to like smoking weed and all that then. I think it was partly the weed that helped.. Because when you're high, you don't really care and you'll just eat. [Then] when I wasn't high, I'd just be able to eat.

In Year 10 I got caught smoking weed in school uniform so I got excluded as well.. I didn't really care… When you're in that routine, you don't want to stop… [I missed some school].. like weed just puts you in that "can't be arsed" mindset. I've also gone into school high… I used to have quite a big problem with weed… [But] once you get used to it, it just gets boring and what's the point? It's really not a problem anymore.

I've [also] got in like really bad beef with this boy and [I had to move set] because there was too much tension in lessons. I missed school to avoid it because at break we would hang around in the same group.

This year.. I'm bunking a lot… because I'm so far behind because of everything I've missed, and sometimes like I find school a lot harder than other people... And in a lesson you'll just, when the teacher's talking, you won't be listening to what the teacher's saying. I don't know if it's like this with everyone, but I'll just be thinking of my own problems. Teachers don't like me.. I don't behave that well in lessons.

I'm just one of those people that something, as soon as something finishes, something will just start … After my eating disorder it was drugs, after drugs, it was my attendance. After that it was, I got into a fight.. I just think it's stages of my life I'm going through, like short stages.

The second part of Jake's story is one of moving on from his anorexia, but he explains that he then developed different problems. Jake explained that something within him changed and he "snapped out of" his eating disorder almost overnight, and partly attributes this to the fact he began to smoke cannabis which helped him to lose his inhibitions around food. He goes to on explain that smoking cannabis became regular and soon began to have an impact on his day to day life, particularly school - he began regularly missing

days or would come into school under the influence of cannabis, and was also excluded when he was seen smoking in school uniform.

There were other several factors which were contributing to Jake's poor school attendance, alongside his smoking cannabis. He also explained that he was experiencing some conflict with one of his peers, which he felt was unavoidable if he was in school, leading to some school refusal behaviours.

There was an element of comparison with others at this point in Jake's story, feeling that he had missed a lot of school and as such, school was generally a lot harder for him than for others. He also explained that he found it very difficult to focus during his lessons, often ruminating on his problems, and questioning whether this is an experience that peers also have.

Conclusion

Jake's story was one of complexity and multiple interacting factors, and had a strong episodic sense. He often talked about "different stages" of his life, and how as one area of difficulty ends, another one begins. There is a sense of resignation in Jake's account that he is just "one of those people", suggesting that as he seeks ways in which to understand his experiences, he has come to identify himself as a particular 'type' of person, but yet there was also the suggestion throughout Jake's account that he feels different from others.

It is apparent in Jake's account that he doesn't have a sense of connectedness to his school environment, and that this too can be a source of difficulty for him, including difficult relationships with some staff and peers, and finding it difficult to engage with his learning because he feels so behind. These factors have contributed to Jake's school refusal behaviours, which he told me were getting worse as he progressed through Year 11. The Hub has been an important source of support for Jake on days where he does attend school.

Jake struck me as a resilient and reflective young man who shared a unique insight into his life with me during the interview.

Appendix K: Reflections on my role in the research

I have had a long-standing interest in the area of mental health, particularly adolescent mental health, from both my professional and personal experiences.

Reflecting back to my time as a 15-year-old, I witnessed first-hand, through my best friend's experiences, the impact that a *lack* of attuned pastoral support could have. Spending time at The Hub, and hearing the young people's journeys has made me think back to these times and crystallised the vital difference that such a provision can make.

In light of my own experiences, I found that I was able to identify with many aspects of the narratives, and particularly with one of the participant's stories as a whole. It is important to recognise that when interviewing the young people I was not impartial, and view this as a strength of the research. I felt I was able to demonstrate empathy, acceptance and understanding of the young people's experiences at a level that I would not have been able to if I had not had some similar experiences myself.

Carrying out this research has been both an enlightening and challenging experience for me. I am passionate about both research and practice in this area and how EPs can have a role in supporting mental health in schools.