

**ROLE, RESPONSIBILITY AND RELATIONSHIPS: PERCEPTIONS AMONG
PRIMARY SCHOOL STAFF OF PROMOTING EMOTIONAL WELLBEING
AND MENTAL HEALTH**

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Abstract

The recent focus on the role of schools in promoting pupils' emotional wellbeing and mental health has been addressed through government legislation and initiatives such as Every Child Matters (DfES, 2003a), Social and Emotional Aspects of Learning (DfES, 2005a, 2007) and the Healthy Schools Programme (DCSF/DoH, 2007). However, the precise nature of the responsibility is generally unclear. This study explored how teachers and teaching assistants in mainstream primary schools understand the terms 'emotional wellbeing' and 'mental health', their perceptions of their role and responsibility, and how they link their relationships with pupils to promoting wellbeing. The responses of teachers and teaching assistants were also compared. Using a mixed methods approach, consisting of semi-structured interviews (N = 20) and questionnaires (N = 40), and employing thematic and statistical analysis techniques, conclusions were reached. Staff appear to have broad conceptualisations of emotional wellbeing and mental health, with pupils' emotional states and interactions with others viewed as especially relevant. Participants' colleagues were strongly linked to their roles, in practical and psychological terms, and most people believed that good relationships between staff and pupils were important. The idea of 'talk' in promoting wellbeing was salient. TAs reflected on relationships in more nuanced ways than teachers and viewed these as a central part of their role. Constraints linked to time and differing responsibilities appear relevant to understanding this difference.

I hereby declare that, except where explicit attribution is made, the work presented in this thesis is entirely my own.

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Chapter One – Introduction

1. Context and rationale

Promoting pupils' emotional wellbeing and mental health in schools has been a dominant theme in education over the past few years. During the last Labour Government, from 1997 onwards, there was increased recognition of the importance of affective and social factors in educational outcomes. The 'inclusion' agenda has encouraged schools to take a broader and perhaps more sensitive view of those with 'additional needs', including those for whom emotional issues are implicated. The green paper 'Excellence for All Children', (DfEE, 1997), highlighted issues related to the inclusion of pupils with 'emotional and behavioural difficulties', who were noted as being a group with increasing numbers of children seen as failing (p.77).

In 2003 'Every Child Matters' (DfES, 2003a) was published as a formal response to perceived failings in services for children, and set out a range of reforms to structure and practices. The proposed changes, enshrined in the Children Act 2004, reinforced the role of school staff in safeguarding and promoting children's wellbeing. As well as a responsibility to ensure the 'five outcomes' for pupils, staff in schools have been expected to work in partnership with other agencies and engage in more 'joined-up', holistic thinking about the children in their care. Indeed teachers, along with others who work with children on a day to day basis, are seen as 'tier one' child and adolescent mental health workers (NHS, Health Advisory Service, 1995).

As part of this commitment to the wellbeing of children and young people, the Labour Government launched a range of initiatives and guidelines for schools (see, for example: Promoting Children's Mental Health within Early Years and School Settings, DfEE, 2001; Guidance for Schools on Developing Emotional Health and Wellbeing, DCSF/DoH, 2007; Social and Emotional Aspects of Learning, DfES 2005a, 2007; and the Targeted Mental Health in Schools Project, DCSF, 2008). Schools have been expected to adopt preventative *and* interventionist approaches; looking after the emotional wellbeing of *all* pupils in

day to day practice, as well as identifying and responding to pupils with specific difficulties. The broad message is clear: schools have a responsibility for pupils' emotional wellbeing and mental health. The precise nature of this responsibility, however, and more importantly, how those who work in schools perceive this responsibility, is still unclear. Published guidelines tend to speak of the duty placed on schools and school staff in relatively vague terms. Apart from the processes set out in the SEN Code of Practice (DfES 2001a), and child protection procedures (DfES, 2006), few other specific obligations are outlined. There is other guidance which provides useful recommendations for practice, including the notion of whole school approaches, but following these appears to be at the discretion of individual schools and members of staff.

Research which has investigated teachers' perceptions of their role in promoting emotional wellbeing and mental health (e.g. Oswald, Johnson & Howard, 2003; Spratt et al., 2006; Connelly et al., 2008; Rothi, Leavey & Best, 2008) has shown that they are often unsure of the extent to which they can make a difference, and can feel disempowered. In addition, teachers tend to underestimate interactional processes and their impact on the wellbeing of pupils, despite much compelling theory and research on the role of relationships in schools (Pianta, 2006). To date there has been little in-depth exploration on how school staff understand 'emotional wellbeing' and 'mental health', and their role to promote it, and to the best of the author's knowledge no research which has looked *specifically* at their views of the role of relationships with pupils in the context of promoting wellbeing within the current education agenda. Furthermore, existing research on related topics has tended to look solely at the views of teachers and other professionals and has neglected the perspectives of teaching assistants (TAs). Few direct comparisons between teachers and TAs have been made in relation to wellbeing and mental health promotion.

The following sections will provide a review of relevant literature. First, definitions of emotional wellbeing and mental health are explored. Secondly, research into the approaches in schools that are helpful for children's emotional wellbeing is considered. Key government documents, guidelines and existing research on the perceptions of school staff (teachers and TAs) in promoting

emotional wellbeing and mental health are then reviewed. The section concludes with the research questions.

Chapter Two - Literature Review

2. 1. Definitions

A range of terms have been used in recent years when addressing the promotion of children's emotional and social development (Weare and Gray, 2003). Such terms have included 'emotional and social intelligence', 'emotional literacy' and 'mental health'. In addition, schools have spoken of 'pastoral care' for many years, to describe the structures in place and approaches taken to support the welfare of pupils (Calvert, 2009).

Over the past few years there has been wide use within the Department for Education (formerly the Department for Children, Schools and Families) of the terms 'emotional wellbeing' and 'mental health'. Yet what exactly is meant by the terms?

2. 1. 1. Mental health

Mental health has traditionally been associated with illness and medical contexts, e.g. 'mental health' teams may work within or be attached to hospitals, dealing with people with a diagnosis of a mental illness; yet recent definitions have become wider. As the World Health Organisation states (WHO, cited in Mental Health Foundation, 2011, p. 10), mental health can be thought of in terms of wellbeing, which is linked to:

... such social qualities as confidence, optimism about the future, a sense of influence over one's own destiny, and the social competences that promote satisfying and supportive relationships with other people – and not simply with an absence of diagnosed illness, disability or dissatisfaction

In 2001, the position adopted by the Department for Education and Employment (2001, p.iv) in a key publication on mental health in schools also encompassed a broader conceptualisation of the term, recognising that being 'mentally healthy' had come to be viewed as more than simply the absence of illness, and linked to the notion of 'wellbeing' and the ability to function socially. The DfEE expanded the idea of mental health as linked to 'functioning' by detailing what

this entailed for children. Relationships with peers and adults and participation were emphasised. Importantly, the DfEE acknowledges the systemic influences on mental health, and the interactional processes that underpin it.

2. 1. 2. Emotional wellbeing

The term 'emotional wellbeing', however, has arguably been more vague and harder to satisfactorily pin down. A definition provided by Stewart-Brown (2000), quoted in Weare and Gray (2003) and then used again in a subsequent government publication (DfES / DoH, 2004) demonstrates the sheer number of constructs to which emotional wellbeing can be linked:

A holistic, subjective state which is present when a range of feelings, among them energy, confidence, openness, enjoyment, happiness, calm, and caring, are combined and balanced.

In addition, the term 'emotional' has often formed part of other labels, such as 'emotional literacy', 'emotional intelligence' and 'emotional resilience' (McLaughlin, 2008), which may lead to confusion. Part of this lack of clarity over the definition may also stem from the way the word 'wellbeing' is used, which can be particularly broad. For instance, child wellbeing is measured by UNICEF (2007, p.2) in terms of material factors, health and safety, education, peer and family relationships, as well as individuals' subjective wellbeing.

2. 1. 3. Why do definitions matter?

Different terminology is known to have different connotations. McLaughlin (2008) argues that 'emotional literacy' has become associated with the somewhat simplistic idea that a particular set of skills is needed to manage emotions. 'Emotional wellbeing' on the other hand is perhaps a broader term with fewer specific connotations. Using terms which are more vague is not necessarily positive, however.

Ereaut and Whiting (2008) were commissioned by the DCSF to investigate the term 'wellbeing' and its use within different areas of the DCSF and across government departments, after concerns were raised over inconsistency in its

usage and implied meaning. They found that 'wellbeing' has a 'holographic' quality: 'different meanings are being projected by different agents and what is apparently meant by the use of the term depends on where you stand' (p.5). As wellbeing is such a comprehensive construct, it is able to encompass conflicting ideas at the same time: wellbeing is seen as being 'delivered' to people, as well as being something for which the individual is ultimately responsible (cf. the notion of wellbeing as a set of skills, as conceptualised in the SEAL literature [DfES, 2005a]). The authors note that the DCSF uses multiple discourses of wellbeing, e.g. philosophical, holistic, medical etc and state that whilst the 'DCSF is committed at an aspirational level to a 'holistic' model of wellbeing it is hard to be accountable at a philosophical and visionary level' (p. 14-17). Risks for the government are highlighted, such as the level of ambiguity allowing different groups to construct the meaning as it makes sense to them, and 'to enable their own processes and objectives'.

That ambiguity in terminology can undermine the overriding objectives of policy makers was also highlighted by Weare and Gray (2003). A key recommendation of their review of how promoting children's wellbeing could be best developed at national and local levels was that a common language should be developed to 'promote a wider understanding and awareness'. They advised that policy makers use the term 'emotional and social competence and wellbeing' but that work in other fields where the ideas have been framed in different ways, such as mental health, should not be ignored.

Considering the promotion of emotional and social development in school, what school staff understand by the terminology associated with their responsibilities may be important. Different connotations of terms may have implications for interpretations about what should be done in practice, and their conceptualisation is likely to be related to where 'emphasis and effort' and 'strategies' (McLaughlin, 2008) are directed. Additionally, particular terms may lead to different kinds of emotional responses in staff which could impact on attitudes and beliefs about their role. Focusing on 'emotional wellbeing' and 'mental health', the two terms which appear to dominate the Government's agenda, there has been very little direct research undertaken on how those

working in schools understand them. Researching this is an important part of making sense of staff perceptions of their role in general.

Attention will now turn to what is known from the literature about 'promoting emotional wellbeing and mental health'¹ in school. The centrality of relationships and interactional processes between staff and pupils will be considered. This will be followed by consideration of recent legislation, government guidelines and specific initiatives, to examine the extent to which schools' and individuals' roles have been set out formally, and whether they match up to recognised good practice. These are potential sources of direct information for staff and should also influence policies and practices in schools.

2. 2. The role of schools

To understand how children's emotional and social development has been addressed historically in schools, it is useful to turn to literature on pastoral care. Calvert (2009) provides an illuminating overview of the differing discourses of pastoral care which have predominated over the past 40-50 years as a result of changing policies and contexts.

Drawing on work from Bell and Maher (1986), Calvert says that discourses have shifted from those of 'power and control', with pastoral care structures designed to respond to threats to order, and ones concerned with 'individual need' (e.g. provision of counselling and access to pastoral tutors), to understandings which emphasise more proactive approaches such as the pastoral curriculum, and the present day focus on 'pastoral care for learning'. The latter describes the idea that pastoral care is necessary for successful learning, and goes beyond the notion of the need to simply ensure the welfare of pupils. Work on 'emotional intelligence' (e.g. Goleman, 1995) has relevance here.

The current focus on emotional wellbeing and mental health can perhaps be thought of as spanning both the 'pastoral care for learning' period and the final 'age' of pastoral care that Calvert outlines, which is concerned with the Every Child Matters agenda and the wider workforce. He argues that in the past few

¹ Throughout the thesis the phrase 'promoting wellbeing' will sometimes be used for short.

years the greater freedoms schools have had with their budgets has led to a situation where making generalisations about pastoral care is difficult. Changes in the workforce mean that there is greater variability in terms of composition, level of competence and training (p. 274), and pastoral roles may be taken on by staff other than teachers such as learning mentors and TAs.

Considering the range of approaches to pastoral care taken over time, a key question is what kinds of pastoral work or approaches taken by schools are most effective in helping children to develop, engage, and (in light of recent discourses) learn? With all of the various conceptualisations of promoting children's welfare, the types of practice which could be examined are wide-ranging. The research detailed in the next section comes from bodies of literature that differ in their focus, and positive outcomes for children's emotional development and mental health are operationalised in different ways. A clear theme that comes through nearly all of the research is the importance of certain kinds of relationships between staff and pupils (see Pianta, 2006 for an overview). Furthermore, there is growing recognition of the importance of whole school approaches that aim to improve the school climate (e.g. Weare & Gray, 2003). To begin with, work on aspects of school staff's everyday practice found to be helpful to pupils will be reviewed.

2. 2. 1. Everyday practice

When considering everyday practice, research on classroom management is particularly useful. The definition for this can be broad: 'nearly everything a teacher does, aside from communicating the content of the academic curriculum, is part of classroom management' (Elias & Schwab, 2006). There is evidence that it lies at the heart of social and emotional development in school (Elias & Schwab, 2006; Evertson & Weinstein, 2006).

In a review of the literature drawing on a wide variety of empirical research, Elias & Schwab (2006) pull out the four main aspects to classroom management which integrate practices that are especially helpful in fostering social and emotional learning: teaching social and emotional skills, building caring relationships, setting firm and fair boundaries and sharing responsibility

with pupils (e.g. involving students in making decisions, giving them choices). Brophy (2004) summarises research showing that pupils' development is increased by classroom practice in which pupils are engaged in learning and the relational elements are well regulated. The interactions between the teacher and the pupils are key: when warm, sensitive and emotionally-supportive relationships exist alongside effective instruction, children's development is enhanced.

Teacher beliefs linked to sense of efficacy and high expectations have also been associated with factors related to positive emotional wellbeing and mental health in pupils, mainly due to their impact on the nature of teachers' interactions (Midgely, Feldlaufer & Eccles, 1989; Rutter, 1987; Roeser et al., 1998). Studies which have analysed classroom interactions at a micro-level also emphasise the importance of 'intersubjectivity'. Kaye, Forsyth and Simpson (2000, p.71) state that:

... teaching and learning depends on mutually satisfying interactions where the subjects involved recognise each others' emotions and intentions and actively adjust to them.

Shared understanding between teachers and pupils achieved by reciprocal attention and reception of each other's verbal and non-verbal communication, is known to lead to positive emotional states in all involved (e.g. Jansen & Wels; Simpson, Forsyth & Kennedy; cited in Kaye, Forsyth & Simpson, 2000).

Verbal interactions in the classroom between pupils and teachers can act as contributory factors in the maintenance or resolution of behaviour difficulties (Pomerantz, 2005). Teacher-pupil discourse was conceived of as a 'site of struggle and conflict where power relations are acted out and contested', (p. 18), but also as a site where change is possible. One teacher was viewed as successful at avoiding the 'construction' of challenging behaviour. He did not ignore the pupil but ignored the content of the comments, changing the subject back to the lesson and drawing the pupil's attention in his preferred direction.

Other work has sought the perspectives of children and young people themselves of the interactions and relationships they have with adults. Roeser,

Eccles and Sameroff (2000) found that some pupils, particularly those with 'multiple problems' (low academic competence and emotional functioning, together with negative attitudes about the value of school), gave low ratings of the extent to which they felt teachers could be depended on, and the degree to which they felt negatively treated due to their race or their gender. Although the researchers did not attempt to triangulate reports of discriminatory behaviour, the data nonetheless seem to confirm the findings of other studies: school is a place where feelings of injustice, mistrust of adults and a sense of an imbalance of power in relationships is present for some of the most vulnerable pupils. The authors argue in favour of holistic school-based interventions to increase students' perceptions of competence, foster positive attitudes, and support the development of skills to face emotional setbacks.

Other work by Cooper, Drummond, Hart, Lovey & McLaughlin (2000) looked at first-hand accounts from pupils who were thought to demonstrate SEBD. The methodology allowed for deeper exploration of pupils' views of relationships than other research. Pupils' key concerns centred on being acknowledged, respected and cared for by staff. A previous study (Cooper, 1993) highlighted pupils speaking positively of staff who were seen as trustworthy, friendly, understanding and helpful. Other research has revealed pupil concerns about how staff exercised power in their relationships with pupils, and the negative impact this had on their experiences in school (Lodge & Lynch, 2003).

Several studies have suggested that the 'small things' teachers do are appreciated by pupils and helps to form good relationships. Johnson (2008) found that pupils placed importance on teachers making themselves available, actively listening, taking responsibility to teach the basics of literacy and numeracy, having empathy, and remembering the 'human touches' (p. 395). A similar idea was found in a study of how schools support children who experience loss and death (Holland, 2008). Cozolino (cited in Harris, 2008) mentions the power of a teacher's soothing words and encouragement in helping children with long-term exposure to stressful environments to feel calmer and more involved in learning. Gilligan (2000) highlights how positive relationships are important in developing resilience.

2. 2. 2. Specific interventions

Other research has looked specifically at types of interventions that might be effective for pupils, both individually targeted and universal. Relational elements and whole school approaches seem to be particularly important.

Harden et al. (2001) conducted a systematic review of barriers and facilitators linked to interventions to promote good mental health in socially-excluded young people aged 11-21. The authors concluded that there was a dearth of good quality evaluation on barriers and facilitators and that future research should start with the views of young people themselves. Studies that did focus on these revealed a broad range of worries including school workload and 'unhealthy' school practices, with staff not always seen as emotionally supportive. It is suggested that young people did not relate to the term 'mental health', as they associated it with illness and with people different from them.

Studies on the effectiveness of interventions designed to promote emotional wellbeing and mental health have confirmed that whole school approaches are effective (e.g. Durlak & Wells, 1997; Wells et al., 2003). Maxwell et al. (2008) conducted a broader review than previous studies, prioritising research undertaken in England. Similar conclusions were reached.

One influential programme that involved changing the school ethos to emphasise positive and caring behaviour towards others was The Child Development Project (Battistich, Solomon, Watson & Schaps, 1997). It focused on changing classrooms and the whole school to become 'caring communities'. Teacher practices which were associated with academic engagement, a sense of influence, and positive interpersonal behaviour amongst students included 'warmth and supportiveness', 'emphasis on pro-social values' and 'low use of extrinsic control' (p. 148).

The idea of caring in school has been explored by Noddings (2005), who emphasises the relational dimensions to education including dialogue. The importance of talking and being listened to was demonstrated in a small-scale, well-designed study by Smith (2006), who found that primary children given

individual 30 minute listening and talking sessions with an adult in school over ten weeks were influenced positively in terms of academic progress and behaviour compared to a matched control group. However, it should be noted that Smith used a group of trained counselling students rather than adults already working in schools. Other research has also shown counselling interventions to be successful (e.g. Flitton & Buckroyd, 2002), but dialogue with practitioners *untrained* in these skills in formal interventions to promote wellbeing has received little focused attention.

Although whole school approaches have been found to be effective, much of the evidence comes from outside the UK. Even the review conducted by Maxwell et al. (2008), which sets out to prioritise research carried out in England, still draws heavily from studies conducted in the US, Canada and Australia. In the UK, one whole school initiative which has received positive evaluation is SEAL (Hallam, 2009). However Hallam's study has some serious methodological flaws. There were no formal control groups used, and it was very difficult to ensure that SEAL was implemented in the same way in all of the schools. There was no information about the effects of SEAL over time and most of the main conclusions made were based on staff impressions rather than data from children directly.

In addition, the theoretical underpinnings of SEAL have been criticised. Craig (cited in McLaughlin, 2008) argues that the claims made for the existence of 'emotional intelligence' have been overstated, and SEAL, in its quest to formally teach children about their emotions, lacks a reliable and valid rationale. There is evidence, however, for supporting teachers to develop their relationships with pupils and develop their awareness of the emotions involved in teaching and learning. Although the SEAL literature does advocate this, it remains unclear as to whether schools are consistently going any further than simply delivering discrete lessons to children. This is despite the evidence that creating caring and emotionally 'healthy' environments is extremely important.

The field of attachment research, for example, provides an additional dimension to understanding how school staff may support children's wellbeing through relational processes. There is literature which provides compelling insights into

how teacher-child relationships can be affected by certain styles of relating and how they may be enhanced (e.g. Barrett & Trevitt, 1991; Geddes, 2003, 2005). There is evidence that teachers are seen by pupils as attachment figures and can provide a secure base, as well as research to suggest that having at least one secure relationship in school can reduce disengagement (e.g. Wetz, 2006; National Research Council, 2004 and Smyth et al., 2000, cited in Harris 2008). Children's attachment styles have also been explored in relation to classroom behaviour (e.g. Ladd, Birch & Buhs, 1999; Al-Yagon & Mikulincer, 2006), although it is still a growing area (Howes, 1999).

Attachment theory has been criticised for its within-child focus and for being deterministic. Birn (1991) highlights how factors other than quality of maternal bonding have a profound influence on mental health and development, such as poverty and racism. Additionally, it risks undermining the self-worth of women who for a variety of reasons, e.g. due to illness, may be prevented from forming attachments to their babies in the early days. Harris (1999) argues that other factors influence development and says that the drive to fit in with peers has a significant impact on children too. Others (e.g. Field, 1996) point out that attachments to other significant figures are powerful too, such as romantic partners and friends.

Attachment theory and research has, however, gone beyond the narrow view of maternal attachment and many acknowledge that despite the criticisms it can be a useful framework for understanding risk and resilience in social and emotional development (e.g. Slater, 2007; Kennedy, 2008). Slater proposes that attachment as a relationship-based theory fits well with the widely-accepted view that individuals are best understood through an interactionist perspective, i.e. in the wider context of groups and larger systems (e.g. Lewin, 1936; Bronfenbrenner, 1979).

Additional encouraging evidence on the power of relationships with sensitive and attuned adults in school for children showing difficulties with their emotional development comes from work on Nurture Groups (e.g. Cooper & Whitebread, 2007; Sanders, 2007). Other literature shows how making staff aware of the

dynamics of relationships with pupils is important (Harris, 2008), and why it can ultimately be helpful for pupils and teachers (Jackson, 2002).

Staff wellbeing is one important aspect of a 'healthy' school culture, or 'climate', and its importance is highlighted further by Lucas (1999, p.14), who writes about 'Nurturing Schools':

A Nurturing School values people and seeks above all to understand and respect them as unique individuals. It puts the personal development of all its children, parents, staff, governors, as the highest as its priorities. It recognises that for this development to be authentic it must take place within the context of relationships in a family, a group, a community, and sees this to be integral to the education process.

The studies described raise some interesting issues. The behaviour and responses of teachers matter a great deal, and the potential for changing pupils' wellbeing and behaviour is possibly greater than many believe. Yet there are recognised difficulties. For example, the constraints of teachers' roles is an issue, and particularly in light of the competing demands of the 'standards' agenda, staff might find it difficult to put relationships with pupils in a central position (Cooper, 2008).

A pertinent question is how aware are teachers and other staff of the importance of relationships in school and how they link into pastoral care agendas? What do staff feel they are doing (if anything) to promote the emotional wellbeing and mental health of pupils? Calvert (p. 268) questions whether those who work in schools understand their role, particularly in light of the varied 'attitudes and practices' accommodated over time, and the current context with its remodelled workforce. He asks which of the dominant discourses of the past few decades will 'emerge' from the expanded workforce:

[...] an increasingly risk-averse approach to safeguarding and child protection? [...] a compliance model imposed by an expanded inspection regime? Or... a concerted attempt to adopt a holistic approach to welfare that prioritises emotional literacy and children's voice?

Despite the evidence reviewed about what is helpful for pupils, it is plausible that schools and those working within them may have little idea about what is considered effective practice, and what their role should consist of. Research which has examined how staff make sense of their roles will be reviewed, after a brief look at what the 'official' expectations for school staff are.

2. 3. Expectations for schools

Sources of information about how schools should (or could) interpret their role can be found from the following broad types of information: legislation, school inspection literature, government guidelines, and publications associated with particular initiatives.

2. 3. 1. Legislation, duties and inspection

Schools' legal duties towards supporting children's emotional wellbeing are generally associated with two broad agendas². First, the drive towards inclusion as set out in the Education Act 1996 and the Special Educational Needs and Disability Act 2001. Staff are expected to provide equality of opportunity for all children, including those who are deemed to have a special educational need. Schools follow the Code of Practice (DfES, 2001a), and although the present Government is in the process of reviewing the SEN systems (DfE, 2011), adults working in schools are currently operating under these duties. Children whose mental health and emotional wellbeing is most at risk may be those are classed as having behavioural, emotional and social difficulties (BESD), i.e. those who 'demonstrate features of emotional and behavioural difficulties such as: being withdrawn or isolated; disruptive and disturbing; being hyperactive and lacking concentration; having immature social skills; or presenting challenging behaviours arising from other complex special needs' (DfES 2001, p.12).

Guidelines specifically focused on the role of schools in working with children categorised as having BESD (DCSF, 2008), highlight the responsibilities of

² The focus of this section and those that follow will be on sources of information targeted at all children rather than a specific group such as Children in Care, for which other specific legislation is in place.

teachers with reference to the core 'Professional Standards for Teachers' (TDA, 2007), which require that they are aware of how to personalise provision for all children with SEN and promote inclusion. In addition, teachers are expected to 'know how to identify and support children and young people whose progress, development or well-being is affected by changes or difficulties in their personal circumstances, and when to refer them to colleagues for specialist support' (p. 10).

The other broad agenda linked to promoting wellbeing and mental health is Every Child Matters (DfES, 2003a), enshrined in The Children Act 2004. This has as its focus the broad tasks of safeguarding children and ensuring the wellbeing of the 'whole child' through the five outcomes. Under the Children Act 2004, section 175 of the Education Act 2002 was amended. This deals with how local authorities and governors of maintained schools are required to make arrangements to safeguard and promote the welfare of all children. Despite a common assumption that the Act is solely about preventing child abuse, children's welfare should also be promoted in areas such as bullying prevention, attendance and the education of children with illness (Reid, 2005). Furthermore, specific duties related to children's welfare are not placed on individuals; rather the Act is about the responsibility of local authorities and individual schools to put in place policies and frameworks which meet this aim. In addition, schools are also under scrutiny from inspectors, however unlike teaching and learning, which can be more immediately assessed, many of Ofsted's evaluation criteria (Ofsted, 2010) related to promoting emotional wellbeing and mental health are open to a large degree of interpretation.

Perusal of relevant Ofsted documentation seems to show that apart from needing to have certain documents in place, e.g. anti-bullying policy, judgements about how well schools ensure pupils' wellbeing will largely depend on how the school presents itself, and on the perceptions of individual inspectors about what is important. Precisely what these judgements are based on remains unclear.

2. 3. 2. Government guidelines

The main published set of guidelines providing information for schools on wellbeing and mental health is 'Promoting Children's Mental Health within Early Years and School Settings' (DfEE, 2001). These guidelines perhaps represent the most comprehensive overview of schools' role in the area of pupils' emotional wellbeing and mental health in recent years and are still relevant. They are frequently referred to in other published guidance (e.g. the SEAL literature) and they encompass perspectives from both health and education.

Included in the guidelines are descriptions of mental health issues pupils may have, typically using 'diagnostic' language, along with risk and resilience factors, including school characteristics which can increase resilience (risk factors in schools are not mentioned). Protective processes are set out with reference to promoting self-esteem and self-efficacy through supportive relationships. Establishing a whole school culture of trust and valuing each child regardless of ability, are recommended. Yet for individuals interested in how they can put protective processes in place, the information is rather vague and brief, with simple pointers on having 'high professional standards' and showing 'skilful teaching'.

How SEN categorisation may map onto mental health is described but confusingly, the point is made that 'not all children with mental health problems will necessarily have special educational needs' (p.2). The responsibility of teachers and other staff for supporting pupils' mental health will only therefore fall under a statutory framework of practice for some children, and decisions about who will 'enter' the SEN system will depend on the discretion of individuals and schools. Pupils who show aggressive and anti-social behaviour may be dealt with under disciplinary rather than under the pastoral systems which may be more accessible to those on the SEN register. Whilst promoting children's mental health is recommended as good practice, outside of SEN legislation there seems to be little formal obligation on schools to consider the wide range of presenting difficulties and ways to support those in need.

For teachers in many schools, however, their practice may be guided by any number of initiatives that have been taken up over the past few years. Focus will now turn to three which have been popular with schools and local authorities.

2. 3. 4. Initiatives

SEAL has been one of the most widely implemented initiatives designed to equip pupils with the necessary skills to manage their emotions and form good relationships with others. It is introduced as a curriculum to be taught in specific classroom-based sessions, in whole school sessions (e.g. assembly) and through links with other subjects (DfES, 2005a, 2007). The importance of positive relationships and embedding SEAL within a whole school approach is also mentioned. Specific recommendations are not comprehensive, however. They refer to ensuring 'school or setting systems which make sure that all individuals feel valued and listened to', 'high professional standards' and 'teacher (or practitioner) insight and knowledge into the emotional factors that affect learning' (p. 20).

The National Healthy Schools Programme is another widely adopted initiative, and is seen as a key delivery vehicle for the Every Child Matters outcomes. The guidelines (DCSF/DoH, 2007) also mention the need for a whole school approach to ensure wellbeing, and include criteria that should be reached. However, these are generally vague, e.g. 'staff are confident and competent to engage with children and young people in programmes for enhancing their emotional health and wellbeing' (p. 40), with little detail provided on how staff can reach this point.

Hayward (2009) critiques the way that 'emotional health and wellbeing' is constructed in the Healthy Schools document and argues that it is posited as 'an individual psychological state'. It is further individualised, she says, 'through the representation of emotions as skills...' She suggests that within-child notions are re-appearing through this new discourse, and that 'structural economic explanations are clearly backgrounded' (p.3). She also states that the references to the importance of relationships in the policy are minimal, with 'the

value of relationships [...] linked to the particular functions they serve according to predetermined outcomes rather than intrinsic value (p. 7).’ The extent to which staff in schools view their relationships with pupils in this way must, of course, be questioned, but Hayward’s point does illustrate the confusion of values commented on by Ereaut and Whiting (2008) in their work on the conceptualisation of wellbeing by the DCSF. When outcomes and targets become entwined with discourse on pupil wellbeing and emotions, the more philosophical and arguably humanistic vision which originally led to these policies may be undermined and obscured.

The TaMHS project (DCSF, 2008), another recent initiative, aims to support schools to develop both therapeutic and holistic support for children aged 5-13 and their families. The vision of TaMHS is that children experiencing or at risk of developing both externalising *and* internalising disorders will have access to evidence-based interventions in school. Again, there is emphasis on the responsibility for all staff within the school system to ‘engage in a whole school approach to promoting children’s mental health and preventing problems’ (DCSF, p. 26). Similar to the promoting mental health in schools guidance (DfEE, 2001), this is to be achieved through identifying when further support for pupils is required, facilitating access to interventions, and contributing to wider school systems where emotional development is nurtured.

The principal TaMHS document goes a step further than many other guidelines, outlining the core skills and knowledge which would underpin such an approach in day-to-day practice. Yet interestingly, these are taken from the Common Core of Skills and Knowledge for the Children’s Workforce (DfES, 2005b). It follows that all staff in schools *should*, therefore, be demonstrating these skills consistently in their work already. The following passage taken from the TaMHS literature (DCSF, 2008, p. 26) suggests that many are not:

There are some specific issues to consider in relation to the TaMHS project ... primarily they involve **challenging and enabling teachers** to: see the contribution they can make to improving behaviour and pupil wellbeing ... see the child or young person ‘in the round’ and as a member of a number of different, temporarily ‘overlapping’ systems, each with their own rules and norms (e.g. school, family, community, peers).

The government guidelines and legislation reviewed has revealed a vague and sometimes confusing picture of schools' responsibility for promoting emotional wellbeing and mental health. The concepts of emotional wellbeing and mental health are found in SEN guidance documents, in OFSTED evaluation criteria, in joint DCSF and Department of Health initiatives, and in programmes developed as part of a behaviour and attendance pilot. There is a 'disconnected landscape' of policy documents and guidelines which refer to the general notion of supporting emotional and social development, framed in terms of special educational needs, behaviour and emotional difficulties, social and emotional learning, emotional wellbeing and mental health.

That school staff are required to promote wellbeing is clear, yet the precise nature of this responsibility is surprisingly difficult to 'pin down'. Unlike schools' academic duties, made clear through the National Curriculum, the expectations for pastoral care are not contained in one coherent set of values or guidelines. Apart from the Code of Practice (DfES, 2001a), there are few specific practices that schools and individuals *must* adhere to. The precise manner in which schools and individuals therein fulfil their responsibility as 'tier one' mental health professionals is open to interpretation (also noted by Finney, 2006) with scope for schools to choose the parts which appeal and ignore those which do not. As Finney (p. 24) highlights, when responding to mental health issues, it appears that 'individualism' is being sanctioned, with a staff member's sense of 'competence, self-confidence and their professional capacity to deal with it' contributing to what they do in practice.

Yet strongly emphasised in the research evidence, the documents examined, and government commissioned reviews (e.g. Weare & Gray, 2003) is that all those in schools have a part to play through schools taking a 'whole school' approach. Precisely what is meant by that is also not made clear, and the challenges it presents, as Weare and Gray highlight, are not given much attention. Furthermore, the evidence tells us about the importance of good relationships between staff and pupils, and, whilst it is highlighted in various pieces of guidance for schools, there is little elaboration on the theme.

So how may this affect the way school staff perceive their role and what they do in practice? What is known already about the perceptions of teachers and other staff in promoting emotional wellbeing and mental health? The following section will look in more detail at research which has explored the views of school staff.

2. 4. The perceptions of school staff

2. 4. 1. Teachers' perceptions of their role

Teachers' views of their role in promoting wellbeing have been looked at in a variety of ways: their feelings about their role as tier one mental health workers, the extent to which they perceive they can make a difference for pupils, and their identities as 'caring' professionals. In almost every piece of work examined barriers to certain kinds of practice were highlighted.

A study by Rothi, Leavey and Best (2008) explored the perceptions of teachers from primary, secondary and special schools on their role in pupils' mental health. Although teachers did feel a sense of duty they raised concerns about their capacity to fulfil such responsibilities. They raised lack of training as a barrier, e.g. on identifying mental health issues, who to refer on to, and strategies to help manage pupils in the classroom. There was a common fear of losing control in the classroom and the desire for help on how to overcome this. Rothi et al. (2008) interpret this as indicative of teachers' tendency to view difficulties pupils have as behavioural rather than reflecting underlying emotional problems, and call for further research into teachers' perceived roles and responsibilities.

Spratt, Shucksmith, Philip and Watson (2006) conducted a study in Scotland using qualitative methods to explore the views of a range of professionals and pupils on the role of schools in promoting mental health. Systemic issues were seen as relevant, e.g. focusing on attainment at the expense of those with emotional difficulties, and expecting pupils to fit the system rather than adapting it to the child. Staff expressed mixed feelings at changing rules to accommodate individual pupils, yet positive approaches which simultaneously discouraged behaviour and valued the student were also mentioned. In pupil interviews a

major theme was the quality of relationships they had with staff, including those in support roles such as playground assistants. Spratt et al. conclude that 'ideally teachers would foster the types of relationships with pupils that would enable them to be aware of young people whose behaviour indicated underlying difficulties...' (p. 20). Yet various barriers have also been raised, such as teachers perceiving the role as an added burden, the lack of space and time, the culture of control in schools versus the care paradigm of mental health, and the pressures of the National Curriculum (Nelson and While, 2002; Finney, 2006).

Another Scottish study by Connelly et al. (2008), used questionnaires to gather accounts from 365 teachers on their 'most recent', 'most worrying', and 'most satisfactory' experience of work with a pupil with 'emotional, behavioural or mental health problems' (p. 8). The authors state that many teachers were not able to identify a satisfying piece of work and they face frustrations and difficulties. Yet collaborating with colleagues and spending time with pupils were also mentioned as positives. Although the results were interesting, there were no opportunities for in-depth discussion with staff. In addition, many teachers surveyed were headteachers, who are possibly more engaged with the 'bigger picture' and leadership tasks, than the day to day challenges faced by teachers in the classroom.

Despite the difficulties, evidence does suggest that teachers are concerned about children's emotional development (Poulou, 2005) and feel a responsibility towards helping those who they perceive as having difficulties (Poulou & Norwich, 2000). Yet other research shows that teachers may not be aware of the effects of their own behaviour on pupils.

Oswald, Johnson & Howard (2003) found that teachers tended to 'undervalue the potential or actual roles they might play – both as supportive individuals and their schools as caring institutions – in providing protective factors for building resilience in children' (p.61). Pupils' dynamic relationships with others and a general caring school ethos were viewed as less important than the strengths possessed by pupils and academic effort. The authors state that teachers

clearly held 'diverse personal beliefs concerning their own perceived potential to "make a difference"' (p. 63).

Other literature from attribution research suggests that teachers tend to view the cause of the difficulty as located in the child (Miller, 2003; Ho, 2004). This is a self-serving bias (Miller & Ross, 1975): if teaching or teachers' behaviour is implicated in the difficulty then it indicates that something is not working which is both a threat to self-esteem and a call for action. For some staff this would be accepted, yet the increasing constraints on how teachers deliver the curriculum may lead others to make more 'within-child' explanations (Maras and Kutnick, 1999). Evidence suggests that externalising problems in particular can be viewed as residing more within the child (and thus more controllable) than internalising behaviours (Liljequist and Renk, 2007). Others, however, have found that teachers also make attributions that view behaviour problems as a product of school-based factors such as social interactions, with teacher behaviour involved as much as home factors (e.g. Gibbs & Gardiner, 2008; Hughes et al., 1993; Poulou & Norwich, 2000). What is clear is that links between attributions and practice do exist (Poulou & Norwich, 2000; Tollefson, 2000). For example, when teachers believe that students can control behaviour they engage in more punitive practices (e.g. Brophy, cited in Ho, 2004).

Broader research on teachers' views of the emotional and relational aspects of school show that personal beliefs as well as factors external to them are relevant in their understanding and enactment of their role. Hargreaves (2000, p. 815) talks about the 'emotional geographies' of school: 'spatial and experiential patterns of closeness and / or distance in human interactions and relationships' that influence the feelings experienced towards the self, others and the world . He argues that the concept illuminates the supports for and barriers to 'emotional bonds and understandings of schooling'. These include professional geographies (where the traditional view of the teacher role is at odds with other views such as the importance of 'caring'), political (where power relationships distort communication) and physical (where fragmented and limited encounters present a block to relationships).

The barriers and facilitators to taking relational approaches identified by other research (such as Cooper, 2004; O'Connor, 2008) fall under the 'geographies' Hargreaves describes. These include specific tasks teachers are expected to engage in, philosophical beliefs, time and levels of contact with pupils.

Day and Kington (2008) looked at research on teachers' identities in a more general sense and found that key factors which had a positive impact on their sense of agency, resilience and commitment were school / departmental leadership and supportive colleagues. The latter has also been highlighted by others (Nias, South & Yeomans, 2008).

In general, there is little research on how teachers feel about their role to promote emotional wellbeing and mental health in the current English context. Many studies outlined have asked teachers about their role in 'mental health', or phrased the questions in terms of how 'problem' pupils or situations are dealt with. Although staff do have a sense of responsibility and often a desire to work in a particular way, there are many constraining factors. It is possible that an exploration of the topic using 'emotional wellbeing' as the topic of interest as well as mental health, and with questions phrased in terms of what staff do to *promote* wellbeing rather than deal with problems, may reveal alternative perspectives. As Weare and Gray (2003, p.19) note:

[Emotional wellbeing] is often put alongside 'mental health'... to 'unpack' the term ' [...] and help it lose some of its medicalised and negative connotations.

Furthermore, whilst the theme of relationships in schools has been raised indirectly, to date there seems to be a dearth of studies examining how teachers and other staff in schools view their relationships with pupils *in terms of how they may contribute to pupils' emotional wellbeing*.

There has been an effort in recent years to shift school staff towards a wider role in which they take responsibility for all aspects of a child's wellbeing. As Dawson (1987) points out, any work aimed at enhancing skills or changing attitudes needs to be based on a study of people's current perceptions. For policy makers and those who may wish to support school staff in their role as

'tier one' mental health workers (e.g. educational psychologists, mental health professionals), forming a rich and detailed picture of their beliefs and attitudes in relation to this role is important.

Most of the research reviewed has focused on the views of teachers, however. Given that Calvert (2009) highlighted the changing workforce as relevant to individuals' understandings of their role, any thorough examination of staff perspectives should include the views of all those working closely with children on a daily basis, such as teaching assistants³. Mainly as a result of the drive to reduce teacher workload, the number of TAs employed in schools has increased considerably over the past few years, with posts having trebled (Webster et al., 2010). The next section will explore literature on the role of TAs and how they may contribute to the promotion of emotional wellbeing and mental health.

2. 4. 2. The contribution and perceptions of teaching assistants

Teaching assistants have a well-recognised role in the provision of inclusive education (Rose, 2000), often working with individual pupils or small groups who require additional support. Yet the effectiveness of their support for pupils has been questioned.

Blatchford and others (e.g. Blatchford et al., 2009) conducted a naturalistic, large-scale piece of research to explore the impact of TAs. According to teachers TAs positively affect their job satisfaction, levels of stress and workload. Observations showed that they reduced off-task and disruptive behaviour. In terms of pupils' 'positive approaches to learning' (e.g. distractibility, relationships with other pupils, task confidence) TAs had an impact for Year 9 pupils, although not for other age groups. Yet the most concerning finding, across all age groups, was that TA support had a negative impact on pupils' academic progress. The authors posit that this was likely to be due to pupils receiving reduced contact with teachers, and the fact that TAs were therefore

³ The term TA will be used throughout to refer to all staff in similar but alternatively named roles, e.g. learning support assistants, special needs assistants and classroom assistants.

providing 'alternative' rather than additional support. In light of the results, Webster et al. (2010) suggest that the TA role could be reconceptualised as a non-pedagogical one, focused on supporting development of confidence and motivation and good peer relationships.

The non-pedagogical role of TAs has been shown to be valuable. TAs are known to work to promote inclusion and act as mediators (e.g. Howes et al, 2003; Lee, 2002). Groom and Rose (2005) report on the ways TAs support pupils with SEBD in primary schools in one local authority, and reach positive conclusions about their commitment and contribution. Developing good relationships with pupils and understanding their needs were highlighted as essential components for successful inclusion.

Yet there is also confusion over the TA role. Thomas et al. (1998) talk about the uncertainty surrounding the role due to lack of explicit expectations. The work being undertaken differs according to the perceptions and needs of teachers, schools and TAs themselves (Garner, 2002).

So how do TAs and others view their role, and are non-pedagogical aspects of it highlighted? In general, the voice of TAs has been largely neglected (O'Brien & Garner, 2001). However a systematic review of literature on perceptions of their role according to teachers, parents, pupils and TAs themselves (Cajkler et al., 2006) was carried out, which identified clear non-pedagogical activities. The four themes which describe perceptions of role were: direct academic and socio-academic contributions, contributing to inclusion (which included self-esteem building and helping children with peer interactions), stakeholder relations (acting as a link between schools and parents and teachers and pupils) and contribution to teachers / curriculum. TAs tended to be viewed positively by all stakeholders, including pupils, who did not simply see a TA as someone who helps the teacher but also as someone to turn to and a person who listened to them.

Other research by Garner (2002), who interviewed TAs, confirms that many do see their role as a 'connecting bridge' between the teacher and the learner. Teamwork was also noted by them as important. The 'affective qualities' of

many TAs were apparently noticeable during the interviews, with TAs providing examples of their supportive interactions with pupils.

Despite the lack of clarity in defining the role, these studies show that TAs seem to have carved out a niche for their work. Drawing on systematic reviews of TA support, Tucker (2009) explores the role of TAs, the factors that influence understanding of it and the effect on identity construction. He says they often show proactive engagement with developing their role according to their perceived priorities. He highlights work (Collins & Simco, cited in Tucker, 2009) that attributes certain practices taken up by TAs (acting as a link with families) to the relationships they had with pupils both in school and in the community, and also research that suggests children:

look to the TA for help and support in times of difficulty [...] Children see TAs as having a role to play in addressing their pastoral and social needs....

(p.295)

The TA identity, Tucker argues, is influenced by factors at micro and macro levels (e.g. interactions between TAs and teachers in the classroom to 'official discourse' shaping political intentions). Attempts to 'understand the "messiness" of identity construction' involves looking at the 'broad socio-political framework where dynamic tensions occur and will continue to do so' (p. 299).

Given that TAs have become a well-established part of school life, with research emphasising their value in non-pedagogical roles, their views of promoting children's emotional wellbeing and mental health will be important. Furthermore, whilst teachers' roles are fairly clearly defined, this is not the case for TAs. Exploring how TAs make sense of their pastoral role in contrast with teachers may shed light on how the principal roles of individuals within schools and their relative degrees of clarity might influence practice and perspectives on promoting wellbeing. To date there is little research that focuses directly on how TAs view their role in promoting emotional wellbeing and mental health, and to the best of the author's knowledge, none that compares the perceptions of teachers with TAs. Gathering the perspectives of two professional groups will help to enhance understanding of the perceptions of each group alone.

2. 5. The current research

The current study is an attempt to explore perceptions of primary school staff in one local authority in relation to their role in promoting wellbeing and mental health. Although seeking the views of staff working with all pupils in compulsory education (i.e. 4 -16) would be interesting, focusing only on primary school staff allows a more thorough exploration within the scope of the professional doctorate. In this research there is a focus on what staff understand about 'emotional wellbeing' and 'mental health', how they make sense of their role, and how they view relationships in school between staff and pupils as linked to the promotion of wellbeing. Teachers' and TAs' views are also compared.

Chapter Three - Methodology

3. 1. Introduction

This chapter will present the methodology and its rationale. It will be divided into the following sub-sections: Aims and Research Questions, Design and Rationale for Methods of Data Collection, Construction of Research Materials, Ethical Considerations, Participants, Procedure, and Analysis of Data.

3. 2. Aims and research questions

The aims of the research are: to explore primary school staff perceptions of their role to promote emotional wellbeing and mental health, including their views on relationships; to compare the perceptions of teachers and TAs; and to consider the implications for professionals working with schools in the area of wellbeing and mental health.

There are four main research questions together with sub-questions:

1. What do staff in schools understand about 'emotional wellbeing' and 'mental health'?
 - What is meant by the terms 'emotional wellbeing' and 'mental health'?
 - What are seen as indicators of poor emotional wellbeing and mental health?
 - What factors are seen as having an impact on emotional wellbeing and mental health?

2. How do staff perceive their role in promoting emotional wellbeing and mental health?
 - How do they view their role in general terms?
 - What do staff say they do in practice to promote emotional wellbeing and mental health?
 - What are the perceived barriers and enabling factors which have an impact on individuals fulfilling their role?

3. What do staff understand about relationships with pupils in school as linked to wellbeing and mental health?
 - When relationships are implicated in the concerns about a particular pupil's emotional wellbeing and mental health how do school staff make sense of the situation?
 - When relationships are implicated in the concerns about a particular pupil's emotional wellbeing and mental health how do they say they would respond?
 - What else do staff say about relationships as linked to promoting emotional wellbeing and mental health?

4. Are there any differences in staff perceptions of all of the above according to their role within the school (teachers compared to TAs)?

The sub-questions were identified as being relevant to the more general research questions either based on previous research (e.g. Roth, Leavey and Best, 2008; Spratt et al., 2006), or during the pilot phase of this study (detailed in a later section).

3. 3. Design and rationale for methods of data collection

An overview of the research design will be presented followed by the rationale for the methods of data collection.

3. 3. 1. Overview of design

A mixed methods design was chosen for the research. Semi-structured interviews took place with 20 primary school staff: ten teachers and ten TAs. An interview schedule was used, along with three fictional vignettes which were presented to participants in order to explore their views in more detail.

A questionnaire was constructed and completed by a separate sample of 40 participant teachers and TAs. This was based partly on early pilot findings and early interview data, which contributed to decisions about question design. The

three vignettes used in the interviews were also included on the questionnaire. Please refer to appendix 1, 2 and 3 for copies of the interview schedule, vignettes and questionnaire.

Table 1 shows the four research questions and sub-questions, illustrating how the content of the interview schedule and the questionnaire maps on to them.

Table 1: Overview of research questions with interview and questionnaire content

Research Questions	Sub-questions	Interview Items	Questionnaire Items
1. What do staff in schools understand about emotional wellbeing and mental health?	What is meant by the terms 'emotional wellbeing' and 'mental health'?	Two open-ended questions #1, #2	No specific questions
	What are seen as indicators of poor emotional wellbeing and mental health?	Open-ended question #3	<ul style="list-style-type: none"> • 11 behaviours listed. Participant chooses position on 5 point scale for each 8.a Participant ranks 5 behaviours seen as strongest indicators 8.b
	What factors are seen as having an impact on emotional wellbeing and mental health?	Open-ended question #4	<ul style="list-style-type: none"> • 13 factors listed. Participant chooses position on 5 point scale for each 9.a Participant ranks 5 factors seen as having most positive impact 9.b
2. How do staff perceive their role in promoting emotional wellbeing and mental health?	How do staff view their role in general terms?	Two open-ended questions #5, #9b and two 5 point rating scale questions #8a, #9a	<ul style="list-style-type: none"> • Participant chooses position on 5 point scale pertaining to how responsible they feel 4.a • Participant chooses position on 5 point scale pertaining to how clear role is 4.b • Participant chooses position on 5 point scale pertaining to how appropriate responsibility is 5. • Participant chooses position on 5 point scale pertaining to how able they feel 6.
		5 point rating scale question, and open-ended question #7a, #7b	<ul style="list-style-type: none"> • Participant chooses position on 5 point scale for degree to which what they do is supported by rest of school 7.

	<p>What do staff say they do in practice to promote emotional wellbeing and mental health?</p>	<p>Open-ended question #6</p>	<ul style="list-style-type: none"> • 12 actions listed. Participant chooses position on 5 point scale for each 10.a Participant ranks 5 actions seen as most important 10.b • Participant chooses position on 5 point scale for their level of previous awareness of actions as contributing to emotional wellbeing and mental health 10.c
	<p>What are the barriers and enabling factors which have an impact on fulfilling individuals' perceived role?</p>	<p>Two open-ended question #8b, #8c</p>	<p>No specific questions</p>
	<p>When relationships are implicated in the concerns about a particular pupil's emotional wellbeing and mental health how do school staff make sense of the situation?</p>	<p>Vignettes presented, open-ended question #10</p>	<p>No specific questions</p>
<p>3. What do staff understand about their relationships with pupils in school as linked to wellbeing and mental health?</p>	<p>When relationships are implicated in the concerns about a particular pupil's emotional wellbeing and mental health how do they say they would respond?</p>	<p>Vignettes presented, open-ended question #11</p>	<ul style="list-style-type: none"> • Participant responds to 3 statements (one for each vignette), choosing level of agreement on 5 point scale 1. a, 2.a, 3.a • 12 actions listed for each vignette, participant chooses position on 5 point scale for each to indicate likelihood of them carrying out the action. 1.b, 2.b, 3.b Participant ranks 5 actions seen as most important for each vignette 1 c, 2 c, 3 c Items corresponding to relationships are compared in terms of relative importance with other items
	<p>What else do staff say about relationships as linked to emotional wellbeing and mental health?</p>	<p>Data extracted from responses to research questions 1 and 2 at analysis stage</p>	<p>No specific questions</p>

<p>4. Are there differences in staff perceptions according to their role?</p>	<p>None</p>	<p>Data extracted from entire interview at analysis stage</p>	<p>• For all questions on questionnaire the responses of teachers will be compared to responses of TAs.</p>
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The next section will detail the rationale for choosing a mixed methods design, and using interviews, vignettes and questionnaire

3. 3. 2. Rationale for mixed methods

This research was conducted from within a pragmatic paradigm (Tashakkori & Teddlie, 1998), with mixed methods chosen because they 'worked' given the research questions (Mertens, 2010). Both qualitative and quantitative methods were employed in the design, data collection and analysis, and information from both types of data were integrated together when considering the results and their theoretical and practical implications. As Table 1 shows, the questionnaire and the interview schedule were designed to generate data related to the same research questions and most of the sub-questions. Since the data gathering took place in two overlapping phases, it can be described as a 'parallel' mixed methods design.

A mixed-methods approach was used for a number of reasons. First, in order to adequately address all of the research questions, it was necessary to collect exploratory, qualitative data, as well as information that would allow a systematic comparison of teachers' perceptions compared to those of TAs using statistical analysis. Secondly, the use of mixed methods enabled triangulation of some of the data. For example, questionnaire data was used to verify whether the important themes found across the interview data set as a whole, and findings pertinent to each of the professional groups, could be generalised across a wider, more representative sample of participants across the borough. The levels of convergence, inconsistency and contradiction in the data (Denzin, 1978) could be ascertained, enhancing both confidence in the results and the credibility of the qualitative aspect of the enquiry. Comparing interview and questionnaire responses also informed the decision about which findings were most important. Furthermore, the decision to gather quantitative as well as qualitative information enabled the construction of a more elaborate picture of the issues at hand. For example, the questionnaire design allowed participants to consider many possible responses collated together. At an interpretive level, integrating data from both the interviews and questionnaires allowed for richer inferences and conclusions.

3. 3. 3. Rationale for interview method

Semi-structured interviews were chosen as the most appropriate method to gather the more exploratory-type data. The interview method allowed participants time to reflect on possibly unexamined ideas. The researcher could prompt and make requests for elaboration. Interviews also granted the researcher flexibility to follow-up on points of interest and explore new areas. Finally, given the somewhat sensitive nature of the topic, interviews enabled the researcher to use non-verbal and verbal cues to help participants feel comfortable and reduce the possibility of socially acceptable responses.

3. 3. 4. Rationale for vignettes

Vignettes are 'short stories about hypothetical characters in specified circumstances, to whose situation the interviewee is invited to respond' (Finch, 1987, p. 105). They were used to address research question three, which asks how participants understand and respond to problematic situations when relationships are implicated in the concern. Vignettes allowed the researcher to explore this question whilst controlling for the tendency of participants to describe attitudes and beliefs based on idiosyncratic examples from their own experiences. Each participant read the same set of three vignettes, which described complicated yet realistic and familiar situations. However the information was sufficiently vague to allow respondents to project their own beliefs and assumptions on to each one and 'define the situation in their own terms' (Barter & Renold, 1999, p. 1). It is argued that providing the same fixed reference point for all participants yielded personalised yet comparable data (Poulou, 2001) and helped the researcher to interpret the responses in more detail and compare teachers' and TAs' data more easily. The three vignettes also contained manipulated variables (such as the type of behaviour displayed by pupils) so that more detailed and nuanced information about participants' beliefs and perceptions in a variety of situations could be gained.

The vignettes also had further advantages: they worked to activate people's imaginations and promote reflection and critical thinking, without being

particularly onerous (Miles, 1990); and they encouraged participants to express their own beliefs about a sensitive topic in a non-threatening context. The talk was initially based around characters and participants had control over when they introduced their own experiences. The vignette content also helped to legitimise the fact that school staff may not have all the answers or may struggle in particular situations, and the idea of staff feeling negative emotions was normalised.

3. 3. 5. Rationale for questionnaire

Data for all four research questions was also gathered using anonymous questionnaires. This method was viewed as the most practical way to gather numerical data on a scale which would allow systematic, quantitative comparison of participants' beliefs, perceptions and attitudes according to role (research question four). Closed questions were used to generate frequencies, and responses could be directly compared across the two main groups in the sample (teachers and TAs).

Rating scales formed the majority of questionnaire items, which allowed for measurement to be combined with opinion (Cohen, Manion and Morrison, 2007, p.327). As well as providing some indication of strength of attitude about particular phenomena, participants were also asked to rank their responses for some of the questions. This allowed for more fine-grained information to be obtained about the relative importance assigned to particular factors. In this way, the questionnaire data was used to both triangulate interview findings as well as provide additional information.

3. 4. Construction of research materials

The following section provides details of the pilot phases, and outlines how the interview schedule, vignettes and questionnaire were constructed

3. 4. 1. Piloting

Two pilot phases took place to help finalise the research questions and test the data collection materials. Exploratory conversations were had with two primary school teachers to explore the level of ease with which people could talk about issues related to the research questions, particularly the more sensitive areas for discussion. Sub-questions of interest for the first three research questions were developed, based on pilot data as well as relevant literature. A draft interview schedule was then tested with three primary school teachers and two primary TAs, and revised. It was found that along with simple open-ended questions, using rating scales with certain questions was also effective in prompting thinking.

The pilot phase also helped with the decision of whether it was appropriate to treat the terms 'emotional wellbeing' and 'mental health' as almost synonymous and place them together in the wording of interview questions. Based on responses from participants when answering the first two questions on the schedule, the decision was made to go ahead with this. They viewed the two terms as very similar and were not confused by subsequent questions which placed them together.

The idea of using vignettes was conceived of during the pilot interview phase, as participants responded well to questions about their relationships with pupils when concrete situations were mentioned. The vignettes were tested out with pilot participants and two practising educational psychologists and revised where necessary. The discussion with EPs was to establish that behaviours described in the vignettes were commonly raised as concerns in schools, and to gauge their perceptions of how relationships with staff may be implicated and affected. Their anecdotal accounts supported the idea that children's different attachment styles can lead to problematic interactions for staff, and would thus provide a valid basis for the vignettes. The responses of all pilot participants who read the vignettes in their final or near-final form also indicated that the scenarios were recognisable and credible.

In a second pilot phase the questionnaire was tested, to explore the comprehensibility and clarity of questions and response items as well as the ease of completing the whole process. Following minor revisions, a further two people completed the questionnaire to check the alterations.

3. 4. 2. Design of interview schedule

A structured schedule was used to make sure that the sequence of questions, along with their wording, was standardised. This was to reduce the possibility of order effects and interviewer effects (Cohen, Manion and Morrison, 2007), which can be particularly marked when attitudinal questions are asked (Oppenheim, 1992). It also ensured that all of the relevant sub-topics within each research question were included in every interview.

There were five parts to the interview, which are shown in Figure 1. The information sought and types of questions used to obtain it are indicated.

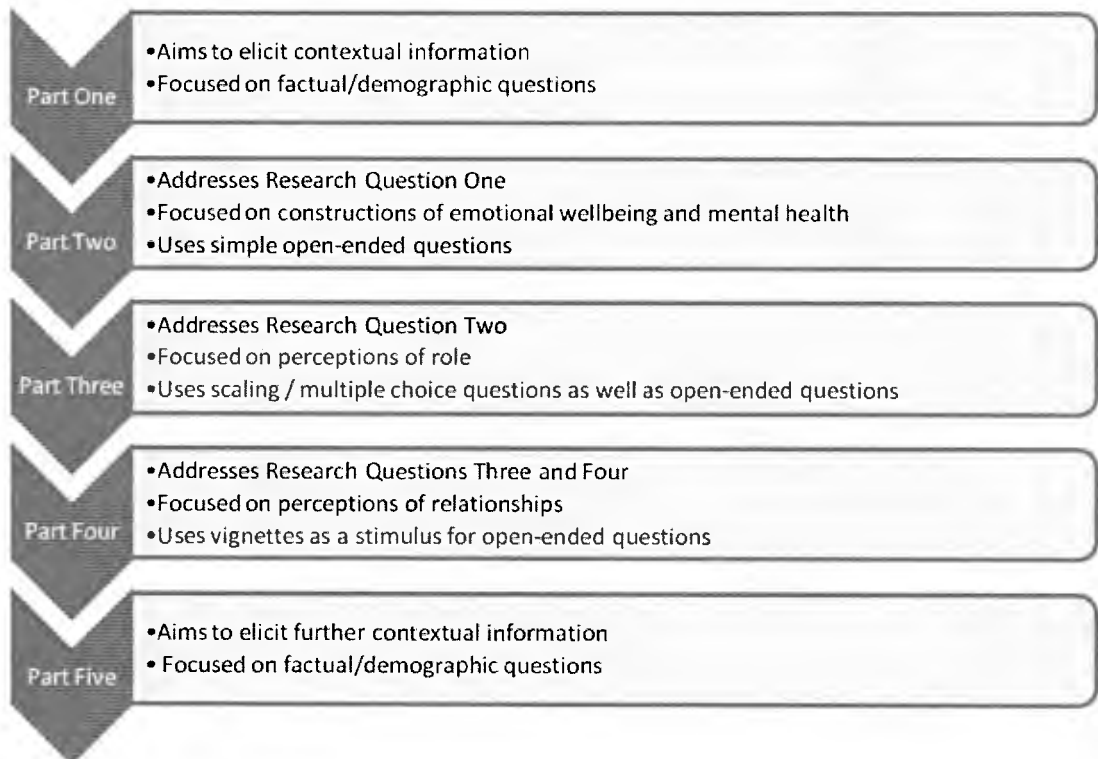


Figure 1: Parts of interview

The five parts of the interview will now be described in more detail with reference to the interview schedule (see appendix 1).

Part One: Factual / Demographic Questions

Five factual questions were first asked to gain information about the professional context of the participant., e.g. length of time in current school, role etc.

Part Two: Understanding of Emotional Wellbeing and Mental Health

The first four main interview questions (#1-#4) addressed research question one, and were asked in simple, open-ended form without any additional stimuli.

Part Three: Perceived Role

Questions #5-#9 addressed the second research question and the sub-questions of interest. To facilitate certain interview questions participants were asked to respond to two semantic differential rating scales and one multiple choice question (see stimulus sheet in appendix 1). Their responses were used to prompt further exploration with open-ended questions.

Part Four: Relationships

The next set of questions (#10-#11) addressed the third research question and sub-questions, and was focused around the three vignettes. The decision to place the vignettes here was to enable participants to consider other aspects of the general topic of promoting wellbeing first without being influenced by the themes attached to the vignettes. After reading each vignette, interviewees were asked for general thoughts that occurred to them in terms of emotional wellbeing and mental health. It was left deliberately vague as to *whose* wellbeing was being questioned, so that any responses about the teacher or TA's feelings and emotions (not just the child's) would not be foreclosed. If information about what actions they would take if they were to take over as the protagonist in the vignette had not been volunteered, the question was then asked directly.

Part Five: Further Factual and Contextual Questions

The final part of the interview concluded with further questions to gain background data on the participants (see appendix 1)

3. 4. 3. Design of Vignettes

The vignettes (in appendix 2) formed part of both the interview (as mentioned above) and the questionnaire (see following section). Both sets of participants were presented with the three vignettes and invited to respond to each in turn. Each vignette described a situation in which the relationship between the child and the protagonist (a teacher or TA) is implicated in the concerns about the child's emotional wellbeing and mental health.

Presenting three different vignettes elicited data that was richer compared to using a single vignette, and the three different kinds of problematic scenario revealed the potential impact of the type of problem on participants' understanding and stated actions.

The following criteria were developed to help with the construction of the vignettes:

- they need to describe a pupil whose behaviour is of concern to the adult (teacher/TA);
- the pupil's relationship with the teacher/TA must be implicated in the concern;
- the emotional reactions experienced by the adult need to be made explicit;
- there needs to be a dilemma or immediate concern for the adult in each vignette; and
- central to each dilemma / immediate concern must be the idea that the protagonist may end up having increased contact and engagement with the child, which they could plausibly feel ambivalent about.

The specific dilemmas or immediate concerns were included to prompt participants into indicating specific courses of action, which could then be analysed in terms of the extent to which they involved a relational approach.

Despite the criteria, care was taken not to make the vignettes overly complex, as it is recognised that along with being stimulating, they also need to be

consistent, believable and clear (Poulou, 2001). For information on the principal features of each vignette please see appendix 4.

To construct a realistic set of vignettes, the behaviours depicted were based on the three types of insecure attachment described by Ainsworth et al. (1978), and accounts of the way that these may play out in a school setting including the impact on the feelings and actions of others (Geddes, 2003, 2005). Geddes' descriptions of particular behaviours were judged to be relevant and appropriate for the vignettes. Both 'externalising' and 'internalising' behaviours are found across the vignettes, which also reflects a key difference in how emotional difficulties may manifest themselves.

Four versions of each vignette were produced to ensure that the role and gender of the protagonist matched the participant. It was hoped that identical gender would increase a sense of identification with the character. The versions for use in the interviews were all identical apart from these two variables.

The vignettes included in the questionnaire phase also differed according to the participants' roles, but it was not possible to predict the gender of questionnaire participants so in all versions the vignettes were about two female adult protagonists and one male.

3. 4. 4. Design of Questionnaire

The questionnaire items were based around some of the research sub-questions of interest. Not all sub-questions addressed on the interview schedule were included in the questionnaires for practical reasons. These areas are indicated in table 1.

The questionnaire items were constructed in a variety of ways, yet general guidelines were followed. First, a closed-ended format was used throughout, with the opportunity for respondents to offer additional ideas in the form of an 'other – please state' option. Rating scales were used with many questions, however no more than five points were included on each scale. The option to make a neutral response (by choosing the middle of the scale) was included, as

uncertainty about issues was regarded as potentially valuable data. In terms of the ranking exercise for some of the questions, in line with advice from Wilson and McLean (1994), no more than five options were required to be ranked. Questions were kept as short as possible, jargon, biased or leading questions were avoided, and instructions were explicit.

As this research was principally exploratory, the use of pre-validated measures was not appropriate. The content was thus based on initial data from interviews together with information from existing literature. Although preferable, it was not possible to construct the questionnaire based on all of the interview data due to limited time.

The three main sections that make up the questionnaire will now be described in the order of appearance.

Demographic questions

Participants were eased into the process by demographic questions (see appendix 3). They were included to provide contextual information to aid interpretation of the results and to help others evaluate the generalisability of the study. Further questions of this type were included at the end of the questionnaire too.

Vignettes and vignette items

The vignettes were presented next, as it was felt that the validity of the vignette responses would be compromised by the content of other questions if placed later. Closed-format items were included after each vignette.

The first item aimed to ascertain the extent to which respondents would agree or disagree with courses of action that would lead to less overall contact for the vignette protagonist with the child. Three statements were developed: '*There needs to be some kind of adult support in class for Katie other than the class teacher*', '*Lewis should not be included in the after school cooking club*', and '*Mr F should stick to the small group support for Maria and not attempt the one to one work*'. Respondents indicated their level of agreement (ranging from '*strongly agree*' to '*strongly disagree*') on a five-point rating scale. Disagreement

was seen as indication that participants felt a principal source of support for the child could come from the main protagonist in the vignettes, i.e. that the person's relationship with the child was important. Agreement with the statements was seen as indication that the participant placed the emphasis for support away from the protagonists' relationship with the child. The validity of these assumptions was checked during the pilot.

The next set of vignette-related items asked the likelihood of respondents carrying out twelve different actions, if they imagined themselves as the main vignette protagonists (choosing from '*definitely likely*' to '*definitely not likely*'). All twelve items were generated from pilot/early interviews. Specific actions interviewees had mentioned were grouped into broader items to form the final items. Participants were also asked to rank the five items they felt to be most important.

Other items

The next questions were seen as more taxing for participants and were placed in the middle of the questionnaire. First participants' perceptions about five aspects of their role were elicited: level of responsibility, clarity of role, appropriateness of responsibility, ability to fulfil perceived role, and extent participants feel supported by the rest of their school. Responses were placed on five point rating scales.

Participants were then asked the extent to which they associated different indicators / factors having an impact with wellbeing and mental health, on scales ranging from '*strongly associated*' to '*definitely not associated*'. The 11 indicators were taken from guidelines published for the Targeted Mental Health in Schools Project (DCSF, 2008). The impact question presented 13 factors known to positively affect wellbeing, some of which were also from this document (p. 29). These were combined with information from a summary of risk and resilience factors by Benard (cited in Oswald, Johnson & Howard, 2003). The response options for both of these questions were checked against pilot/early interview responses, which fitted well and did not need to be incorporated as separate items.

The next question asked how regularly participants took certain actions to promote wellbeing (responses were indicated on a scale from '*regularly*' to '*never*'). The actions listed were identical to those for the vignette questions. Following this was a question about how many of the actions participants had previous awareness of (i.e. prior to answering the question) as potentially contributing to children's wellbeing. Responses were placed on a scale from '*all of what I do listed above*' to '*none of what I do listed above*'.

Different versions of the questionnaire were created for teachers and TAs. The role of the protagonist in the vignettes was altered to make it congruent with the respondent's role. The wording of some question items were altered to make them relevant, e.g. 'talk to the main teaching assistant(s) in the class about your concerns' was altered to 'talk to the main teacher in the class about your concerns'.

3. 5. Ethical considerations

Permission for the research to go ahead was granted by the supervisory panel, meaning that it did not need to be considered by the Faculty Research Ethics Committee. The main ethical issues centred on making sure people knew enough to make an informed decision about taking part, and ensuring that participants were given an opportunity to discuss anything of concern afterwards. Please see appendix 5 for the information sheets given to participants (before interview and completion of questionnaire) and consent form.

Given that participants were asked face-to-face questions about their professional practice, beliefs, perceptions and attitudes, there was a small risk that they could feel uncomfortable during or after the interviews. The debriefing phase thus allowed for further discussion about the research and the interview. The researcher's details were provided for interviewees and questionnaire respondents in case further information / discussion was needed.

3. 6. Participants

Parallel samples were used in this study, i.e. different people were in the interview sample and the questionnaire sample. They were drawn from the same population however: all mainstream primary school staff within one London borough working as teachers or TAs. There were two stages to the sampling: selecting the primary schools from which participants would be drawn, and identifying individuals to take part.

3. 6. 1. Interview sample

The interviews were carried out in a relatively homogenous sample of schools based on two main criteria: the percentage of pupils entitled to free school meals; and the percentage of pupils with postcodes that fall within the top 40% of deprived areas in England, according to the Index of Multiple Deprivation.

The final criteria were as follows:

- Between 18% and 30% of pupils must be entitled to free school meals (reflecting borough average).
- Between 81.2% and 99.2 % of pupils must have postcodes that fall within the top 40% of the most deprived areas in England (reflecting borough average).

The schools were selected so that these pupil characteristics, which could theoretically act as confounding variables⁴, could be controlled for. Given the small interview sample (N = 20), creating a representative sample of the borough's schools was not appropriate, so only schools close to the borough average on both measures were approached to take part.

Fourteen mainstream primary schools fit the eligible criteria, and eight agreed to participate. Liaison was with the headteacher or SENCo. It was at their discretion to approach teachers and TAs to be interviewed, with the only

⁴ For example, given that the link between poverty and mental health is well established, adults working in more economically disadvantaged areas could feel a greater sense of responsibility for wellbeing than those working in different circumstances.

criterion being that individuals must not know the researcher in her role as trainee EP in the borough. This reduced the possibility of participants giving more socially acceptable responses, given the sensitivity of the subject matter and the potential to try to avoid any risk to reputation in the eyes of the researcher.

3. 6. 2. Questionnaire sample

A systematic approach was used to recruit the questionnaire sample. A more heterogeneous group of schools was approached to participate, to obtain a sample which was more representative of the whole borough. Mainstream primaries were ranked from lowest to highest in terms of proportion of pupils entitled to free school meals (FSM). The list was divided into three sets of near-equal size: 19.1% or under of pupils eligible for FSM, 19.2% - 25.8% of pupils eligible for FSM, and those in which 25.9% or more had eligibility. Schools in each set were invited to take part and eight schools spanning the three sets agreed. Apart from one, these were different to the schools the interview sample was drawn from.

Five questionnaires (for teachers and TAs) were sent to each school. To ensure that the respondents were not self-selecting, or subject to other forms of bias, they were targeted at particular staff in a systematic way based on year group they worked with (the questionnaires were labelled, e.g. 'for a Y4 teacher'). This method was deemed sufficiently systematic to reduce any potential bias towards a particular type of participant.

3. 6. 3. Details of Participants

Details of the interview sample (N = 20), drawn from ten different schools, is shown in the table below.

Table 2: Interview sample

	<i>Female</i>	<i>Male</i>
Teachers	8	2

TAs	9	1
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Participants' ages ranged from 31 to 58 (average ages at 44 for teachers and 50 for TAs) and people had worked in their schools for between 2 and 20 years. Details of the questionnaire sample (N = 40) is shown in table 3.

Table 3: Questionnaire sample

	<i>Female</i>	<i>Male</i>
Teachers	16	5
TAs	18	1

Ages of questionnaire respondents ranged from 24 to 57, with the average for teachers at 36, and 42 for TAs). For further details about the interview and questionnaire sample see appendix 6.

3. 7. Procedure

The researcher arranged to meet interviewees on school premises, through the main contact person. Participants read an information sheet (see appendix 5) and questions were answered. All participants agreed to proceed and signed the consent form. The interviews were recorded using a digital recorder. Prior to starting a script was read out in which it was stated that there were no right or wrong answers and all information would be helpful. Advice from Kvale (1996) was followed, which emphasises the importance of sound interviewing skills, such as structuring the interview so it is clear, allowing participants time to respond, and attempting to clarify, confirm and modify statements made with the participant. The researcher's skills developed in professional EP practice (e.g. active, empathic listening) transferred well to the interview context.

The interview schedule was worked through in a methodical and standardised way. Deviations were generally welcomed and participants were drawn back to the schedule at an appropriate point. At the end of the interview when the voice recorder was stopped, participants were asked about the experience. Questions and comments were acknowledged, and a contact sheet was given which

contained the researcher's details on (see appendix 5). The interviews lasted between 31 and 59 minutes.

The researcher sent paper copies of the questionnaires to the main contact person at the schools. They were passed on to the staff who the questionnaires were labelled for, who were invited to take part by the main contact person. If they agreed they were given a time frame of a few days or a week to complete. The main contacts provided an envelope for their colleagues to place the completed questionnaires into; it was requested that they emphasised the anonymous nature of the process.

Each questionnaire had an information sheet attached to the front combined with space to give consent. Participants worked their way through the items according to the instructions. The last page contained the researcher's contact details and was for participants to keep. The participant then returned the questionnaire to the contact in the school. A total of 44 questionnaires were completed. Four were excluded as they had not been completed properly.

3. 8. Analysis of data

3. 8. 1. Analysis of interview data

The recordings from the interviews were transcribed and the data was analysed thematically, to identify themes and patterns.

Prior to beginning, several decisions were made. First, adopting different approaches to analysis according to the research question was deemed useful. For research questions 1 and 2, a rich, overall description of all data belonging to these over-arching questions was sought. Data was coded *across* sets of the questions posed in interviews, and organised into themes, rather than identifying the themes that belonged to each question separately. Although early on in the study the main research questions were broken down into sub-questions (and the interview schedule and questionnaires used these sub-areas as a structure) for research questions one and two it was considered more

valuable to search for themes across these areas. As Braun and Clarke (2006) state, such a method:

... might be [particularly useful] when you are investigating an under-researched area, or when you are working with participants whose views on the topic are not known

(p. 83)

A mainly inductive approach was taken, i.e. the themes were generated based on the data itself and pre-identified codes or themes were not generally used to sort the data. However, the fact that the researcher had theoretical knowledge of the areas in question cannot be ignored, as this will have influenced the analysis to some extent.

During the analysis all of the data was coded at a 'semantic' level. The process moved from description of the data to later interpretation, where the significance of the patterns of data and the implications were discussed.

For research question three (based around the vignettes) the data was also analysed thematically but some pre-existing categories were used. For the sub-questions the data was coded for child-focused versus relationship focused explanations, and for responses that focused on the child (no mention of relationship with adult) versus responses that focused on the participant's relationship with the child. Other codes based on the data itself (not pre-determined) were also used and themes identified.

The procedure for analysis began with structural coding (as described by Namey et al., 2008). Three main parts of the transcripts were identified: those that dealt with understanding of emotional wellbeing and mental health, those which focused on role, and those which related to relationships. The next steps were based on Braun and Clarke's (2006, p.87) guide for conducting thematic analysis, consisting of 6 phases:

1. Familiarising yourself with your data
2. Generating initial codes
3. Searching for themes

4. Reviewing themes
5. Defining and naming themes
6. Producing the report

NVivo 8 was used and these steps were followed for all of the transcripts together (teachers' and TAs'). Research question four (whether there are any differences according to the role) was addressed through comparing the data once the main analysis was finished. The query function enabled examination of the relative contributions of both groups to each theme and sub-theme, in terms of the numbers of participants from both groups whose comments were contained under the theme, and the actual content of what was said.

3. 8. 2. Analysis of questionnaire data

Each of the questionnaire questions corresponded to one of the research sub-questions, and all of the data (apart from the demographic and contextual information) was numerical.

The data was coded onto a database (using SPSS 16.0). For each question the five response options on each scale used were coded from one to five, with 'five' tending to denote a strong affirmative position, i.e. 'definitely likely', 'strongly agree', etc. Descriptive statistics were generated for each item (mean and standard deviation) in each question. The data from the rating scales did not meet the assumptions underlying the use of parametric test as it was not normally distributed, and therefore a non-parametric statistical procedure was used (Mann Whitney U test).

Although with non-parametric tests the median is usually to be reported, it was considered appropriate in this research to report the mean ratings and standard deviations for items, as shown in the tables of numerical data in the next section. This allowed tables to be produced with the items presented in order in the table, organised from the item with the highest mean to the lowest. Using the median would not have permitted the data to be shown in this way. Although differences between mean ratings were small, presenting the data this way helped to illustrate how items linked to relational factors tended to have higher means for

some of the questions than other items. Showing the standard deviation also enabled the degree of skew of the data to be highlighted clearly.

For many of the questions on the questionnaire participants were also asked to rank the five items they most strongly associated with the subject in question or were most likely to carry out, for example. This data was also examined, to further explore the relative importance assigned to items. The results were broadly similar to those obtained from the rating task (i.e. the items ranked first, second, third etc also tended to be those with the highest mean ratings overall). Therefore the ranking exercise data will not be presented in the results section for any of the research questions.

Chapter Four - Results

The results for each research question and sub-questions will be presented in turn, with qualitative and quantitative data presented together. Differences between the data gathered from teachers compared to TAs (research question four), will be highlighted within the results for each of the other three research questions. Theoretical considerations linked to all research questions, including how the results fit with existing theory, will be addressed in the discussion chapter.

4. 1. Research question one

Research Question One: What do staff in schools understand about 'emotional wellbeing' and 'mental health'?

Main findings

- The terms 'emotional wellbeing' and 'mental health' were viewed as similar but they had different connotations.
- Staff linked emotional states and displays of emotion closely to the terms, especially anxiety and worry, feeling upset and being tearful. Anger was only seen as equally relevant by questionnaire respondents.
- Peer relationships were viewed as influential and highly linked to wellbeing. Particular interaction styles also acted as key indicators to staff of a state of a child's wellbeing, particularly being withdrawn. Adults' behaviour and interaction style was also viewed as having an impact.
- Family and home life were seen as influential, yet only observable signs of difficulties were talked about as a concern.
- Learning and achieving, with the child's *sense* of how they were performing, were seen as further important factors.

The interview and questionnaire data will now be described in more detail.

4. 1. 1. General Themes from Interviews

For research question one, six over-arching themes with sub-themes were identified from the interview data. These are described, together with quotations to illustrate, with a focus on how each theme and sub-theme contributes to answering the three sub-questions of interest:

- What is meant by the terms 'emotional wellbeing' and 'mental health'?
- What are seen as indicators of poor emotional wellbeing and mental health?
- What factors are seen as having an impact on emotional wellbeing and mental health?

Sub-themes which were clearly significant for participants but not as relevant to the research sub-questions are summarised more briefly. When interview findings were also supported by questionnaire data this will be made clear.

Table 4 displays the six over-arching themes together with sub-themes.

Table 4: Themes for research question one

Theme	Sub-theme
Theme One: Complexity of Constructs	<ul style="list-style-type: none">• Use of terms and connotations• Variable causes and effects• Difficult to articulate
Theme Two: Emotional and Physical States	<ul style="list-style-type: none">• Emotional states and control of emotions• Physical states
Theme Three: Interactions in School	<ul style="list-style-type: none">• Child's interaction style• Peer relationships• Adult behaviour and interaction style
Theme Four: Home and Family	<ul style="list-style-type: none">• Relationships and interactions at home• Family circumstances

Theme Five: Learning and Achieving	<ul style="list-style-type: none"> • Demands of learning provoking concern • Learning affected by wellbeing • School engagement
Theme Six: Changes from the Norm	<ul style="list-style-type: none"> • Change as a cause for concern • Comparisons with others

Theme One: Complexity of Constructs

The terms 'emotional wellbeing' and 'mental health' were viewed as complex. They were seen as difficult to describe and associated with a wide range of causes and effects.

- Use of terms and connotations

All participants were able to offer definitions for the terms and a key finding was that most people considered them to be similar or highly related. The following quotation illustrates this.

It probably is quite similar then [...] I mean yeah, I am immediately thinking of people with mental health issues, but I suppose emotionally they won't, they'll have issues there too, you know, it will kind of go hand-in-hand. If you have mental health issues it will affect you emotionally, emotional issues will affect you mentally, so I think the two would sort of affect the other. I don't think you'd have one perfectly fine and the other...

(female teacher, participant 17)

Despite the similarity, there was an awareness of differences in how the terms are used and their connotations. There was some consensus that 'mental health' was viewed more negatively and people tended to use language associated with illness and disability when speaking about it, as the following quotation shows:

At one end of the spectrum I would think it was people that's got a mental disability, but then you've also got people for whom everyday life can be a stress, and it only takes something to make them unable to cope, so I wouldn't necessarily, I suppose they do have a mental health problem, but I wouldn't look at it in the same way as somebody who has an obvious mental health disability.

(female TA, participant 2)

The term 'emotional wellbeing', on the other hand, tended to provoke comments on children's 'happiness' and 'sense of security', as detailed further under Theme Two.

- Variable causes and effects

Participants referred to how individuals were different, and what would affect one person's emotional wellbeing or mental health would not have the same impact on another. They also mentioned variability in terms of how poor mental health and wellbeing might be expressed (or not), and linked this to how it could then be difficult for others to make judgements. The idea that the constructs lay on a spectrum was recognised by many.

- Difficult to articulate

Nine participants, both TAs and teachers, acknowledged that defining the terms 'emotional wellbeing' and 'mental health' was difficult. A few indicated that it was not something they were used to thinking about, whilst several others implied that they had reflected on the meaning of the terms before and found it challenging.

Theme Two: Emotional and Physical States

Children's emotional and physical states were frequently raised. Emotional states featured in people's definitions and were seen as indicators of concern, which was also supported by questionnaire data.

- Emotional states and control of emotions

Many participants' definitions of 'emotional wellbeing' and 'mental health' referred to vague descriptions of a person's general state of mind or emotions. When specific emotional states were mentioned, 'happiness' was one of the most commonly used constructs (14 people). Interestingly, this was rarely used when talking about mental health and tended to feature when addressing the question about emotional wellbeing.

Feeling a sense of security was also mentioned by eight participants, often as part of their definitions for emotional wellbeing. It was also mainly expressed by teachers (six compared to two TAs).

So if I sort of make myself clearer, emotional wellbeing you could have a situation where you are in a relationship, a secure relationship [...] you've got a secure home life, you've got a secure relationship...

(male teacher, participant 12)

Other emotions such as anxiety and feeling 'upset' were also commonly discussed, and were seen as key indicators for concern. Anger was a less commonly described emotion, although it was mentioned by five teachers. It was also viewed principally as an indicator to staff that something was wrong.

Fourteen participants referred to the importance of the ability of children to control their emotions and cope with the different challenges of everyday life, particularly when they were defining mental health. Being unable to do so was viewed as indicative of poor general wellbeing.

Finally, the powerful effect of witnessing an upset child was noticeable, as participants would often follow their comments by describing what actions they might then take in order to help a child showing distress.

It could be just something's that's upset them at that particular time, or it may be that they're upset over a period of a few hours, and then you ... obviously either of the situations you'd want to find out what the problem is.

(female TA, participant 13)

- Physical states

Alongside emotional states, children's physical state was also seen as part of emotional wellbeing and mental health by nine participants. Level of tiredness, diet and cleanliness were typically mentioned as indicators, but were not generally viewed as factors that would have an impact on wellbeing. It was often stated directly, or indirectly, that a child may not be cared for properly at home, thus implying some sort of neglect on the part of the family.

Theme Three: Interactions in School

Interactions in school was one of the largest and most relevant themes for research question one. Questionnaire data reinforced many of the findings.

- Child's interaction style

Children's style of interacting with peers and adults in school was a key indicator used by staff to judge the state of a child's wellbeing. Concern for quiet, withdrawn children choosing to isolate themselves from others was a common topic. This was sometimes mentioned as something unusual for a particular child, i.e. a change from the norm.

A child who is normally very outgoing, happy, running around and playing with lots of friends, who I suddenly find sitting on a bench, not wanting to join in, becoming very tearful, not wanting to communicate, avoiding eye contact, all those sort of things.

(Female TA, participant 2)

Other less commonly discussed styles of interaction included anti-social behaviour or a general lack of social skills, and being 'needy' i.e. craving the attention of adults. Children's interaction style was mostly viewed as symptomatic of poor wellbeing. It was not elaborated on in terms of being a contributing factor.

- Peer relationships

Peer relationships was a popular topic, seen as being both a good indicator of the state of a child's wellbeing, as well as a factor that could have a direct impact on it. In the interviews most participants put a negative slant on the neutrally phrased question about what they thought impacted upon wellbeing and mental health. They described how lacking friends, being bullied by other children and being involved in conflict would affect a child's wellbeing for the worse.

... and they are made to feel as if they are on the lower level, compared to their peers. That can...that can affect children emotionally [...] when they've got their peers laughing at them, because they put their hand up and they come out with an answer that makes the whole class laugh.

(Female TA, participant 10)

There was a general trend across all interviews towards seeing the children with poor wellbeing as the ones who were the 'victims' of negative peer relationships, with being bullied often mentioned. Very rarely was bullying behaviour or instigating conflict mentioned in terms of being an indicator.

- Adult behaviour and interaction style

Adult behaviour and interaction style was a recurring theme in 14 participants' interviews, and it was mostly talked about in terms of the impact it has on pupils' wellbeing. Some described the negative impact that can result from particular non-sympathetic styles of interacting, mostly centred on learning.

... again you could have teachers, the way they work, the way they do things, it's not common to have teachers telling kids they are stupid or that sort of thing anymore, but teachers have a way of making children feel like that.

(Female teacher, participant 17)

Several other participants drew directly from their own experiences at school and talked about how an adult's behaviour had been a source of great support.

Well, [a family member] had a very bad accident when I was in infant school [...] And the headteacher was fantastic, she was really lovely, and she used to come and meet me at the gate, and walk me in, and give me jobs to do, and really helped me, emotionally. I didn't realise it then [...] Nobody ever shouted at me or told me off, they were just really supportive because they understood what was going on.

(Female TA, participant 2)

Participants who did talk about the subject of adult interaction style with children as exerting a powerful influence did so at length, and tended to illustrate their points with examples drawn from their own practice.

Theme Four: Home and Family

Participants often referred to home and family factors, particularly in terms of negative impact on pupils' wellbeing. Questionnaire data corroborated the finding, most markedly in terms of how relationships and interactions at home can have an impact.

- Relationships and interactions at home

About twice as many teachers (9) talked about the relationships and interactions that children have at home than TAs did (5). Participants mentioned subjects such as abuse, neglect and conflict as factors that can have a negative impact. Knowledge of particular parents and observing how they interact with the child and staff was one example of features of family relationships and interactions acting as an indicator.

... we know our parents well here[...] for some parents who you know, you have a relationship with, you can sort of measure from that perspective, you can see what's going on, in the way they are talking to the child, talking about the child, how they are engaging with you. So I think there are quite a few indicators that are out there.

(Male teacher, participant 12)

Other indicators mentioned were features of a child's relationships which seemed to point to neglect or abuse. When these were brought up many interviewees stated that they would follow child protection procedures. They also frequently referred to the action of monitoring pupils and keeping an eye on them.

- Family circumstances

Family circumstances were mentioned by fifteen participants, and among teachers and TAs to the same extent. They were almost exclusively seen as factors that would have a negative impact on a pupil's wellbeing. Examples of difficult family circumstances included living in poverty, illness in the family, divorce and parents absent through working abroad.

Um...well outside of school, if parents are divorced, if something is going on at home, a big effect, death in the family, yeah, I suppose all that side of things as well, and inside.

(Female TA, participant 11)

Interestingly, unlike relationships and interactions at home family circumstances were rarely talked about as indicators and few actions that staff might take were stated in relation to them. There seemed to be awareness that family situations

affect wellbeing, but knowledge of this did not seem to elicit as much concern for staff as children's displays of emotions or interaction style, e.g.

Theme Five: Learning and Achieving

Learning and achieving was another key theme, with the central idea being that the demands of learning could provoke concern for pupils. This finding was also found in the questionnaire data.

- Demands of learning provoking concern

Participants thought that some pupils were worried about their learning, and thought that this would have an impact on their emotional wellbeing and mental health. Children were thought to be worried by learning mostly when they were not able to keep up with some of the work. For several participants it was the pressure of the final year at primary school when formal assessment takes place.

Sometimes it might be year six, it's just, because we do exams in year six, they start worrying. So that is a school thing.

(Female teacher, participant 1)

Only two participants, both teachers, viewed children struggling with learning as a potential indicator of poor emotional wellbeing and mental health. This was despite there being considerable recognition across the interview sample that learning and achieving were vulnerable to being affected by poor emotional wellbeing and mental health, as will now be seen.

- Learning affected by wellbeing

Nine participants spoke about learning being affected by a child's wellbeing, despite it not directly relating to the sub-questions. It was commonly raised again by participants later on in the interview when they discussed how they made sense of their role in promoting wellbeing.

- School engagement

Engagement to school was a further sub-theme, also raised by nine participants. Not wanting to come to school acting as an indicator was the main way it featured. In general the idea of engagement to school did not feature quite so pervasively across the data set as some of the other sub-themes.

Theme Six: Changes from the Norm

When discussing emotional wellbeing and mental health the notion of things being different to the 'norm' was a recurring theme. The key idea expressed in the theme was that noticing changes in a child would be a big indicator to staff that something was perhaps wrong.

- Change as a cause for concern

Thirteen participants spoke about how seeing unexpected changes in a child could be a cause for concern. Sometimes 'change' was mentioned by itself with no further elaboration, but often the point was raised in relation to seeing differences in children's interaction style or emotional state.

... you can get children that are really aggressive, for no reason at all, when that's out of the ordinary, when prior to that they have been quite passive children, and they've become quite aggressive.

(Female TA, participant 18)

Three participants mentioned change as a factor that in itself could have a negative impact on a child's wellbeing. Such changes mentioned were almost all school-based such as children moving into a new class or having different demands placed on them as they approach transition to secondary school.

- Comparisons with others

Eleven participants made comparisons between children when speaking, highlighting how behaviour in a child different to that of peers would be a concern. On other occasions, some participants discussed the potentially negative impact of a child being aware that staff or peers were drawing unfavourable comparisons between them and others. A few participants

described the negative effect of adults such as teachers not being sensitive to a child's different needs and expecting children to then behave or learn in the same way as their peers.

4. 1. 2. Questionnaire data

The two tables which follow (5 and 6) show the data from the questionnaires that answers two of the sub-questions:

- What are seen as indicators of poor emotional wellbeing and mental health?
- What factors are seen as having an impact on emotional wellbeing and mental health?

For the lists of indicators and factors that have a positive impact on wellbeing respondents rated each item using one of five categories of response. These ranged from 'strongly associated' to 'definitely not associated' and formed a five point scale. Participants' ratings were coded numerically and given a value between one and five depending on the point on the scale which they chose ('strongly associated' corresponded to a 5, 'somewhat associated' a 4, and so on, with 'definitely not associated' assigned a 1). For each item, the ratings across the whole sample were added together and the mean calculated. The same was done with each item for the teacher and TA ratings separately. The following tables show, for each item, the mean scores and standard deviations (displayed in brackets) for all participants' responses, and for teachers' and TAs' separately.

The factors marked with an asterisk (*) in table 5 indicate that significant differences were found between the responses of teachers compared to TAs.

Table 5: Extent to which indicators are associated with poor emotional wellbeing and mental health

Indicators of poor emotional wellbeing and mental health	Whole sample (N = 40)	Teachers (N = 21)	TAs (N = 19)
Seems to get angry easily	4.75 (0.49)	4.76 (0.53)	4.74 (0.45)
Appears sad, tearful or worried	4.70 (0.51)	4.71 (0.56)	4.68 (0.48)
Shows disobedience / hostility towards staff	4.46 (0.68)	4.33 (0.73)	4.61 (0.60)
Involved in conflict with peers	4.43 (0.64)	4.24 (0.70)	4.63 (0.50)
Deliberately seeks out staff a lot (appears 'needy')	4.43 (0.59)	4.33 (0.58)	4.52 (0.61)
Appears not to have physical needs met	4.33 (1.00)	4.33 (1.02)	4.32 (1.00)
Has poor social skills	4.22 (0.82)	4.30 (0.92)	4.12 (0.70)
Appears to lack friends	4.21 (0.77)	4.14 (0.85)	4.28 (0.67)
Unable to concentrate or focus	4.08 (0.77)	3.90 (0.83)	4.28 (0.67)
Tries to avoid school or particular lessons	4.03 (0.82)	4.05 (0.92)	4.00 (0.71)
Seems to avoid adult contact or help	3.84 (0.79)	3.90 (0.91)	3.78 (0.64)

Mean ratings on 1 - 5 scale shown with standard deviations in brackets. Higher values for the means indicate a greater degree of association.

Table 6: Extent to which factors are associated with having a positive impact on emotional wellbeing and mental health

Factors that have a positive impact on emotional wellbeing and mental health	Whole sample (N = 40)	Teachers (N = 21)	TAs (N = 19)
Child having sense of achievement / control / responsibility	4.73 (0.55)	4.71 (0.56)	4.74 (0.56)
Positive relationships with peers in school *	4.70 (0.46)	4.86 (0.36)	4.53 (0.51)
Attending a school with positive policies for behaviour, attitudes and anti-bulling	4.60 (0.59)	4.71 (0.46)	4.47 (0.70)
Child having good communication skills	4.58 (0.55)	4.48 (0.60)	4.68 (0.48)
Lack of conflict in the family	4.55 (0.60)	4.48 (0.60)	4.63 (0.60)
At least one positive relationship with adult in school	4.45 (0.60)	4.52 (0.60)	4.37 (0.60)
Clear, firm and consistent discipline at home	4.40 (0.67)	4.33 (0.73)	4.47 (0.61)
Good housing and standard of living	4.23 (0.89)	4.19 (0.68)	4.26 (1.10)
Child having good thinking skills *	4.16 (0.81)	3.85 (0.93)	4.47 (0.51)
Support for education in family	4.10 (0.84)	4.05 (0.67)	4.16 (1.02)
Attending a school with strong academic / non-academic record	4.10 (0.75)	4.10 (0.70)	4.11 (0.83)
Access to community based leisure activities	3.95 (0.75)	3.95 (0.87)	3.95 (0.62)
Child having a sense of humour	3.77 (0.99)	3.90 (0.995)	3.61 (0.98)

Mean ratings on 1 - 5 scale shown with standard deviations in brackets. Higher values for the means indicate a greater degree of association.

Indicators

Respondents rated most items as strongly or somewhat associated with poor emotional wellbeing and mental health. The low standard deviation figures show

that the spread of responses tended to be concentrated towards the top end of the scale.

Across all participants those items linked to children displaying particular emotional states were viewed as the two strongest indicators (e.g. anger / tearfulness). This fits with the interview data in which emotional states and displays of emotion were the themes most associated with staff becoming concerned about a child's wellbeing. The position of *seems to get angry easily* as the top response is somewhat different to the responses in interviews however, as only a few participants – all teachers – mentioned anger as an indicator.

Items linked to children's interaction style were also rated highly (e.g. *shows disobedience / hostility towards staff, deliberately seeks out staff a lot*), which reflects the interview data in which children's interaction style was one of the most popular indicators mentioned. However the emphasis during the interviews tended to be on children who were withdrawn, quiet and isolate themselves, whereas questionnaire items falling under this description tended to be nearer the bottom of the table. From the questionnaires behaviour involving disobedience or hostility, or seeking staff out a lot were seen as stronger indicators.

There were some minor differences between responses from teachers compared to TAs, however analysis using a Mann Whitney U test revealed no significant differences between participants for any of the items.

Factors having a positive impact

In general, participants associated all items with having a positive impact on children's wellbeing in their ratings. Some of these questionnaire items however, were not raised at all in the interviews: *child having good communication skills* (which was rated comparatively highly on the questionnaires), *having good thinking skills*, *access to leisure activities*, and *a child having a good sense of humour*.

Overall, a child having a *sense of achievement / control / responsibility* was seen as most strongly associated with children's wellbeing. This was also raised in the interviews with the negative effects of lack of learning highlighted.

Positive relationships with peers in school and *attending a school with positive policies* in place were also associated highly, compared to other items. Ideas about how these could have an impact on wellbeing were also expressed in interviews, falling under the sub-themes of *peer relationships* and *adult behaviour and interaction style*.

Positive relationships with peers was one of the items in which statistically significant differences were found between teachers and TAs, according to a Mann Whitney U test. Teachers ($M = 4.86$, $n = 21$) rated these as more strongly associated with exerting a positive influence on wellbeing and mental health than TAs did ($M = 4.53$, $n = 19$), $U = 133$, $z = -2.25$, $p = .02$, $r = .36$. Under criteria by Cohen (1988), the effect size is medium.

Significant differences were also found between responses according to role for the association of *good thinking skills* with positive impact on wellbeing. TAs ($M = 4.47$, $n = 19$), rated these as more strongly associated than teachers did ($M = 3.85$, $n = 20$), $U = 113$, $z = -2.41$, $p = .02$, $r = .39$. The effect size is medium.

A table that draws together and summarises all of the results presented for research question one (qualitative and quantitative) can be found in appendix 7.

4. 2. Research question two

Research Question Two: How do staff perceive their role in promoting emotional wellbeing and mental health?

Main findings

- Participants tended to view their role positively.
- Colleagues played a central part in individuals making sense of their role, helping them to enact it and providing support. Parents were other adults who were noted, mostly by teachers, as involved in their efforts to promote wellbeing.
- In the interviews and questionnaires relationships with children were generally viewed as being of high importance. Differences between TAs and teachers were most striking in this area.
- In interviews participants frequently mentioned the expectations of others and their beliefs about children as part of making sense of their role. Teachers spoke in more detail about expectations.
- Having knowledge and experience was seen as helpful, with lack of knowledge viewed as a main barrier. Teachers' lack of time was the other key barrier raised by all.

4. 2. 1. General Themes from Interviews

Five over-arching themes with sub-themes were identified from the interview data. These will be described, together with quotations to illustrate, with a focus on how each theme and sub-theme contributes to answering the three sub-questions of interest:

- How do staff view their role in general terms?
- What do staff say they do in practice to promote emotional wellbeing and mental health?

- What are the barriers and enabling factors which have an impact on individuals fulfilling their perceived role?

When interview findings were also supported by the data from questionnaires this will be made clear.

Table 7 displays the over-arching themes together with sub-themes.

Table 7: Themes for research question two

Theme	Sub-theme
Theme One: Colleagues / Parents	<ul style="list-style-type: none"> • Co-operation and sharing information • Similarities and differences in practice • Involving parents
Theme Two: Internal / External Drivers	<ul style="list-style-type: none"> • Expectations • Beliefs and natural responses • Time
Theme Three: Relationships with Children	<ul style="list-style-type: none"> • Talking and listening • Getting to know children • Interactions and emotions
Theme Four: Knowledge and Experience	<ul style="list-style-type: none"> • Enhancing role and sense of competency • Lack of knowledge
Theme Five: Formal Systems and Interventions	<ul style="list-style-type: none"> • Whole school systems and interventions • Targeted interventions

Theme One: Colleagues / Parents

Every single participant referred to their colleagues when discussing their role. Perceptions and comments about others' practice helped to illuminate interviewees' own approach, and sometimes formed a rationale for practice, yet most commonly the idea of co-operation with colleagues was raised. Questionnaire data confirmed that colleagues were involved in participants' stated actions.

- Similarities and differences in practice

The majority of participants (12) commented on the similarities to colleagues in how they promoted the wellbeing of pupils. However differences were also mentioned frequently, and it was in this area where the views of teachers and TAs differed markedly.

Whilst three teachers mentioned that they had a different type of relationship with the children compared to other colleagues, either in terms of interaction style (not being as strict), or children responding to others (e.g. learning mentor) in a different way, all but two TAs commented on how the children related to them in a different way compared to teachers. There was large consensus that they were viewed as more approachable and more likely to be available. This availability to children was mentioned as helpful in building up trust, and thus acted as a mechanism whereby children came to relate to TAs differently.

I think that sometimes [we have more of a role] than the teacher because I think the children can relate to us ... aren't that frightened of us. Sometimes they're a bit wary of the teacher and obviously we're the ones that have time to come out of the class and talk to the children rather than the teacher and I think they ... you build up more of a trust between the children so I think they can [...] they do come to trust us ...

(Female TA, participant 20)

Other differences between colleagues were highlighted by teachers and TAs to more or less the same extent. These tended to be centred on having greater focus on emotional wellbeing compared to the general school ethos, which some claimed was more focused on the academic.

I am probably more into the whole child emotional wellbeing, I tend to have a maverick view about academic achievement anyway [...] the onus is on how well can the school achieve [...] I would want a well-rounded child... Seen too many high achievers who have got no soul, basically. But it is trying to draw a happy medium. Personally, myself, I'd probably go for the wellbeing I think.

(Male teacher, participant 12)

- Co-operation and sharing information

Working with others was one of the largest types of actions undertaken to promote emotional wellbeing discussed by participants. Frequently mentioned activities were approaching colleagues for advice, or obtaining / sharing

information about individual children. Teachers, learning mentors and SENCo's were the type of colleagues referred to most often. Only two participants (one teacher and one TA) mentioned co-operating with TAs.

And also it's your job, if you do notice it, you think a child is upset or unhappy and you think there's an underlying cause, to speak to the SENCo's what I usually do, and see what the next step will be, if there's something we can do.

(Female teacher, participant 16)

Colleagues were also viewed as a separate source of support for children within the school. This was sometimes simply because they were working with the same general aims as the participant, but on other occasions, particularly in the case of those from outside agencies, it was in terms of fulfilling a different, more specialised role for pupils. In these cases, a principal activity raised by interviewees was referring children on.

And obviously the learning mentors play a huge part in exactly children's emotional wellbeing, and their mental health. We do refer people to a primary mental health worker now, who has come in and worked with quite a few of our families and children. So yeah, I think we try to, you know, we try to involve other agencies if we think they are going to be better equipped to deal with people.

(Female teacher, participant 3)

Working with colleagues was viewed as extremely important in helping participants to fulfil their role.

- Role of parents

Involving parents was seen as an important activity in promoting emotional wellbeing and mental health, and twice as many teachers (8) talked about this than TAs (4). Teachers most commonly referred to discussing concerns with parents, but some expressed the belief that forming a relationship with the family in the eyes of the child was beneficial.

Theme Two: Internal /External Drivers

All participants referred explicitly or implicitly to factors that helped them make sense of their role. These were external or 'within' the individual, e.g. beliefs and personal philosophies.

- Expectations

What was 'expected' of participants in their role as teachers or TAs was mentioned by sixteen interviewees. Teachers, however, spoke in more detail about these expectations, for instance the way they made sense of their role through their specific professional role and related duties. The school ethos was also raised by six teachers as a driving force in how they interpreted their role.

The ethos of senior management, absolutely fundamental.[...] Obviously consistency in class, very important [...] it's not just about the teachers, it's about the caretaker, it's about the middays, it's about the school secretary, everyone, absolutely.

(Female teacher, participant 14)

In addition, four teachers mentioned expectations related to judgements about the school from outside, i.e. by Ofsted. Not one TA referred to this. The content of these comments was principally that the school ethos was geared more towards academic achievement due to pressures from inspectors, and that had an influence on their role.

- Beliefs and natural responses

It was clear that participants' interpretation of their role was also driven by factors beyond the agendas of others. 18 participants discussed the way their actions in school to promote wellbeing were driven either by a natural and non self-conscious inclination to behave in a particular way, or by specific beliefs they held about the needs of children and what they responded well to.

I wouldn't say it's like in your job description as a clear you must do this, but it's part of the whole wellbeing of the children [...] You just, I don't think it's a teacher thing, I think if you spend that much time with children and you notice things, it's just a human thing.

(Male teacher, participant 6)

A commonly-held belief was that wellbeing was just as important as academic development. Teachers and TAs referred to the 'whole child' and their belief that their role extended beyond that of educator.

- Time

'Time' was a recurring theme, referred to by 16 participants. It was perceived as both an enabling factor as well as a barrier to individuals (particularly teachers) acting to promote wellbeing. Both teachers and TAs spoke about teachers lacking time. Nearly half of all teachers mentioned the demands on them to get through the curriculum.

Um, I think if you're in a situation, there's only so much as a class teacher than you can deal with at the same time as trying to teach children academically ...

(Female teacher, participant 14)

Several TAs focused on this too, i.e. how teachers did not have the time to devote to children for talking and getting to know them. Four TAs seemed to conceive of their own role in relation to this, e.g. stepping in when teachers did not have time to do so.

Because I think [teachers] are under stress, they are under targets, you know, the way it is now. I mean when I first started things were spontaneous [...] a child might say something, and they might talk about something, and swing the lesson around, well now that doesn't happen, and that is also a big thing, children don't have time to talk in class [...] teachers can't do that now [...] So I do that, I talk about lots of things with them...

(Female TA, participant 11)

Theme Three: Relationships with Children

All 20 interviewees raised the topic of relationships with pupils as important for promoting wellbeing. The questionnaire data confirmed the importance of the topic.

- Talking and listening

Allowing children to talk was seen by all staff as one of the main ways that children's wellbeing could be enhanced. Although it was obviously implicated in other activities, such as getting to know children, it was mostly discussed directly in terms of responding when children brought a problem to a member of staff or were obviously upset. In terms of the purpose of talking, TAs in particular viewed exploring feelings and problems with children as a key activity.

A week or two ago I went into a class, they had a new teacher, and I must have gone out with four different children who were crying and had some sort of problem. [...] The teacher was saying can you just take [one child] out and find out what's happened? And I was thinking gosh, you know, I feel like a social worker.

(Female TA, participant 18)

Teachers tended to mention 'talking with children' in more vague terms or with reference to formal systems / activities in place to allow children the time to talk:

If children have got a problem in school they've got a talk time box, as well, where they can just book an appointment, and then they can go and speak to the learning mentor, but no-one else is to know about it, which is quite good.

(Male teacher, participant 6)

As well as talking, listening to children was also raised as an activity, particularly by TAs (two thirds of them compared to just two teachers). Overall, however, when the topic of 'talk' was directly raised, the emphasis was normally simply on giving children the opportunities to do so, and was not generally accompanied by the idea of listening, or by details of the kinds of responses that a child might then receive.

- Getting to know children

Within the sub-theme of getting to know children, the subject of actively building relationships with pupils was raised by nine participants. Two thirds of these were TAs.

... talking about the things that he likes, like Tottenham and ... not only learning in between learning we'd be talking about what he did at the weekend, like building up a trust sort of thing and not being stern all the time, you know. Showing that we are interested in them as well...

(Female TA, participant 20)

Becoming familiar with the child, through time spent talking about their lives outside of school for example, was seen as an effective way to develop trust and to help the child feel that the adult was approachable.

Also encompassed within 'getting to know children' was the idea of monitoring their wellbeing and making sure that needs were met. Half of all TAs described 'keeping an eye' on children they perceived as vulnerable. Whilst several teachers did also talk about this, it was not as prevalent across the teacher

sample.

- Interactions and feelings

Talk centred on interacting with pupils in particular ways and working to foster certain feelings formed this sub-theme. Across both participant groups all but a few spoke about taking specific relational approaches to promote wellbeing. These were: being firm and fair, providing encouragement, fostering feelings of safety and trust, and challenging children's negative perceptions. In general more TAs raised these points than teachers.

But I think, as well, children know you have to deal with them there and then, even if it's just an arm around the shoulders, they need to be comforted, because they need to be made to feel safe somewhere, and that somebody does care, because a lot of them don't get that, surprising enough.

(Female TA, participant 10)

Theme Four: Knowledge and Experience

This theme arose when interviewees discussed what helped or hindered their role. It was raised by all but two participants. There were no notable differences between teachers' and TAs' perspectives.

- Enhancing role and sense of competency

Participants spoke about how experience helped them to feel confident in what they were doing to promote emotional wellbeing and mental health.

I think it's just years and years of experience, being in this school in particular, and having to deal with problems over and over again, and sometimes coming up against the same things, so it's probably experience really, and most of my working life I've been working with children anyway [...] So I think it's probably getting old, and being experienced.

(Female TA, participant 17)

For several participants, specific training received on emotional wellbeing helped them to feel competent, and they referred to it to support other points they were making.

... sometimes I recognise, because of my additional training, that you cannot have educational attainment optimally if you are unhappy, and if you've got all the other issues in your life...

(Male teacher, participant 8)

- Lack of knowledge

Many participants (12 in total), however, spoke about their perceived lack of knowledge, which they tended to frame in terms of not having sufficient training.

You know, just knowing, yeah, just more training really, because sometimes you feel a little bit...you are not often sure what to do, and apart from going and asking people...

(Female TA, participant 18)

Theme Five: Formal Systems and Interventions

In terms of actions taken to promote wellbeing, 16 interviewees referred to formal systems and interventions in school. This theme tended to be dominated by teachers' comments (from 10 teachers compared to 6 interviewees).

- Whole school interventions

Interventions aimed at every child in the school were mentioned more than provision accessed by certain children only. These took the form of circle time, PSHE lessons, specific systems for promoting pro-social behaviour, reward systems, special assemblies to celebrate achievements, conflict resolution systems, and awareness raising on issues such as drugs from outside organisations. These were often spoken about proudly by participants.

- Targeted interventions

In addition nine participants mentioned specific interventions that existed in their school which targeted individual children or groups of children who were of concern. Nearly twice as many teachers spoke about these as TAs. These kinds of interventions were often run by staff in school and took place in small groups or individual sessions (e.g. individual sessions with learning mentors, or social skills groups run by TAs). Such targeted interventions were also carried out by staff from outside agencies.

4. 2. 2. Questionnaire data

The questionnaire addresses two of the sub-questions of interest for research question two:

- How do staff view their role in general terms?
- What do staff say they do in practice to promote emotional wellbeing and mental health?

The questionnaire items related to research question two consisted of questions about general perceptions of role, a question on how regularly participants carry out particular activities to promote emotional wellbeing and mental health, and one item on how much prior awareness they had of these actions having a positive effect on wellbeing.

• General perceptions of role

Participants were presented with a series of five statements about their role and asked to rate their position on a scale ranging from one to five for each one.

The five statements were related to:

- perceived degree of responsibility, ranging from 'free from responsibility' (1) to 'greatly responsible' (5).
- perceived clarity of role: 'completely unclear' (1), 'completely clear' (5).
- perceived appropriateness of responsibility: 'completely inappropriate' (1), 'completely appropriate' (5).
- perceived ability to fulfil their role: 'completely unable' (1), 'completely able' (5).
- perceived extent to which their own practice is supported by the rest of the school (e.g. systems in place, colleague's attitudes): 'completely unsupported' (1), 'completely supported' (5).

Table 8 shows the mean scores (with standard deviations displayed in brackets) for all participants' responses for each statement, along with mean scores and standard deviations for teachers and TAs separately.

Table 8: Participants' ratings of aspects of role

Perceptions regarding role to promote emotional wellbeing and mental health	Whole sample (N = 40)	Teachers (N = 21)	TAs (N = 19)
Level of responsibility	4.74 (0.44)	4.81 (0.40)	4.67 (0.49)
Clarity of role	4.20 (0.65)	4.29 (0.56)	4.12 (0.74)
Ability to fulfil perceived role	4.18 (0.45)	4.14 (0.36)	4.21 (0.54)
Extent participant feels supported by rest of school	4.10 (0.96)	4.24 (0.70)	3.95 (1.18)
Appropriateness of responsibility	3.80 (1.16)	3.95 (1.24)	3.63 (1.07)

Mean ratings on 1 - 5 scale shown with standard deviations in brackets.

The results indicate generally positive perceptions amongst staff with regards to their role. For instance there is a moderate to high level of *clarity of role* and *ability to fulfil perceived role*. In addition, participants indicate that overall they *feel supported by what happens in the rest of the school*. The *level of responsibility* participants feel is particularly high, with most people feeling 'greatly responsible' for taking a role in promoting emotional wellbeing and mental health. The item which participants rated with less certainty was *appropriateness of responsibility*, with many responses falling between 'somewhat appropriate' and 'neither appropriate nor inappropriate'.

The largest discrepancies between TAs and teachers were for the items *appropriateness of responsibility* and *extent to which participants feels supported by the rest of the school*. However, no significant differences were found between the responses of one group compared to the other.

• Actions taken to promote emotional wellbeing and mental health

Participants were asked to rate how often they carried out particular activities which may promote children's emotional wellbeing and mental health.

Responses were placed on a 5 point scale ranging from 'never' (1) to 'regularly' (5). Participants' responses were collated and table 9 shows the results for each

action (mean and standard deviation), first for the whole sample and then broken down by role. The action marked with an asterisk (*) indicates that there were significant differences found between the responses of teachers compared to TAs.

Table 9: Participants' stated frequency of actions

Actions	Whole sample (N = 40)	Teachers (N = 21)	TAs (N = 19)
Take the time to listen to individual children	4.95 (0.23)	5.00 (0.00)	4.88 (0.33)
Boost children's confidence and self-esteem	4.93 (0.27)	5.00 (0.00)	4.84 (0.38)
Get to know children, showing an ongoing interest	4.87 (0.41)	4.90 (0.30)	4.82 (0.53)
Talk to class teachers / TAs about your concerns	4.87 (0.34)	4.86 (0.46)	4.89 (0.32)
Encourage children to talk about issues to you	4.82 (0.39)	4.86 (0.50)	4.78 (0.43)
Focus on responding to children in a particular way	4.80 (0.61)	4.89 (0.32)	4.64 (0.92)
Teach children specific skills to promote their wellbeing	4.43 (0.73)	4.52 (0.60)	4.31 (0.87)
Seek to understand individuals or particular situations better through private reflection	4.32 (0.78)	4.48 (0.68)	4.12 (0.86)
Seek help from colleagues in school	4.28 (0.91)	4.24 (0.83)	4.32 (1.00)
Give children structured opportunities in class to discuss topics linked to emotional wellbeing	4.21 (0.86)	4.38 (0.67)	4.00 (1.03)
Make contact with parents to discuss issues of concern *	4.00 (1.40)	4.71 (0.56)	3.12 (1.62)
Seek to understand individuals or particular situations better through reading relevant materials	3.39 (0.79)	3.38 (0.87)	3.41 (0.71)
Seek help from other agencies	3.32 (1.23)	3.52 (1.03)	3.06 (1.44)

Mean ratings on 1 - 5 scale shown with standard deviations in brackets. Higher values for the means indicate greater stated frequency of carrying out the actions.

In general, participants stated that they carried out most actions either 'regularly' or 'sometimes'. Four of the top five actions that participants said they

carried out most often were linked to relationships with children, such as *listening to individual children, encouraging children to talk, getting to know children and boosting their confidence and self-esteem*. Involving colleagues was also a popular item, with *talking to class teachers / TAs about concerns* something that staff stated they did very regularly.

Differences between responses from teachers and school staff are apparent for some of the items, with *making contact with parents* rated differently according to role, at a level of statistical significance. A Mann Whitney U test revealed that teachers ($M = 4.71$, $n = 21$), were more likely to rate themselves as carrying this out regularly than TAs ($M = 3.12$, $n = 17$), $U = 68$, $z = -3.54$, $p = .00$, $r = .57$. (large effect size).

The final question on role asked for how many of the actions participants had just considered (in relation to the previous question) they had a prior awareness that the action may act to promote children's emotional wellbeing and mental health. Responses were placed on a scale ranging from 'none of what I do' (1) to 'all of what I do' (5). In general participants said that they had a good awareness that what they do in practice may promote wellbeing, with the range of responses falling between 3 and 5 ('some of what I do' and 'all of what I do'). The mean overall score for all participants was 4.22 (s.d. = 0.681), indicating that people were generally aware of most of what they do in terms of acting to promote emotional wellbeing and mental health. There was a slight difference between the responses of teachers compared to TAs, with a mean score of 4.10 for teachers (s.d. = 0.553) and a mean score of 4.38 for TAs (s.d. = 0.806), however this difference did not reach statistical significance.

Appendix 8 contains a table which draws together and summarises all data presented for research question two, qualitative and quantitative.

4.3. Research question three

Research Question Three: What do staff understand about relationships with pupils in school as linked to emotional wellbeing and mental health?

Main findings

- When presented with vignettes the most frequent types of comments in interviews were child focused. The adult's relationship with the child was mentioned by some but this varied according to vignette.
- Actions proposed in relation to each vignette were typically focused on the child, not accompanied by comments about the relationship. However, many participants did mention focusing on relational factors. In the interviews there were differences according to vignette, with vignette two prompting the least focus on actions involving the relationship. Relational approaches were given more status on the questionnaires, with three of the top five actions across all vignettes linked heavily to these.

4. 3. 1. Interview data

Towards the end of the interviews participants were presented with three fictional vignettes. They were then asked for their views in order to answer the following three sub-questions:

- When relationships are implicated in the concerns about a particular pupil's emotional wellbeing and mental health how do school staff make sense of the situation?
- When relationships are implicated in the concerns about a particular pupil's emotional wellbeing and mental health how do they say they would respond?
- What else do staff say about relationships in general?

Interview data from research question three will be displayed mainly in tabular form, with figures to show how many participants raised particular themes relating to the first two sub-questions. When interview findings were also supported by the data from questionnaires this will be made clear.

Making sense of the vignettes: relational factors versus other types of descriptions / explanations

Table 10 below shows the main type of themes raised for each vignette when participants were asked what they thought might be happening in the scenario. The columns for each vignette show the number of participants (out of all 20 interviewed) whose comments fell under the different themes.

Table 10: Themes for participants' understanding of vignettes

Themes	V1: Katie	V2: Lewis	V3: Maria	Common types of comments
Child-focused comments	13	13	12	<ul style="list-style-type: none"> • Child has 'issue' or 'lacks' something e.g. self-esteem • Questioning why child 'has' the problem
Relationship focused comments	11	3	6	<ul style="list-style-type: none"> • Child is strongly attached to adult • Adult's irritation may be affecting child • The relationship does not make child feel comfortable
Emotional experience of adult in scenario	5	6	0	<ul style="list-style-type: none"> • Participants identifying with concern • Participants acknowledging protagonist's difficulty
Family as a causal factor	3	3	3	<ul style="list-style-type: none"> • There may be something happening in the family

The most common type of comments were explanations or descriptions of the problem which were focused on the child. The child was felt to be lacking or needing something, or was described as being 'anxious', 'attention-seeking', or 'embarrassed by low attainment' for example.

Well she's got, obviously got emotional issues if she's seeking a teacher's support all the time.

(Female TA, participant 13)

However, across all three vignettes participants also offered explanations for or descriptions of the scenarios, which centred on the relationship between the adult protagonist and the child. For vignette one just over half of all participants mentioned these. Sometimes these comments were very general (that the child is attached to the adult, for example), but others raised the nature of the relationship specifically e.g. alluding to the possibility that the child may not feel secure in the relationship.

... again it's when she gets stuck on something, she doesn't have the confidence, or that relationship with the teacher, to actually ask, and it's almost getting her past that feeling embarrassed or whatever, and just saying I need help.

(Female teacher, participant 17)

For vignettes two and three although the relationship described in the scenario was still acknowledged by some, far fewer participants raised it as a topic. Explanations were still focused heavily on the child, with little or no mention of their interactions with the adult.

The other main themes encompassed comments identifying with the protagonist and remarks made about the possibility of something happening in the family affecting the child's behaviour.

Differences in teachers' responses compared to TAs' were ascertained by examining the number of participants from each group making comments related to each theme. There was only one difference for this sub-question: with vignette one (Katie), teachers spoke more about the relationship between the child and the adults being a possible explanation for the situation (eight teachers compared to three TAs).

• How participants say they would respond to the situation: relational approaches versus other approaches

Table 11 shows the main themes identified based on the type of actions mentioned when participants were asked what they would do if they were the adult protagonist in each vignette. The number of participants who raised actions of each type is shown in the columns. Examples of types of actions

which were raised across all vignettes are also displayed. Extra data is shown on row two of the themes, ('focus on the relationship with child'). The numbers shown in brackets represents the number of participants who said that they would focus on building their relationship with the child as a key intervention.

Table 11: Themes for participants' proposed actions

Themes	V1: Katie	V2: Lewis	V3: Maria	Examples common to all vignettes
Focus on child (no mention of relationship with adult)	12	18	14	<ul style="list-style-type: none"> • Aim to raise confidence / self-esteem • Encourage child to change behaviour • Reward target behaviour
Focus on relationship with child	14 (7)	8 (2)	13 (6)	<ul style="list-style-type: none"> • Aim to build a relationship with the child • Talk to child and get to know him or her
Involve parents	7	4	3	<ul style="list-style-type: none"> • Ask parents to come in for a discussion
Involve colleagues	9	7	5	<ul style="list-style-type: none"> • Speak to other colleagues • Refer child to other professionals
Focus on learning	3	8	6	<ul style="list-style-type: none"> • Make sure class work at suitable level
Focus on adults in scenario	4	1	3	<ul style="list-style-type: none"> • Work as a team / communicate with other adults in class about responses to child
Focus on peers	6	1	4	<ul style="list-style-type: none"> • Encourage the child to interact / develop relationships with peers

Of interest are the first two themes (the most commonly discussed). The first, 'focus on child (no mention of relationship with adult)' captures comments which describe approaches centred on supporting the child or changing the child's behaviour. Although these approaches involve interactions between the child and the adult (and therefore relational elements), the crucial factor is that in these cases *the participant made no accompanying comments about the actions being carried out through their relationship with the child, or the actions forming a key part of building the relationship*. The majority of participants

across all vignettes mentioned these types of actions in isolation. The quotations below illustrate comments of this type. The first is from a TA who would try to improve Lewis' behaviour through ignoring it when it was inappropriate:

... some children I've found that if they are behaving like that it's to get attention. So if it's a group you are with just focus on the rest of the group, and ignore that child, because that could sometimes have the effect of – oh well, they are ignoring me, so I might as well join in.

(TA, participant 5)

The next quotation is from a teacher who talks about giving Maria a sense of success through small achievable targets.

She very much is an independent child [...] it has to be, you know, maybe some quite small steps, but once she's started to get that feeling of success that, you know, then she could hopefully concentrate for longer periods, and be more cooperative.

(Female teacher, participant 3)

The second theme 'focus on relationship with child' encompasses all comments which directly mentioned either building a relationship with the child as a key intervention (the number of participants who spoke about this are shown in brackets), or carrying out other tasks (such as talking to the child about the problem or encouraging them to alter their behaviour) *through the relationship with the adult*. The following quotation is a comment of this type:

... the teacher would make sure that they are regularly working with Katie [...] and start to try to really get to know her more and build up, you have to, gradually, it's not going to happen overnight, but gradually build up that relationship and trust so she is more secure and happier. But still with encouraging the independence, maybe being there with her but encouraging her to be independent alongside you.

(Female teacher, participant 9)

Of note is the fact that fewer participant (less than half) said they would focus on the relationship with the child for vignette two.

Differences in response according to participant role centred on vignettes two and three only. With vignette two (Lewis), teachers spoke more about getting help from their colleagues than TAs did (six teachers compared to one TA). Teachers spoke most about arranging for outside professionals to help. With vignette three (Maria), a small difference found was that three TAs mentioned taking a relationship-focused approach in which they would concentrate on

regulating the level of contact that Maria had with them, e.g. starting off by working with her for short periods, approaching her casually and for a short time only to look at work. No teachers mentioned this style of intervening.

The questionnaire data about the likelihood of taking particular actions for each vignette confirms the main finding from the interviews: approaches involving a focus on the child, either alone or embedded with a broader focus on the adult-pupil relationship were the most popular for both teachers and TAs. This data will now be examined in more detail.

4. 3. 2. Questionnaire data

The questionnaire addressed only one of the sub-questions for research question three:

- When relationships are implicated in the concerns about a particular pupil's emotional wellbeing and mental health how do they say they would respond?

For each vignette participants were first asked to what extent they agreed with a statement about the best course of action to take in relation to the dilemmas in each scenario. The statements were:

“There needs to be some kind of adult support in class for Katie other than the class teacher.”

“Lewis should not be included in the after school cooking club.”

“Mr F should stick to the small group support for Maria and not attempt the one to one work.”

Each of the statements advocated courses of action which would lead to *less* overall (or one to one) contact between the main adult protagonist of the vignette and the child. Responses were converted onto a scale ranging from 1 - 5, with 1 indicating agreement with the actions and 5 indicating disagreement with such an action. Therefore, for each vignette, a higher score indicated that

the participant was in favour of the alternative course of action, which would involve greater contact with the child.

Participants' responses were collated and table 12 shows the results for each vignette (mean and standard deviation), first for the whole sample and then broken down by role.

Table 12: Participants' level of agreement with vignette statements

Level of agreement with statement that there should be increased contact between adult and child	Whole sample (N = 40)	Teachers N = 21)	TAs (N = 19)
Vignette One: Katie	2.89 (1.05)	2.89 (1.10)	2.89 (1.02)
Vignette Two: Lewis	4.30 (0.72)	4.43 (0.87)	4.16 (0.50)
Vignette Three: Maria	4.15 (0.75)	4.30 (0.57)	4.00 (0.88)

Mean ratings on 1 - 5 scale shown with standard deviations in brackets. Higher values for the means indicate greater degree of agreement with the statement

The results indicate that participants were more likely to advocate an action leading to increased contact with the child in the case of Lewis (vignette two) and Maria (vignette three). For the first vignette, participants were more likely to hold an uncertain viewpoint, with more respondents choosing to agree with the action which would lead to less contact for the protagonist with the child (Katie). In terms of participants' role, although there are some differences in the general trend of the results, (TAs seem marginally less likely than teachers to agree with actions which lead to more contact with the child in vignettes two and three), there were no statistically significant differences between the views of teachers and TAs.

Participants also rated how likely they were to carry out certain actions if they were the main protagonist in each vignette. Their responses were placed on a scale from 1 to 5, with 5 indicating 'definitely', and 1 indicating 'definitely not'.

The tables below (13, 14 and 15) shows the mean score for all participants' responses (standard deviations in brackets) for each action, along with mean

scores and standard deviations for teachers and TAs separately. The actions marked with an asterisk (*) indicate that there were significant differences found between the responses of teachers compared to TAs.

Vignette One

Table 13: Participants' stated likelihood of carrying out actions for vignette one

Actions	Whole sample (N = 40)	Teachers (N = 21)	TAs (N = 19)
Talk to the main teacher / TA in the class about your concerns	4.89 (0.31)	4.90 (0.30)	4.89 (0.33)
Encourage Katie to talk to you about any issues she finds difficult	4.83 (0.39)	4.76 (0.44)	4.89 (0.32)
Boost Katie's self-esteem and confidence	4.82 (0.39)	4.71 (0.46)	4.94 (0.24)
Focus on taking the time to listen to Katie	4.78 (0.41)	4.68 (0.48)	4.89 (0.32)
Get to know Katie better, showing an ongoing interest	4.45 (0.72)	4.38 (0.74)	4.53 (0.72)
Seek help from colleagues in school	4.11 (0.83)	4.14 (0.66)	4.06 (1.03)
Seek to understand Katie or the situation better through private reflection	4.03 (0.83)	4.00 (0.86)	4.06 (0.83)
Focus on responding to Katie in a particular way	3.94 (1.12)	3.89 (1.10)	4.00 (1.17)
Arrange to speak to Katie's parents *	3.60 (1.26)	4.05 (0.81)	3.12 (1.49)
Plan discussion work with the class	3.50 (1.06)	3.67 (0.86)	3.29 (1.26)
Teach the class specific skills *	3.50 (1.20)	3.90 (0.10)	3.00 (1.28)
Seek to understand children like Katie or the situation better through reading relevant material	3.37 (0.88)	3.20 (0.83)	3.56 (0.92)
Seek help from other agencies	3.37 (1.00)	3.52 (0.87)	3.18 (1.13)

Mean ratings on 1 - 5 scale shown with standard deviations in brackets. Higher values for the means indicate greater stated frequency of carrying out the actions.

Vignette Two

Table 14: Participant' stated likelihood of carrying out actions for vignette two

Actions	Whole sample (N = 40)	Teachers (N = 21)	TAs (N = 19)
Boost Lewis' self-esteem and confidence	4.79 (0.57)	4.67 (0.73)	4.94 (0.24)
Encourage Lewis to talk to you about any issues he finds difficult *	4.74 (0.44)	4.60 (0.50)	4.89 (0.32)
Talk to the main teacher / TA in the class about your concerns *	4.62 (0.67)	4.29 (0.78)	5.00 (0.00)
Focus on taking the time to listen to Lewis	4.61 (0.49)	4.48 (0.51)	4.78 (0.43)
Get to know Lewis better, showing an ongoing interest	4.59 (0.64)	4.42 (0.75)	4.78 (0.43)
Seek help from colleagues in school	4.33 (0.83)	4.29 (0.71)	4.36 (0.96)
Focus on responding to Lewis in a particular way	4.28 (0.94)	4.37 (0.96)	4.18 (0.95)
Seek to understand Lewis or the situation better through private reflection	3.89 (0.95)	3.95 (0.83)	3.83 (1.10)
Arrange to speak to Lewis' parents *	3.88 (1.24)	4.38 (0.74)	3.32 (1.46)
Seek help from other agencies	3.79 (1.15)	3.90 (0.94)	3.67 (1.37)
Teach the class specific skills	3.71 (1.11)	3.75 (0.97)	3.67 (1.28)
Seek to understand children like Lewis or the situation better through reading relevant material	3.66 (0.85)	3.50 (0.95)	3.83 (0.71)
Plan discussion work with the class	3.35 (1.11)	3.45 (0.95)	3.24 (1.30)

Mean ratings on 1 - 5 scale shown with standard deviations in brackets. Higher values for the means indicate greater stated frequency of carrying out the actions

Vignette Three

Table 15: Participant' stated likelihood of carrying out actions for vignette three

Actions	Whole sample (N = 40)	Teachers (N = 21)	TAs (N = 19)
Talk to the main teacher / TA in the class about your concerns *	4.85 (0.42)	4.71 (0.56)	5.00 (0.00)
Boost Maria' self-esteem and confidence *	4.83 (0.45)	4.67 (0.58)	5.00 (0.00)
Encourage Maria to talk to you about any issues she finds difficult	4.82 (0.45)	4.81 (0.51)	4.83 (0.38)
Focus on taking the time to listen to Maria	4.68 (0.57)	4.55 (0.69)	4.83 (0.38)
Get to know Maria better, showing an ongoing interest *	4.58 (0.72)	4.33 (0.86)	4.88 (0.33)
Focus on responding to Maria in a particular way	4.32 (0.87)	4.33 (0.86)	4.29 (0.92)
Seek help from colleagues in school	4.28 (0.76)	4.10 (0.77)	4.50 (0.71)
Seek to understand Maria or the situation better through private reflection	3.89 (0.83)	3.90 (0.91)	3.89 (0.76)
Arrange to speak to Maria's parents *	3.51 (1.25)	4.00 (0.89)	2.94 (1.39)
Seek to understand children like Maria or the situation better through reading relevant material *	3.46 (1.00)	3.10 (1.04)	3.89 (0.76)
Teach the class specific skills	3.29 (1.25)	3.42 (0.93)	3.12 (1.58)
Plan discussion work with the class	3.26 (1.35)	3.33 (1.20)	3.18 (1.55)
Seek help from other agencies	3.16 (1.13)	3.24 (0.89)	3.06 (1.39)

Mean ratings on 1 - 5 scale shown with standard deviations in brackets. Higher values for the means indicate greater stated frequency of carrying out the actions.

Vignette One

In general, participants thought that they would be likely to, or would definitely carry out all of the actions. The most popular actions were to *talk to the other adult in class* and *encourage the child to talk*. Actions linked to the participants' relationship with the child were generally thought of as more likely to occur than other items (e.g. *focus on taking the time to listen to Katie* and *get to know Katie better*). Statistically significant differences were found between the responses of TAs and teachers for two actions:

- Teachers were significantly more likely to say they would speak to Katie's parents than TAs. A Mann Whitney-U test found that teachers' responses ($M = 4.05$, $n = 21$) were different to TAs' ($M = 3.12$, $n = 19$), at a level of statistical significance $U = 128$, $z = -1.99$, $p = .05$, $r = .31$ (medium effect size).
- Teachers were more likely to say they would teach the class specific skills, with differences between teachers ($M = 3.90$, $n = 21$) and TAs ($M = 3.00$, $n = 17$) found at a statistically significant level, $U = 106$, $z = -2.195$, $p = .03$, $r = .36$ (medium effect size).

Vignette Two

Again, participants stated that in relation to most actions they would either definitely or be likely to carry them out. Boosting the child's self esteem and confidence was viewed as most likely overall, with actions linked to the relationship with the child (e.g. *encouraging child to talk*, *listening to child*, *getting to know the child*) more popular than other actions. There were three areas where teachers and TA's responses differed at a level of statistical significance:

- Teachers were more likely to say they would speak to Lewis' parents than TAs, with a Mann-Whitney U test revealing significant differences between the responses of both groups (teachers: $M = 4.38$, $n = 21$; TAs: $M = 3.32$, $n = 19$), $U = 117$, $z = -2.35$, $p = .02$, $r = .37$ (medium effect size).
- TAs said they would be more likely to talk to the main other adult in the class, with a significant difference found between their responses ($M = 5.00$, $n = 18$)

and those of teachers ($M = 4.29$, $n = 21$), $U = 90$, $z = -3.53$, $p = .00$, $r = .57$ (large effect size).

- Responses of TAs ($M = 4.89$, $n = 19$) rated encouraging Lewis to talk as a more likely action than teachers ($M = 4.60$, $n = 20$), $U = 134$, $z = -2.08$, $p = .04$, $r = .33$ (medium effect size).

Vignette Three

Participants stated generally that they were likely to or would definitely carry out most actions. Again, actions linked to the relationship with the adult were most popular in terms of participants being more likely to say they would carry them out (e.g. encouraging the child to talk and getting to know her). Speaking to the main other adult in the class was the most popular action overall.

There were differences between the responses of TAs and teachers however, and using a Mann-Whitney U test, significant differences were found in the following five ways:

- Teachers stated more often that they would be likely to speak to Maria's parents. There was a significant differences between the responses of teachers ($M = 4.00$, $n = 21$) and TAs ($M = 2.94$, $n = 18$), $U = 105$, $z = -2.42$, $p = .02$, $r = .39$ (medium effect).

- TAs stated more often that they would be likely to boost Maria's self-esteem and confidence, with significant differences between the responses of teachers ($M = 4.67$, $n = 21$) and TAs ($M = 5.00$, $n = 19$), $U = 142$, $z = -2.49$, $p = .01$, $r = .39$ (medium effect size).

- TAs stated more often that they would be more likely in talking to the main other adult in the class about the concerns, with statistically significant differences between the responses of teachers ($M = 4.71$, $n = 21$) and TAs ($M = 5.00$, $n = 19$), $U = 152$, $z = -2.24$, $p = .03$, $r = .35$ (medium effect size).

- TAs stated more often that they would be more likely to get to know Maria better showing an ongoing interest, with significant differences between teachers ($M = 4.33$, $n = 21$) and TAs ($M = 4.88$, $n = 17$), $U = 112$, $z = -2.41$, $p = .02$, $r = .39$ (medium effect size).

- TAs stated more often that they would be more likely to seek to understand Maria better through reading relevant material, with differences between teachers ($M = 3.10$, $n = 21$) and TAs ($M = 3.89$, $n = 18$), $U = 102$, $z = -2.56$, $p = .01$, $r = .41$ (medium effect size).

The final sub-question - what else do staff say about relationships with pupils and promoting emotional wellbeing and mental health – has been addressed throughout the data presented for research questions one and two (mainly in the third theme for both questions).

Chapter Five - Discussion

General findings for research questions one to three will be explored, followed by a more detailed look at how responses between teachers and TAs differed and the possible reasons for this.

5. 1. Understanding of 'emotional wellbeing' and 'mental health' among primary school staff

The staff in this study understood the terms 'emotional wellbeing' and 'mental health' in broad ways, relating them to children's subjective emotional states, but also to relationships with peers and adults, and engagement and achievement at school. This is in line with definitions (DfEE, 2001; Stewart-Brown, cited in Weare & Gray, 2003; WHO, 2004) which emphasise social and interactional components, and suggests the recent focus on mental health as encompassing more than just the absence of illness (as noted by Weare & Gray, 2003) has filtered down to those not working directly in the field.

Another finding was that defining the terms was seen as challenging. This was at odds with other parts of the interviews when participants answered questions framed in terms of 'emotional wellbeing' and 'mental health' with a degree of confidence. Yet when pushed to deconstruct the concepts many faltered. Daniels (cited in Rothi, Leavey & Best, 2008) also found this in relation to the term 'BESD', meaning this finding adds to a more general idea that it may not be unusual to find commonplace terms in educational settings that in some respects are still not clear to staff.

The finding also upholds the view that there is a lack of clarity and awareness of the terminology in this area (e.g. Ereaut & Whiting, 2008; Weare & Gray, 2003). Yet whereas Ereaut and Whiting's research mainly used secondary sources to reach conclusions about understanding of 'wellbeing', and Weare and Gray mainly interviewed experts at a local authority managerial level, the current study involved the views of those working directly with pupils.

In addition, the in-depth exploration of staff's understanding of the terms in this study, e.g. through questions about what they would consider to be indicators of poor wellbeing, enabled other data to emerge to show that *despite* the lack of clarity, fairly broad conceptualisations were articulated. This opens up the debate: does a lack of clarity matter, as some have suggested (Ereaut & Whiting 2008; Weare & Gray, 2003)? For the school staff in this study, the vagueness of 'emotional wellbeing' in particular, may have freed people to think more widely than other terms have permitted. However, when considering the bigger picture such as how policies are conceived and planned for at national and local level, lack of clarity could still be problematic.

Interestingly, most participants explicitly stated that the two terms tapped into similar, related or identical phenomena, but the content of their definitions confirmed that the more traditional connotations such as illness (highlighted by Weare and Gray, 2003), were simultaneously present. The reasons why 'control of emotions' and 'coping' were also connoted far more with 'mental health' than for 'emotional wellbeing' is not immediately obvious. Perhaps the notions of control and coping are much more bound up with the subject of illness in general, rather than with the more benign term 'emotional wellbeing'. The pervasive stereotypes of mental illness found in literature and film (see Mind, 2009), may offer another explanation. A prevalent theme in the portrayal of mental illness is that of loss of control, and this might in some way have contributed to this salience of this idea for participants.

'Emotional wellbeing', on the other hand, was frequently associated with 'happiness' and 'having a sense of security', in a way that 'mental health' was not. Definitions for emotional wellbeing reflect this view (e.g. Stewart-Brown, 2000), and this finding confirms, amongst primary school staff, two key ideas put forward in Weare and Gray (2003, p. 19). First, that the term is seen as 'broad and positive' and focused on people's environments. Yet also that it can 'tend to focus on the state of the person or group and not bring to mind the learning and teaching of competences'. It was noticeable in the current research both how often children's emotional states were mentioned and also how little the teaching of skills to promote wellbeing and mental health was raised in the interviews. However, this may actually say something about the salience of

others' emotions rather than the term 'emotional wellbeing', as claimed by Weare and Gray. For example, work by Poulou (2005) shows that even when asked to focus specifically on pupils' skills, emotional factors seem salient to teachers. When asked to rate the specific skills that pupils should have in order to prevent behavioural difficulties, emotional skills (e.g. ability to recognise and identify emotions, impulsivity control) were given priority over skills categorised as cognitive or behavioural. This study shows that not only are emotional states important, but also that the dichotomy implied by Weare and Gray, in their statement that staff's focus may be nudged towards pupils' emotional states rather than the teaching and learning of competencies, seems to be a false one. That aside, what the current study suggests is that *compared to other factors*, explicit recognition of a child's social and emotional skills as part of wellbeing may not be given as much weight by staff.

This piece of research therefore goes some way to counteract concerns, for example those highlighted by McLaughlin (2008) that the view of emotional wellbeing as a set of skills is given by status by the SEAL initiative (DfES, 2005a, 2007). Unlike the beliefs and assumptions underpinning SEAL, that explicitly teaching children particular competencies will help to improve their emotional and social development, the staff interviewed in this study did not emphasise the social and emotional skills of children as a central factor that has an impact. Instead they focused specifically on *others'* (staff, family, peers) potentially harmful manner of interacting, or more broadly on the overall nature of a child's peer relationships. The questionnaire participants also tended towards this view, with individual skills that children have, e.g. related to thinking and communication, given less status as factors that influence wellbeing than other things such as positive peer relationships and attending a school with good policies in place. Therefore, there seems to be a mismatch between primary school staff's perceptions of what is most important in contributing to children's 'emotional wellbeing' and 'mental health', and the emphasis on individual children's skills embodied in SEAL, one of the government's most prominent and widely adopted initiatives to promote development in these areas.

When emotions were specified, participants tended to speak about anxiety or worry, which are associated more with internalised manifestations of emotional

upset, than emotions such as anger. Despite both statutory and non-statutory guidance highlighting that externalising behaviours, which may be 'disruptive' and 'challenging', can be seen as indicative of emotional difficulties (e.g. DCSF, 2008; DfES, 2001, p. 12;), it seems that staff think of emotional states that tend to be internalised, before those more associated with externalised feelings. This is further reinforced by the fact that participants who were interviewed were more concerned by children's relationships with others if they were showing withdrawn behaviour, or were being bullied, than if they were behaving in inappropriate ways towards others (e.g. acting as a bully).

The finding is somewhat surprising as research has shown that referrals to mental health services by schools is typically as a result of pupils' disruptive behaviour (e.g. Armbruster, Gerstein & Fallon, 1997). However the results of the current study may be illuminated by research by Pearcey, Clopton and Pope (1993), which showed that although teachers presented with fictional vignettes describing students with internalising versus externalising difficulties were just as likely to state that they *believed* that a referral to mental health services would be needed for both types of problem, they were also statistically more likely to state that *in practice* they had made more referrals for children with externalising disorders. The authors suggest that differences can be explained by what staff are able to understand given time for reflection compared to how they act in the classroom, when externalising disorders may be more salient. The results for the current research are interesting as, given largely *unprompted* reflection time in interviews, participants did not simply give equal precedence to internalising difficulties but seemed to see them as more relevant to the topic. But interestingly, the questionnaire data showed a tendency for participants to give anger and hostile behaviour as much status as indicators of poor wellbeing as other types of behaviour. Perhaps when given time to reflect and *prompting* (by the inclusion of these factors on the questionnaire) equal status is given to both internalised and externalised difficulties.

The unbalanced focus on internalised over externalised distress in the interviews could also be explained by the fact that possible emotional difficulties can often be overlooked when schools deal with challenging behaviour, and disciplinary procedures triggered instead (Maras, 1996; Rothi et al., 2008). In a

study by Liljequist & Renk (2007), it was found that teachers were more bothered by externalising behaviours yet saw students as having greater control over them than internalised difficulties. The suggestion is that anxiety and depression could be seen to have a biological basis (and be thus out of a person's control) whereas challenging behaviour is viewed as something distanced from emotional wellbeing and mental health. Although the sample used (teachers enrolled in graduate courses) may not be representative of other teachers, and the research was carried out in a US context, the study is nonetheless interesting and the authors' hypothesis perhaps accounts for why participants' notions of wellbeing in the current study were more tied up with children who appear withdrawn and anxious.

Despite the research to suggest that teachers can give undue priority towards 'within-child' explanations for challenging behaviour, many staff in this study were sensitive to how adults' behaviour could have an impact on children's wellbeing in a general sense. This echoes others' findings that indicate staff do not always make attributions that distance themselves from the problem (e.g. Gibbs & Gardiner, 2008), which lies in contrast to the views of others such as Croll and Moses (cited in Gibbs & Gardner). It is possible that the methods used to elicit information about attributions are important. The present research shows that in an interview context, when asked about wellbeing rather than behaviour, participants voluntarily mentioned how it could be affected by adults' behaviour. In response to the vignettes, relational factors were also raised alongside 'within-child' factors.

Staff's perceptions about how adults in school have an impact on pupils' wellbeing were mainly centred on teachers posing threats to children's self-esteem and self-concept for learning, with the child's *sense* of how they were performing viewed as particularly important. Interestingly, participants did not discuss children's perceptions of their learning with any reference to how staff can affect pupils' attributions for success and failure, which have been shown to be important (e.g. Weiner, 1985). In addition, no examples of how challenging behaviour might be 'constructed' through staff interactions with others (Pomerantz, 2005) were given in interviews. The current research therefore contributes to understanding of both whether staff consider their impact on

pupils, and the content of their beliefs. It suggests that simple linear models are understood (e.g. teacher uses insensitive language resulting in a child losing confidence), rather than more complex, nuanced understanding of some of the mechanisms that are important. Bi-directional processes, or cycles of behaviour, that occur between adults and pupils are a key feature of relationships in school, embedded within wider systems. As Pianta (2006, p. 689) states:

In multilevel, dynamic, active systems such as schools and classrooms, it is fiction to conceptualize “cause” or “source” of interactions and activity...

The present study showed that staff had a basic awareness of their role in helpful versus unhelpful interactions with pupils, yet their models did not reflect the inherent complexity of such processes. The value of using an interview to explore *how* participants make sense of phenomena, thus revealing possible gaps in awareness and different emphases, in contrast to simply employing tools to map responses into pre-determined categories, is highlighted by this interesting finding.

Participants were also aware of difficult family relationships and circumstances affecting children’s wellbeing, although interestingly, these longer-term, perhaps more entrenched situations were not talked about as triggering concern to the same extent as children’s minute-by-minute emotional states, sudden changes in their behaviour or their relationships with peers. This is understandable; reacting to children’s immediate, observable upset is perhaps the most salient way in which a member of staff would shift their focus from teaching and learning towards tasks centred on emotional care. This raises interesting questions though, about how staff perceive and enact their role when they have knowledge of particular family circumstances which are known to affect wellbeing. Significantly, there were few instances of staff stating what they might do in practice if they were aware of difficulties at home, except for when signs pointed to physical neglect or in the case of a child making a specific disclosure to warrant child protection procedures being triggered. The relatively clear protocols in school related to child protection (DfES, 2006), and the perceived seriousness of such situations perhaps explain why these were mentioned. Yet when describing other home factors such as poverty, children

lacking adult attention or separation in the family, very few actions were mentioned, despite the impact of these on wellbeing and mental health being well recognised (e.g. Griggs and Walker, 2008; Kroll, 1994).

This raises the possibility that although family difficulties are seen as significant, knowledge that a child was experiencing them would not necessarily make staff concerned. There would perhaps need to be a display of emotional upset or a sudden change in behaviour for concern to register more sharply. Of course for many pupils, this may be what happens. Yet not all children who are emotionally vulnerable, due to the home situation or other reasons, will indicate this in the ways described by adults in this study. Are those who maintain control of their emotions in school, or those who express them in ways that might be categorised instead as a 'behaviour difficulty' therefore falling to evoke staff concern and being denied the same responses as others?

The current research has shown the importance of possible mediating factors that stand between children's emotional wellbeing and staff responses. Whereas previous work has tended to focus on internalised versus externalised problems as a key factor that can have bearing on how adults think about children's difficulties (Pearcey, Clopton and Pope, 1993; Liljequist & Renk, 2007), this study also shows the influence of the nature of broader contextual factors linked to pupils' wellbeing on staff's conceptualisations of this and their degree of concern. It raises wider philosophical questions about the role of teachers and other adults in schools and provides evidence for the types of circumstances in which tensions may exist. For example, Berlak and Berlak (1981) identified dilemmas inherent in teaching such as the 'whole child' versus the child as student, whereby teachers might experience anxieties related to their view of themselves primarily as educators and their concurrent belief in the importance of factors beyond the academic. This study may identify the point at which the dilemma is resolved for staff: regardless of the presence of problems perceived to be stemming from ongoing difficulties at home, if all appears fine in school then staff see that as a marker for their role boundary.

5. 2. Perceptions of role in promoting emotional wellbeing and mental health

Participants tended to view their role positively: they perceived that they had great responsibility for promoting wellbeing, but they also felt generally competent and that their role was clear to them. They also felt supported by colleagues and systems in school. Yet the questionnaire data, probably due to its anonymous nature, revealed rather more mixed feelings about the appropriateness of the responsibility than was apparent in the interviews. When exploration did take place with those in interviews who did not agree that the responsibility was completely appropriate, their concerns centred on the belief that parental responsibility was at threat of being sidelined, along with doubts about their own knowledge and expertise in meeting all children's needs. Such perceptions were also described in Finney (2006) and Rothi et al. (2008), but the richness of the qualitative and quantitative results gained from the present research has produced a more complex picture of staff perceptions, allowing more informed conclusions to be drawn.

Colleagues appeared to play a hugely significant part in participants' perceptions and interpretation of their role, in practical and psychological terms. Although intuitively one would suspect that colleagues are important for staff in schools, there is also evidence to demonstrate that working with colleagues in a 'culture of collaboration' leads to positive emotion and resilience. Nias, Southworth and Yeomans (1994) based their conclusions on case studies of five primary schools, and Day and Kington (2008) found similar results as part of a larger, longitudinal piece of mixed-methods research. The present study confirms the robustness of the finding, yet in relation to the specific area of the promotion of emotional wellbeing and mental health. Weare and Gray (2003) also argue that teamwork is of great importance when promoting wellbeing, but their research did not focus on the views of teachers and TAs.

Several important findings are suggested by the results from the present study: first, that teachers' and TAs' need for support extends into the domain of emotional wellbeing and mental health promotion, and secondly, that individuals working in schools feel particularly positive about collaborating with colleagues

in this way. Of course, the usefulness for *pupils* of the mutual support teachers and TAs provide cannot be fully ascertained, but what is clear is that neither teachers nor TAs feel that promoting wellbeing is an individual pursuit. When staff believe that they lack knowledge they turn to others for reassurance, advice, or to give children access to people perceived to be better placed to help. This seems to have a positive impact on their sense of competence and role clarity.

For nearly half of all TAs, their understanding of their role was bound up with their ideas about colleagues, i.e. what they felt able to achieve or what they saw themselves as representing to pupils compared to teachers. They viewed themselves as more approachable and having time to offer children. These TAs thus seem to be constructing their identity at a micro level, i.e. during their everyday experiences and interactions with others they interpret and understand their role. As Tucker (2009) says, teachers and TAs are likely to be trying to form their own 'clearly identifiable space in the classroom' (p. 298). In the current study TAs views are influenced by their impression of pupils viewing them as supportive and available, as well as, for some, their perceptions of teachers as constrained by the time they have to spend doing other tasks. TAs' beliefs thus confirmed what teachers in this study believed, and also findings from existing literature (e.g. Nelson & While, 2002; Finney, 2006; Spratt et al., 2006) which suggest teachers do feel held back in this way. Unlike the current study, previous research appears not to have looked at TAs' and teachers' views together on the specific issue of promoting wellbeing, and these findings clearly reinforce the link between TA identity and the systems they operate in (Tucker, 2009).

Given the overwhelming evidence of the centrality of the relationship between staff and pupils to promoting wellbeing and mental health, participants' views from interviews and questionnaires are encouraging. Not all participants afforded as high a degree of importance to relationships as others, yet all saw them as relevant to their role, and more often than not provided examples of how they would enact this in practice, e.g. talking and listening, getting to know children and interacting with them in particular ways. Staff views thus appear to transcend the brief attention afforded to staff pupil relationships in guidance for

schools and documents related to initiatives. The finding suggests that if participants *are* able to put their notions of what is helpful consistently into practice, then as evidence shows (Brophy, cited in Pianta, 2006; Cooper et al., 2000; Cozolino, cited in Harris, 2008), their actions are likely to have a positive effect on pupils.

Of special interest is participants' focus on talking, in particular TAs' descriptions of responding to children's problems through talk, often at the request of the teachers. This perhaps illustrates a demarcation between the academic and the pastoral and suggests that TAs partake in tasks seen by teachers as difficult to fit in. Indeed, there was a strong sense of TAs being engaged in the 'nitty gritty' of sustained interactions with pupils in a way that teachers were not. TAs, for example, described listening to children as an activity more than teachers did. Although care must be taken in extrapolating this finding to teachers and TAs outside of the study, and further research is needed to explore this more fully, if there *is* a genuine difference it would have interesting implications. Although very limited, there is evidence that counselling in schools has positive impact on pupils. For example, Flitton and Buckroyd (2002) found evidence for improved self-concept in pupils with moderate learning difficulties who partook in a 14 week counselling intervention. Smith (2006) claims that children being listened to was helpful in promoting academic and social outcomes, and although the evidence is compelling, like the previous study the 'listening partners' were all trained counsellors.

Without exploring the content and outcomes of conversations between staff and pupils, it is impossible to claim that talking to an untrained adult informally is always helpful for children. Sunderland (2010) speaks of the importance of verbally responding in empathetic ways to children, and warns that adults may be nothing more than a 'kind auntie' instead of effective therapeutic agents. Given that talk appeared to feature so prominently in many staff's conceptualisations of their role, further research is needed in relation to it and how staff use it to promote emotional wellbeing and mental health. Also, which children are TAs saying they spend time talking to? Research indicates that those with SEN spend more time interacting with the TA than the teacher (Blatchford et al. 2009), but there is little detailed information on pastoral-

focused talk between pupils and TAs. To what extent do TAs speak to others in the class or around school in different settings? Who instigates the conversations?

The importance placed on talk in general by all staff has possible implications: certain groups of children, e.g. those with speech, language and communication needs, have barriers to talk, and this is known to co-occur with a high prevalence of emotional difficulties (e.g. Conti-Ramsden & Botting, 2004). Are staff engaging in helpful communication with pupils who might not have English as a first language, or with language impairment, centred on emotional or social factors?

So where are staff beliefs about the centrality of relationships and the importance of talk coming from? As with research by O'Connor (2008), in this study professional expectations and philosophical beliefs, e.g. in holism, seemed linked to participants conceptualising their role in these terms. Of course the recent educational context, with ECM and the 'whole child' discourse, might have shaped views. Yet few participants mentioned ECM during interviews, even when asked specifically about initiatives they were familiar with. Quite a few interviewees did, however, give examples from practice and from their own childhoods to indicate that other factors also fed into the formation and maintenance of their beliefs.

Also of interest are the few interviewees who did not articulate beliefs about the importance of paying attention to children's emotional experiences at school to the same extent as others. This does not mean they believe relationships are unimportant, but it does indicate that other interpretations of their role were more relevant. More research on this difference between individuals would be interesting.

Despite the still unknown elements of the topic of relationships and everyday talk in schools to promote wellbeing, the fact that many staff spoke about and were aware of the need to talk to children sensitively and foster warm relationships (Cooper et al., 2000; Harris, 2008) should not be overlooked. Knowing that staff generally believe talking to be an important part of how they

promote wellbeing is encouraging for those who might wish to engage schools in future interventions based around this activity.

5. 3. Further views of relationships as linked to wellbeing: vignette data

Interview responses to the three vignettes corroborate the other findings described so far: first, that 'within-child' characteristics, such as emotional state, are a central focus for participants and, secondly, that staff may be overlooking the complex interactional nature and emotional content of certain types of behaviours. Relationships and interactions were not entirely sidelined, however. Some highlighted them in their explanations of the vignette situations and some said they would take actions within a relational approach, although this did vary according to vignettes.

The reasons why each vignette provoked different degrees of focus on relational factors could be linked to the different types of behaviour described and resulting emotional impact on participants. In the vignette which elicited most relationship-focused explanations, the problem was framed in terms of a pupil seeking out contact with one of the adults in the class. That kind of relationship was possibly more salient to participants than the relational aspects of the other vignettes, in which the problems centred on some desire from the pupils to distance themselves from the adults.

Two attributional biases may also have been triggered when participants studied the vignettes that prompted less focus on the relationship. Although the vignettes are about *other* teachers and TAs, it is proposed that participants did consider their own past experience of similar situations, which triggered the same sorts of biases in relation to the fictional scenarios. A fundamental attribution error (Ross, cited in Gross, 1996) may have been made, i.e. when vignettes two and three were more complex to analyse than vignette one, factors related to the child's disposition may have been over-emphasised. Also, given that the children's behaviour in vignettes two and three sends more overt negative signals to the protagonists about their relationship with the child (perhaps that their authority is not 'respected', or that they are not liked) a desire to protect self-esteem through self-serving bias (Miller & Ross, cited in

Gross, 1996) could explain why relational factors were sidelined and within-child characteristics given precedence.

Interestingly, with vignette one, teachers picked out relational factors more than TAs did. A slight difference in the scenario presented to teachers and TAs (teachers read about the pupil becoming dependent on the TA's support compared to the child being dependent on the teacher, which TAs read) could explain the discrepancy. Teachers may be conscious about pupils becoming dependent on TAs, which is known to happen in practice (Veck, 2009). The opposite (that pupils become very dependent on teachers) is arguably less common, hence less focus from TAs on the relational element.

In the interviews the actions staff said they would take if they were the protagonists in the vignettes generally reflected what was said by the sample as a whole about what they do in practice, e.g. involving colleagues, talking to the child and focusing on relationships and interactions. The questionnaire data related to the vignettes, however, threw up slightly different, although not entirely contradictory, findings. Staff actions focusing on relationships with the children in the vignettes appeared to be given more status on the questionnaires, with three of the top five actions for each vignette linked heavily to relational processes (talking, listening and getting to know the child). As with other data that was contradictory, the most likely explanation was that the questionnaire items forced respondents to reflect on topics which, left to their own devices, they treat as more marginal or ignore altogether. Once questionnaire respondents were *required* to consider relational approaches, they rated them highly. It is perhaps the case, however, that the interviewees' responses more than those from the questionnaire sample reflected more accurately what they might actually do in practice, as their ideas were entirely self-generated. A strength of this research is the way that the mixed-methods highlight such discrepancies between what participants say they believe to be the case when prompted, and the more nuanced nature of their beliefs as expressed in interviews, whereby certain beliefs come to the fore or are placed in the background at other times and under different conditions.

5. 4. Differences between teachers and TAs: further reflections

It is important to note that although differences were found between some of the data from teachers compared to that of TAs in this research, caution needs to be exercised when considering what this means in practice. For example, although within the questionnaire data there were some items where responses differed at a level of statistical significance, the overall perceptions of both groups of participants in relation to such areas were still broadly similar. Conclusions about the importance and meaning of any variation in the perceptions and practice of TAs compared to teachers must therefore be tentative, although it is of course worth exploring the potential differences in some depth. Some of these have been discussed already and taking all differences into account, it is argued that they fall under three overarching themes that may help to explain them. These are: time, tasks and differing sense of responsibility. Each will be outlined in turn. As mentioned previously, this research is unique in carrying out such a direct comparison of teachers' compared to TAs' beliefs on the topic of promoting wellbeing.

5. 4. 1. Time constraints and relationships

Although relationships were seen as important by every interviewee and most questionnaire participants, in the interviews TAs were more focused on their relationships with pupils in general, and they talked in greater detail and in more nuanced ways. Significant differences were found in relation to one of the vignettes, with TAs more likely to say they would take certain types of approaches involving the relationship directly.

This general difference can perhaps be most adequately explained with reference to the topic of time and its constraints, as detailed earlier. For teachers it is perceived to be a barrier in promoting wellbeing whereas many TAs view time factors and their role more positively. They are aware that time is something they have that teachers do not, and they detail how it enables them to get to know children and be available. The time that they spend in practice with pupils, coupled with the emphasis they put on this part of their role thus means that they possibly have more to talk about on the topic of their

relationships (e.g. exploring feelings and problems, monitoring them, relationship boundaries, and styles of interacting with pupils). Particularly marked were the differences between TAs and teachers with vignette three (the pupil who deliberately avoided adult help and contact), both in the interview and on the questionnaires. TAs' responses indicated that they would perhaps be more focused on the relationship they had with the pupil than teachers would. The other vignettes did not elicit such differences with regards to degree of focus on the relationship, which raises the question of what was significant about vignette three?

It could be argued that vignette three highlights the interplay between time constraints for teachers and degree of focus in practice on relationships. One possibility is that the problem detailed in vignette three puzzled participants more in general and was less familiar to them than the other vignette scenarios. Comments during interviews pointed to this. The time pressures on teachers combined with not understanding the situation as easily may have induced teachers to shy away from taking a relational approach to working with this pupil. It may be that perceptions of the risk attached to focusing on the relationship with her are greater for teachers. Trying to relate to a child who appears to reject contact is perhaps risky to all participants, but if the time available to do so is limited too, then it may appear doubly so. Of interest is the suggestion made by three TAs, who conceived of a specific way to get to know the child, involving a gradual approach. Whilst other participants, including teachers, may have believed to some extent that this approach would be helpful, those TAs might have been the only ones to feel that they had the time to engage in this, both practically and emotionally, and therefore were able to suggest it. Although this would imply that many TAs might also have perceived blocks to their ability to do this, the significant factor is that *no* teachers raised this idea.

5. 4. 2. The differing tasks of teachers and TAs

Some of the different findings between teachers and TAs in terms of how they conceive of their role can be understood by considering their varied responsibilities in school. Specific interventions were mentioned more by teachers. Teachers have responsibility for organising the timetable for their

classes, and therefore their role in delivering whole school policies, or in arranging for pupils to partake in interventions, will naturally be salient. With the vignettes teachers were also more likely to say they would teach the class specific skills about working independently than TAs did. The traditional roles of teachers and TAs make it less likely that TAs would regularly carry out this type of work without explicit direction from teachers. In addition, the robust finding across interviews and questionnaires, (including vignettes) that talking to parents about pupils is a more important and frequently stated action for teachers than for TAs, can also be understood with reference to the usual responsibilities of both groups.

The practical experiences that teachers and TAs have over the course of the school day can also explain other more minor findings from the questionnaire, such as teachers rating children's peer relationships as more positively influential for wellbeing than TAs did, and TAs more likely to rate children having good thinking skills as important. A tentative suggestion is that TAs may spend more time sorting out disputes between pupils than teachers and view the 'ups and downs' of peer relationships as a more inconsequential part of school life compared to other factors. Teachers might become involved when problems between children become more serious and rate their impact on wellbeing as higher. TAs may also work more with pupils with SEN and therefore be more tuned in to how weaker thinking skills can have an impact. More research to try to replicate and explore these findings would be interesting.

5. 4. 3. The differing sense of responsibility

The detailed focus for teachers on others' expectations as a key driver could be linked to greater level of overall responsibility for pupils that teachers take on a daily basis compared to TAs. Teachers spoke of their professional role and the tasks associated with it, the school ethos, and judgements from outside the school. TAs' accounts did not include such details. It can be hypothesised that the greater level of responsibility and accountability teachers have for pupils in general, leads to a more acute awareness of others' expectations. For TAs, the lack of clarity about their role (Tucker, 2009), may reduce their sense of there being specific expectations they are supposed to fulfil. It may also explain why

in the context of the interviews, the vignette detailing a child exhibiting erratic and challenging behaviour prompted many more teachers to say they would seek help from their colleagues than TAs did, specifically those from outside agencies. TAs, on the other hand, were more likely to say they would speak to the teacher in the class than teachers were to say they would talk to the TA. TAs may turn to teachers for support, but teachers, with their stronger sense of overall responsibility, seem more likely to take the problem they are shouldering to other colleagues and outside professionals.

If teachers do feel their role is influenced more by the judgements and expectations of others, it also explains why they were more inclined than TAs were to raise the topic of the negative effects of family relationships and interactions. Teachers may experience greater threats to their sense of competence, leading them to make more self-serving attributions than TAs and apportioning greater responsibility for pupils' wellbeing to their families. An alternative explanation is that as TAs often live closer to their schools than teachers, they may know families better and hold more rounded perceptions of them. This could counteract such attributions and make them reticent to articulate 'blame' for families they know. Further investigation of TAs' and teachers' attributions about pupils' families and home lives would be valuable.

Other findings which remain difficult to explain are those pointing to teachers raising a broader range of emotions states than TAs did in general to describe their ideas about wellbeing, such as anger and sense of security.

5. 5. Limitations and future research

The main limitation of the methods used in this research is that they rely solely on participants being honest and accurately reporting the full range of their beliefs and perceptions. There was no attempt made, for example, to triangulate individuals' views with observations of their behaviour in school. Despite the strength of the vignettes in encouraging participants to be open, it was impossible to control entirely for participants' degree of willingness to disclose certain information and reflect accurately about their likely behaviour.

Participants may have been providing answers they think the researcher wanted to hear, especially as the topic under investigation was sensitive.

A further uncertainty is whether the sampling technique used for the interviews was free from bias, with the possibility that certain types of staff were more likely to be selected to take part by the contact person in each school, e.g. those who are known to hold certain beliefs.

In addition, as mentioned previously this research can only tentatively suggest that there are differences between the perceptions of teachers and TAs in relation to their role in promoting emotional wellbeing and mental health. Although the interview data highlighted variations more clearly, the statistical evidence remains somewhat weak.

In spite of these limitations, it was possible to reach conclusions based on what the data seems to suggest, and areas for future research have been identified. Most of these have been mentioned throughout the discussion already, and they group broadly into two topics. First, further research on differences between teachers and TAs. This could be to investigate some of the more puzzling findings, such as why teachers and TAs should differ in terms of the extent to which peer relationships are seen as influential, as well as to focus further on attributions made by TAs compared to teachers concerning home and family factors. Secondly, more research on staff-pupil relationships would be useful, e.g. on the subject of talking in school to promote wellbeing, as well as closer exploration of staff who seem not to emphasise the importance of relationships.

In addition, any research to explore how what has been found based on staff's articulated beliefs and perceptions and how they might translate into practice would be useful. Considering the beliefs of parents and pupils on the key ways that staff say they promote wellbeing, as well as further exploration of their beliefs on the subject in general would help to provide a fuller picture. Finally, in-depth research on the tensions touched on by participants in relation to promoting wellbeing, is also needed. Most usefully this would look specifically at

how individuals and schools are successfully managing perceived barriers to good practice and providing good quality support for pupils in spite of them.

Chapter Six - Conclusions

This research set out to explore the perceptions of those with the highest levels of day to day contact with primary aged pupils - teachers and TAs - in relation to their role in promoting emotional wellbeing and mental health. Through using mixed methods a particularly rich and nuanced picture of how staff understand wellbeing and make sense of their role has emerged. The results have supported findings from previous studies and literature, and have made new contributions to a generally under-researched area. The main conclusions will now be drawn together and implications for educational psychologists will be discussed.

6. 1. Main conclusions and implications

In this study many things were mentioned as being associated with promoting emotional wellbeing and mental health. It therefore becomes a question of degrees: lots of things are seen as relevant (particularly as indicated by the questionnaires), so the important information concerns what in particular is given more prominence by participants, and what is placed in the background.

Pupils' emotional states and interactions in school were highly linked to definitions for and notions of emotional wellbeing and mental health.

Participants were thinking both of 'within-child' and systemic factors. This reflects the mixed slant that many guidelines and initiatives have taken (e.g. DCSF/DoH, 2007; DCSF, 2008; DfES, 2001a; DfES, 2003a; DfES, 2005a, 2007), emphasising *children's* 'competencies', 'needs' or 'mental health' as well as whole school approaches involving school ethos and relational elements. However the fact that teaching children specific skills was mentioned so infrequently is somewhat at odds with the principle focus of SEAL, a popular and widely adopted national initiative.

There were biases shown in what staff were inclined to speak about, e.g. children's emotions and behaviour linked to so-called internalising disorders. Without prompting, they tended to acknowledge less the wellbeing of children

who externalise their distress, particularly those whose behaviour is perceived as challenging or as bullying. Deeper ongoing issues linked to home circumstances were also emphasised less, particularly in terms of being a concern and what activities might be done to support children experiencing these, although staff recognised that these do have an impact on wellbeing.

Hayward (2009) has concerns that a focus amongst staff on pupils' psychological states might lead to less importance being placed on relationships in school. The strong emphasis that participants placed on these goes some way to question this assumption, although more complex interactional processes were not raised.

In general, staff viewed their role positively, with collaboration and support from colleagues emerging as of high importance. This does not mean that teachers and TAs operate and understand their role in promoting wellbeing in identical ways, however. Amongst other things, there was evidence that staff-pupil relationships may have been less salient for teachers compared to TAs, or perhaps simply less important to their identity as people working to promote wellbeing. Although conclusions need to be reached with caution, to understand these possible differences it was useful to consider the varied perception of time constraints, the practical tasks both groups are engaged in, and the differing sense of responsibility of teachers and TAs.

The issue of time is interesting. There seems to be a perception that focusing on relationships takes time. In one sense this is true: we know people better if we have spent more time with them. But does focusing on relational factors to promote wellbeing necessarily involve 'knowing' children well and having time to spend with them? Isn't the task of building warm and trusting relationships related to the interactions between the teacher and the whole class throughout the course of the normal school day? Could the 'small things' (Johnson, 2008), such as actively listening and showing empathy be embedded into everyday practice as a matter of course? This is more akin to creating a caring classroom and is related to the school ethos, which is recognised as important (Roeser, Eccles & Sameroff, 2000; Weare & Gray, 2003; Maxwell et al., 2008). Teachers did not generally speak about taking a relational approach as part of their

classroom or school ethos, suggesting that although they are aware of time barriers to promoting wellbeing, they are not focused on this aspect of practice that may well be circumventing the problem, and to which guidance on whole school approaches alludes.

Staff seem to feel a lack of confidence in identifying children with mental health difficulties (Rothi, Leavey & Best, 2008). The present research showed that perceived lack of knowledge – not being an ‘expert’ – did have an impact on individuals’ sense of competency. Given this situation, efforts by those involved with schools (educational psychologists, policy makers e.g.) to reinforce to staff how their everyday practice helps them to fulfil their role could be very empowering. There may also be other gaps in staff knowledge that educational psychologists could aim to address too. As talk with pupils is also viewed as so important, training for staff on this topic would also perhaps be well-received. In line with what is known from the literature, the focus might plausibly be on helping staff to see that *how* they talk with pupils (and listen to them) is as important for wellbeing, if not more so, as the act itself.

6. 2. Issues for EPs

This study suggests several considerations which educational psychologists could keep in mind when working with schools.

Relationships are viewed as important by staff, and TAs in particular could respond positively to reinforcement of the relational aspects of their role in any carefully planned social and emotional intervention; in fact it may even help to build a positive and distinct identity for them. Teachers, on the other hand, may need their existing good practice involving relational factors in the classroom to be highlighted and encouraged further.

EPs might also want to consider those staff who place less emphasis on relationships. Is this due to a lack of awareness? If so, training might be useful. Is it a more deeply entrenched attitude within individuals or particular schools perhaps? Perhaps it is too difficult given competing pressures, or too emotionally risky for some staff to focus on their relationships with pupils.

Whilst many staff believe in school as a place to nurture all aspects of a child's development, there may well be a tension, particularly for teachers, created by the feelings evoked by their overall sense of responsibility and awareness of the expectations of others. This could be leading to attributional biases and approaches that may not be helpful for pupils. How EPs might work to counteract this, e.g. alongside senior managers on empowering staff and promoting their own wellbeing, could be considered.

Finally, the importance for teachers and TAs of feeling supported by their colleagues should not be overlooked. When this is not present staff may feel disempowered. The results also indicate that for many, future initiatives involving collaborative practice would not be viewed as new or threatening. EPs might therefore seek ways to harness the teamwork element to develop whole school approaches focused more towards positive relationships and interactions. Given that staff seem to readily engage in informal discussions with colleagues perhaps having one or two people in each primary school (most obviously the SENCo) *highly trained* on issues related to children's emotional development and how *staff behaviour* can support this, could work well. As indicated by this research, the hope would be that in addition to professional development for all staff, individuals might then informally add to their knowledge by speaking to relevant colleagues.

References

- Ainsworth, M., Blehar, M., Waters, E., & Wall, S. (1978). *Patterns of Attachment*. Hillsdale, NJ: Lawrence Erlbaum.
- Al-Yagon, M. & Mikulincer, M. (2006). Children's appraisal of Teacher as a secure base and their socio-emotional and academic adjustment in middle childhood. *Research in Education*, 75, 1-18.
- Armbruster, P., Gerstein, S. H. & Fallon, T. (1997). Bridging the gap between service need and service utilisation: A school-based mental health program. *Community Mental Health Journal*, 33(3), 199-211.
- Barrett, M. & Trevitt, J. (1991). *Attachment Behaviour and the Schoolchild: an Introduction to Educational Therapy*. London and New York: Tavistock/Routledge.
- Barter, C. & Renold, E. (1999). The use of vignettes in qualitative research. *Social Research Update* 25.
- Battistich, V., Solomon, D., Watson, M. & Schaps, E. (1997). Caring school communities. *Educational Psychologist*, 32(3), 137-151.
- Bell, L. & Maher, P. (1986). *Leading a pastoral team*. Oxford: Blackwell.
- Berlak, A. & Berlak, H. (1981). *Dilemmas of schooling: teaching and social change*. London: Methuen.
- Birn, B. (1991). Attachment theory revisited: Challenging conceptual and methodological sacred cows. *Feminism and Psychology*, 9(1), 10-21.
- Blatchford, P., Bassett, P., Brown, P., Martin, C., Russell, A. & Webster, R. (2009). *The impact of support staff in schools. Results from the Deployment and Impact of Support Staff (DISS) Project. (Strand 2 Wave 2)*, London: DCSF.
- Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.
- Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge, MA: Harvard University Press.
- Cajkler, W., Tennant, G., Cooper, P. W., Sage, R., Tansey, R., Taylor, C., Tucker, S. A. & Tiknaz, Y. (2006). *A systematic literature review on the perceptions of ways in which support staff work to support pupils' social and academic engagement in primary classrooms (1988–2003). Technical Report*. London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.
- Calvert, M. (2009). From 'pastoral care' to 'care': meanings and practices. *Pastoral Care in Education*, 27(4), 267-277.

Cohen, L., Manion, L. & Morrison, K. (2007). *Research Methods in Education* (Sixth Edition). Abbingdon: Routledge.

Connelly, G., Lockheart, E., Wilson, P., Furnivall, J., Bryce, G., Barbour, R. & Phin, L. (2008). Teachers' responses to the emotional needs of children and young people. Results from the Scottish Needs Assessment Programme. *Emotional and Behavioural Difficulties*, 13(1), 7-19.

Conti-Ramsdem, G. & Botting, N. (2004). Social difficulties and victimization of children with SLI at 11 years of age. *Journal of Speech, Language and Hearing Research*, 47, 145-161.

Cooper, B. (2004). Empathy, interaction and caring: Teachers' roles in a constrained environment. *Pastoral Care in Education*, 22(3), 12-21.

Cooper, P. (1993). *Effective schools for disaffected students*. London: Routledge.

Cooper, P. (2008). Nurturing attachment to school: contemporary perspectives on social, emotional and behavioural difficulties. *Pastoral Care in Education*, 26(1), 13-22.

Cooper, P., Drummond, M., Hart, S., Lovey, J., & McLaughlin, C. (2000). *Positive alternatives to exclusion*. London: Routledge.

Cooper, P., & Whitebread, D. (2007). The Effectiveness of Nurture Groups on Student Progress: Evidence from a National Research Study. *Emotional and Behavioural Difficulties*, 12(3), 171-190.

Dawson, R. (1987). What concerns teachers about their pupils. In J. Hastings and J. Schwieso (Eds.), *New Directions in Educational Psychology*. London: Falmer.

Day, C. & Kington, A. (2008). Identity, well-being and effectiveness: the emotional contexts of teaching. *Pedagogy, Culture and Society*, 16(1), 7-23.

Denzin, N.K. (1978). *The Research Act: A Theoretical Introduction to Sociological Methods*. New York: McGraw-Hill.

Department for Children, Schools and Families (DCSF) (2008a). *Targeted Mental Health in Schools Project*. Nottingham: DCSF Publications.

Department for Children, Schools and Families (DCSF) (2008b). *The education of children and young people with Behavioural, Emotional and Social Difficulties as a special educational need*.

Retrieved September 10, 2010, from:

<http://www.education.gov.uk/childrenandyoungpeople/sen/sen/types/besneeds/a0010367/revised-guidance-on-the-education-of-young-people-with-behavioural-emotional-and-social-difficulties>

Department for Children, Schools and Families/Department of Health (DCSF/DoH) (2007). *Guidance for Schools on Developing Emotional Health and Wellbeing*. London: HMSO.

Department for Education (2011). *Support and aspiration: A new approach to special educational needs and disability - A consultation*. London: DfE.

Department for Education and Employment (DfEE) (1997). *Excellence for All Children: Meeting Special Educational Needs*. London: DfEE Publications

Department for Education and Employment (DFEE) (2001). *Promoting Children's Mental Health within Early Years and School Settings*. Nottingham: DfEE Publications.

Department for Education and Skills (DfES) (2001a). *Special Educational Needs Code of Practice*. Nottingham: DfES Publications.

Department for Education and Skills (DfES) (2003a). *Every Child Matters*. London: The Stationary Office.

Department for Education and Skills (DfES) (2005a). *Excellence and Enjoyment: social and emotional aspects of learning*. Nottingham: DfES Publications.

Department for Education and Skills (DfES) (2005b). *Common Core of Skills and Knowledge for the Children's Workforce*. Nottingham: DfES Publications.

Department for Education and Skills (DfES) (2006). *Working together to safeguard children. A guide to inter-agency working to safeguard and promote the welfare of children*. London: The Stationary Office.

Department for Education and Skills (DfES) (2007). *Social and Emotional Aspects of Learning for secondary schools (SEAL): Guidance Booklet*. London: DfES Publications.

Department for Education and Skills / Department of Health (2004). *Promoting emotional health and wellbeing through the national healthy schools standard*. London: DfES / DoH

Durlak, J. A. & Wells, A. M. (1997). Primary prevention mental health programs for children and adolescents: a meta-analytic review. *American Journal of Community Psychology*, 25(2), 115-152.

Elias, M. J. & Schwab, Y. (2006). From Compliance to Responsibility: Social and Emotional Learning and Classroom Management. In C. M. Evertson and C. S. Weinstein, *Handbook of Classroom Management : research, practice, and contemporary issues*. New Jersey: Lawrence Erlbaum.

Ereaut, G. & Whiting, R. (2008). *What do we mean by 'wellbeing'? And why might it matter?* Nottingham: DCSF Publications.

- Evertson, C. M. & Weinstein, C. S. (2006). *Handbook of Classroom Management : research, practice, and contemporary issues*. New Jersey: Lawrence Erlbaum.
- Field, T. (1996). Attachment and separation in young children. *Annual Review of Psychology*, 47, 541-562.
- Finch, J. (1987). Research note: the vignette technique in survey research. *Sociology*, 21(1), 105-114.
- Finney, D. (2006). Stretching the boundaries: Schools as therapeutic agents in mental health. Is it a realistic proposition? *Pastoral Care*, September 2006, 22-27.
- Flitton, B. & Buckroyd, J. (2002). Exploring the effects of a 14 week person-centred counselling intervention with learning disabled children. *Emotional and Behavioural Difficulties*, 7(3), 164-177.
- Garner, P. (2007). Now even 'more than just a helper': How Learning Support Assistants see their role in schools. *Education Today*, 52(3), 13-19.
- Geddes, H. (2003). Attachment and the child in school. Part I. *Emotional and Behavioural Difficulties*, 8(3), 231-242.
- Geddes, H. (2005). Attachment and learning. Part II: The learning profile of the avoidant and disorganised attachment patterns. *Emotional and Behavioural Difficulties*, 10(2), 79-93.
- Gibbs, S. & Gardiner, M. (2008). The structure of primary and secondary teachers' attributions for pupils' misbehaviour: a preliminary cross-phase and cross-cultural investigation. *Journal of Research in Special Educational Needs*, 8(2), 68-77.
- Gilligan, R. (2000). Adversity, resilience and young people: The protective value of positive school and spare time experiences. *Children and Society*, 14, 37-47.
- Goleman, D. (1995). *Emotional intelligence: Why it can matter more than IQ*. London: Bloomsbury.
- Griggs, J. & Walker, R. (2008). *The cost of child poverty for individuals and society: A literature review*. York: Joseph Rowntree Foundation.
- Groom, B. & Rose, R. (2005). Supporting the inclusion of pupils with social, emotional and behavioural difficulties in the primary school: the role of teaching assistants. *Journal of Research in Special Educational Needs*, 5(1), 20-30.
- Gross, R. (1996). *Psychology: The science of mind and behaviour* (3rd edition). London: Hodder & Stoughton.
- Hallam, S. (2009). An evaluation of the Social and Emotional Aspects of Learning (SEAL) programme: promoting positive behaviour, effective learning

and wellbeing in primary school children. *Oxford Review of Education*, 35(3), 313-330.

Harden, A., Rees, R., Shepherd, J., Brunton, G., Oliver, S. & Oakley, A. (2001). *Young people and mental health: a systematic review of research on barriers and facilitators*. London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.

Hargreaves, A. (2000). Mixed emotions: teachers' perceptions of their interactions with students. *Teaching and Teacher Education*, 16, 811-826.

Harris, B. (2008). Befriending the two-headed monster: personal, social and emotional development in schools in challenging times. *British Journal of Guidance & Counselling*, 36(4), 367-383.

Harris, J. R. (1999). *The nurture assumption: why children turn out the way they do*. London: Bloomsbury.

Hayward, V. (2009). Paper presented at the British Educational Research Association Annual Conference, University of Manchester, 2-5 September 2009. Retrieved 2010 from: <http://www.leeds.ac.uk/educol/BEID.html>

Ho, I. (2004). A comparison of Australian and Chinese teachers' attributions for student problem behaviours. *Educational Psychology*, 24(3), 375-391.

Holland, J. (2008). How schools can support children who experience loss and death. *British Journal of Guidance and Counselling*, 36(4), 411-424.

Howes, C. (1999). Attachment relationships in the context of multiple caregivers. In J. Cassidy & P.R. Shaver (Eds.), *Handbook of attachment: Theory, Research and Clinical Applications*. New York: The Guilford Press.

Howes, A., Farrell, P., Kaplan, I., Moss, S. (2003). *The impact of paid adult support on the participation and learning of pupils in mainstream schools*. London: EPPI-Centre Report, Social Science Research Unit, Institute of Education, University of London.

Hughes, J., Barker, D., Kemenoff, S., & Hart, M. (1993). Problem-ownership, causal attributions and self-efficacy as predictors of teachers' referral decisions. *Journal of Educational and Psychological Consultation*, 4, 369-384.

Jackson, E. (2002). Mental health in schools: what about the staff? *Journal of Child Psychotherapy*, 28(2), 129-146.

Johnson, B. (2008). Teacher-student relationships which promote resilience at school: a micro-level analysis of students' views. *British Journal of Guidance and Counselling*, 36(4), 385-398.

Kaye, G., Forsyth, P. & Simpson, R. (2000). Effective interaction in the classroom - towards a new viewpoint. *Educational and Child Psychology*, 17(4), 69-90.

- Kennedy, B. (2008). Educating students with insecure attachment histories: towards an interdisciplinary theoretical framework. *Pastoral Care in Education* 26(4), 211-230.
- Kroll, B. (1994). *Chasing Rainbows: Children, Divorce and Loss*. Dorset: Russell House Publishing.
- Kvale, S. (1996). *Interviews: An Introduction to Qualitative Research Interviewing*. London: Sage Publications.
- Ladd, G.W., Birch, S.H., & Buhs, E.S. (1999). Children's social and scholastic lives in kindergarten: Related spheres of influence? *Child Development*, 70, 1373-1400.
- Lee, B. (2002). *Teaching assistants in schools: The current state of play*. London: NFER.
- Lewin, K. (1936). *Principles of a topological psychology*. New York: McGraw-Hill.
- Liljequist, L. & Renk, K. (2007). The relationships among teachers' perceptions of student behaviour, teachers' characteristics, and ratings of students' emotional and behavioural problems. *Educational Psychology*, 27(4), 557-571.
- Lodge, A. & Lynch, K. (2003). Young people's concerns: The invisibility of diversity. In M. Shevlin and R. Rose (Eds.), *Encouraging Voices*. Dublin: NDA.
- Lucas, S. (1999). The Nurturing School: The impact of nurture group principles and practice on the whole school. *Emotional and Behavioural Difficulties*, 4(3), 14-19.
- Maras, P. (1996). "I'd rather have dyslexia": Perceptions of EBDs. *Educational and Child Psychology*, 13(1), 32-42.
- Maras, P. & Kutnick, P. (1999). Emotional and behavioural difficulties in schools: consideration of relationships between theory and practice. *Social Psychology of Education*, 3, 135-153.
- Maxwell, C., Aggleton, P., Warwick, I., Yankah, E., Hill, V. & Mehmedbegović, D. (2008). Supporting children's emotional wellbeing and mental health in England: a review. *Health Education*, 108(4). 272-286.
- McLaughlin, C. (2008). Emotional well-being and its relationship to schools and classrooms: a critical reflection. *British Journal of Guidance and Counselling* 36(4), 353-366.
- Mental Health Foundation (2011). Learning for life: Adult learning, mental health and wellbeing. Retrieved April 30th, 2011, from <http://www.mentalhealth.org.uk/publications/learning-for-life/>

- Mertens, D. (2010). *Research and evaluation in education and psychology: integrating diversity with quantitative, qualitative and mixed methods* (3rd edition). London: Sage.
- Midgely, C., Feldlaufer, H. & Eccles, J. S. (1989). Student/teacher relations and attitudes towards mathematics before and after the transition to junior high school. *Child Development*, 60, 981-992.
- Miles, M. (1990). New methods for qualitative data collection and analysis: Vignettes and pre-structured cases. *Qualitative Studies in Education*, 3(1), 37-51.
- Miller, A. (2003). *Teachers, Parents and Classroom Behaviour. A Psychosocial Approach*. Maidenhead: Open University Press.
- Mind (2009). *Screening madness – a century of negative movie stereotypes of mental illness*. Retrieved April 30, 2011, from http://www.mind.org.uk/assets/0000/3963/time_to_change_screening_madness.pdf
- Namey, E., Guest, G., Thairu, L & Johnson, L. (2008). Data reduction techniques for large qualitative data sets. In G. Guest and K. M. MacQueen (Eds.), *Handbook for Team-Based Qualitative Research*. Plymouth: Altamira Press.
- Nelson, E. & While, D. (2002). Constraints to pastoral care for distressed children: opinions of head teachers. *Pastoral Care*, September, 21-28.
- NHS, Health Advisory Service (1995). *Together we stand, the commissioning role and management of child and adolescent mental health services*. London: HMSO.
- Nias, J., Southworth, G. & Yeomans, R. (1994). The culture of collaboration. In A. Pollard and J. Bourne (Eds.), *Teaching and learning in the primary school*. London: Routledge.
- Noddings, N. (2005). *The challenge to care in schools: an alternative approach to education (2nd edition)*. London: Teachers College Press.
- O'Brien, T. & Garner, P. (2001). *Untold stories: Learning Support Assistants and their work*. Stoke-on-Trent: Trentham Books.
- O'Connor, K. E. (2008). "You choose to care": Teachers, emotion and professional identity. *Teaching and Teacher Education*, 24, 117-126.
- Office for Standards in Education (Ofsted) (2010). *The evaluation schedule for schools*. Manchester: Ofsted.
- Oppenheim, A.N. (1992). *Questionnaire Design, Interviewing and Attitude Measurement*. London: Pinter.

Oswald, M., Johnson, B. & Howard, S. (2003). Quantifying and evaluating resilience-promoting factors: Teachers' beliefs and perceived roles. *Research in Education*, 70, 50-64.

Pearcey, M. T., Clopton, J. R. & Pope, A. W. (1993). Influences on teacher referral of children to mental health services: gender, severity and internalising versus externalising problems. *Journal of Emotional and Behavioural Disorders*, 1, 165-169.

Pianta, R. (2006). Classroom management and relationships. In C. M. Evertson and C. S. Weinstein, *Handbook of Classroom Management : research, practice, and contemporary issues*. New Jersey: Lawrence Erlbaum.

Pomerantz, K.A. (2005). Classroom challenging behaviour: A social constructionist phenomenon that exists through pupil–teacher discourse. *Educational and Child Psychology*, 22(3), 17-27.

Poulou, M. (2001). The role of vignettes in the research of emotional and behavioural difficulties. *Emotional and Behavioural Difficulties*, 6, 50-62.

Poulou, M. (2005). The prevention of emotional and behavioural difficulties in schools: Teachers' suggestions. *Educational Psychology in Practice* 21(1), 37-52.

Poulou, M. & Norwich, B. (2000). Teachers' causal attributions, cognitive, emotional and behavioural responses to students with emotional and behavioural difficulties. *British Journal of Educational Psychology*, 70, 559-581.

Reid, K. (2005). The Implications of *Every Child Matters* and the Children Act for Schools. *Pastoral Care in Education*, 23(1), 12-18.

Roeser, R. W., Eccles, J. S. & Sameroff, A. J. (1998). Academic and emotional functioning in early adolescence: Longitudinal relations, patterns, and prediction by experience in middle school. *Development and Psychopathology*, 10, 321-352.

Roeser, R.W., Eccles, J.S., & Sameroff, A.J. (2000). School as a context of early adolescents' academic and social-emotional development: A summary of research findings. *The Elementary School Journal*, 100(5), 443-471.

Rose, R. (2000). Using classroom support in a primary school. *British Journal of Special Education*, 27(4), 191-196.

Rothì, D.M., Leavey, G. & Best, R. (2008). On the front-line: Teachers as active observers of pupils' mental health. *Teacher and Teacher Education*, 24, 1217-1231.

Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry*, 57 (3), 316-331.

Sanders, T. (2007). Helping Children Thrive at School: The Effectiveness of Nurture Groups. *Educational Psychology in Practice*, 23(1), 45-61.

- Slater, R. (2007). Attachment: Theoretical Development and Critique. *Educational Psychology in Practice*, 23(3), 205-219.
- Smith, L. (2006). What effect does listening to individual children have on their learning? *Pastoral Care in Education*, 24(4), 31-38.
- Spratt, J., Shucksmith, J., Philip, K. & Watson, C. (2006). 'Part of who we are as a school should include responsibility for well-being': Links between school environment, mental health and behaviour. *Pastoral Care in Education*, 24(3), 14-21.
- Sunderland, M. (2010, October). *Helping troubled children and teenagers speak about feelings and how to respond when they do*. TaMHS Conference at Waltham Forest College. London, UK.
- Teddlie, C. & Tashakkori, A. (2009). *Foundations of mixed methods research: Integrating quantitative and qualitative approaches in the social and behavioral sciences*. London: Sage.
- Thomas, G., Walker, D. & Webb, J. (1998). *The making of the inclusive school*. London: Routledge.
- Tollefson, N. (2000). Classroom applications of cognitive theories of motivation. *Educational Psychology Review*, 12, 63-83.
- Tucker, S. (2009). Perceptions and reflections on the role of the teaching assistant in the classroom environment. *Pastoral Care in Education*, 27(4), 291-300.
- UNICEF (2007). Child poverty in perspective: An overview of child well-being in rich countries *Innocenti Report Card 7*. Florence: UNICEF Innocenti Research Centre.
- Veck, W. (2009). From an exclusionary to an inclusive understanding of educational difficulties and educational space: implications for the Learning Support Assistant's role. *Oxford Review of Education*, 35(1), 41-56.
- Weare, K. & Gray, G. (2003). *What works in developing children's emotional and social competence and wellbeing?* London: DfES
- Webster, R., Blatchford, P., Bassett, P., Brown, P., Martin, C. & Russell, A. (2010). Double standards and first principles: framing teaching assistant support for pupils with special educational needs. *European Journal of Special Needs Education*, 25(4), 319-336.
- Weiner, B. (1985). An attributional theory of achievement motivation and emotion. *Psychological Review*, 92, 548-573.
- Wells, J., Barlow, J. & Stewart-Brown, S. (2003). A systematic review of universal approaches to mental health promotion in schools. *Health Education*, 103(4), 197-220.

Wetz, J. (2006). *Holding children in mind over time*. Bristol: Bristol Education Initiative.

Wilson, N. & McLean, S. (1994). *Questionnaire Design: A Practical Introduction*. Newtown Abbey, Co. Antrim: University of Ulster Press.

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Appendix One: Interview Schedule

To be asked at the beginning and recorded by researcher on paper

- Length of time working as a TA / qualified teacher
- Length of time at current school
- Current role and responsibilities
- Past role and responsibilities
- Current involvement in extra-curricular activities

#1 *What do you believe is meant by the term 'emotional wellbeing'?*

#2 *What do you believe is meant by the term 'mental health'?*

#3 *What might you notice in school if you became concerned about a child's emotional wellbeing and mental health?*

#4 *What factors do you think have an impact on children's emotional wellbeing and mental health in school?*

#5 *Do you believe that as a teacher / TA you have a role in relation to pupils' emotional wellbeing and mental health?*

#6 *What do you do in practice to promote emotional wellbeing and mental health?*

#7a) *Which of these statements do you identify with most? **Show multiple choice statements***

#7b) *You said that you feel your school is one in which..., to what extent is there a match between what you as an individual do in practice and what goes on in the rest of the school?*

#8a) *To what extent do you feel able in school to promote children's emotional wellbeing and mental health? **Show rating scale***

#8b) *What factors enable you to place yourself at...*

#8c) *What factors prevent you from placing yourself at a higher position on the scale?*

#9a) *How appropriate do you feel the level of responsibility you are expected to take in promoting emotional wellbeing and mental health is? **Show rating scale***

#9b) *Can you explain your answer?*

Participant reads the vignettes and is asked the following questions after each one:

#10 *Could you tell me any thoughts that occurred to you when reading the scenario, thinking about what might be happening?*

#11 If you were to take over as the teacher / TA in this scenario, is there anything that you would do?

#12 As you have mentioned / may have noticed, the relationship between the teacher / TA and the pupil features in each vignette. [You've talked a bit about ...] Is there anything [else] you would like to mention about relationships in school and emotional wellbeing and mental health?

To be asked at the end and completed on paper by the researcher

- Are there any specific initiatives or projects/programmes which your school is or has been involved with, which aim to promote children's emotional wellbeing and mental health?
- Are you aware of any other national initiatives or projects/programmes which have this aim?
- Are you aware of any government guidelines or publications which offer advice to schools on how to promote emotional wellbeing and mental health?
- Attended school based training related to emotional wellbeing / mental health?
- Attended out of school training related to emotional wellbeing / mental health?
- Gender
- Age range
- Qualifications
- Hours contracted
- Supervised by a teacher?

Multiple Choice Question / Rating Scales for Use in Interviews

7a) Which of these statements best describes your current school?

- i) I feel that my school prioritises and values academic achievement and pays little attention to pupils' emotional wellbeing.
- ii) I feel that my school has a principal focus on academic achievement, with some attention paid to pupils' emotional wellbeing.
- iii) I feel that my school tries to prioritise both academic achievement and pupils' emotional wellbeing to the same extent.
- iv) I feel that my school has a principal focus on pupils' emotional wellbeing, with some attention paid to academic achievement.
- v) I feel that my school prioritises and values emotional wellbeing and pays little attention to pupils' academic achievement.

8a) How able you feel in relation to fulfilling your perceived responsibility to promote children's emotional wellbeing and mental health

Completely able Somewhat able Neither able nor unable Somewhat unable Completely unable

9a) How appropriate you feel the level of responsibility you are expected to take in promoting emotional wellbeing and mental health is

Completely inappropriate Somewhat inappropriate Neither inappropriate or appropriate Somewhat appropriate Completely appropriate

Appendix Two: Vignettes

Vignette One

Mrs P is a Year 6 teacher. A girl in the class, Katie, seems anxious. She seeks one particular teaching assistant's support almost all of the time. Despite this both Mrs P and the TA believe that Katie is capable of managing the work independently. Katie has been known to become tearful when the TA has been absent. Mrs P, the teacher, worries about how Katie will cope when the TA goes on long-term sick leave after an operation she is due to have soon. She also worries about how she, as class teacher, will cope with Katie.

Vignette Two

Miss T is a Year 3 teacher. Like her TA, she has found one of her pupils, Lewis, very difficult to deal with. His behaviour is 'erratic'. He often refuses to work, sit down or follow instructions. He is still developing basic literacy and numeracy skills and has extra support in small groups. Like the TA, when Miss T attempts to help him with things he finds even a little challenging, he can become very unpredictable, suddenly telling her to 'go away' or 'shut up'. Miss T finds herself feeling very irritated and angry. Lewis is calmest when the activity is something he perhaps feels he is good at such as art. On those occasions he can be good company. Miss T would like to include Lewis in her after school cooking club as she thinks he would benefit from it. However, she has not yet done this as she admits she is uncertain about Lewis' behaviour and how his reactions may affect things for her and the other pupils.

Vignette Three

Mr F is a Year 5 teacher. A pupil in the class, Maria, is underachieving in literacy. However she seems to want to be very independent. Even when she becomes stuck, Maria will not ask Mr F or the TA for help, and quickly switches activity instead. When an adult approaches her in relation to work she tends to look moody and mumbles one word responses in an extremely quiet voice. Mr F finds this very irritating and quietly wonders if Maria does not like him. Maria is already included in a small literacy group with four others. Mr F would now like Maria to do an 8 week literacy intervention which would involve one to one work with an adult. However he worries about how Maria would engage with this and how her potential lack of responsiveness should be handled.

Appendix Three: Questionnaire

Questionnaire for Teachers

- Please complete

Gender (please tick)	male female
Age
Age range of children you mainly work with
Number of years at current school
Do you work full or part time	full time part time how many hours per week?
(Teaching assistants only) Are you supervised by a teacher?	yes no
Qualifications (if have any)

1. Please read the scenario below

Mrs P is a Year 6 teacher. A girl in the class, Katie, seems anxious. She seeks one particular teaching assistant's support almost all of the time. Despite this both Mrs P and the TA believe that Katie is capable of managing the work independently. Katie has been known to become tearful when the TA has been absent. Mrs P, the teacher, worries about how Katie will cope when the TA goes on long-term sick leave after an operation she is due to have soon. She also worries about how she, as class teacher, will cope with Katie.

a) Read the statement below and circle the response that best fits your opinion

<i>"There needs to be some kind of adult support in class for Katie other than the class teacher"</i>				
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Imagine that you were to take over as Katie's class teacher.

- b) For each action listed below, tick the column that best describes the likelihood that you would carry out this action in response to the situation.
- c) Next, looking at all the actions again, rank the ones you believe to be the **five** most important, with number one (1) indicating the most important. Write a 1, 2, 3, 4 or 5 somewhere in the column marked 'rank'. The table continues over the page.

	Definitely	Likely	Possibly	Unlikely	Definitely not	Rank (1-5)
* * * Plan discussion work with the class on working independently, or other issues related to Katie's situation						
Focus on responding to Katie in a particular way (please write how in this box)						
Arrange to speak to Katie's parents						
Focus on taking the time to listen to Katie						

* * *	Definitely	Likely	Possibly	Unlikely	Definitely not	Rank (1-5)
Encourage Katie to talk to you about any issues she finds difficult						
Teach the class specific skills linked to Katie's under-developed skills, e.g. through SEAL or similar						
Seek to understand children like Katie or the situation better through reading relevant material						
Seek help from other agencies e.g. educational psychologist or behaviour support						
Aim to boost Katie's self-esteem and confidence						
Seek help from colleagues in school						
Seek to understand Katie or the situation better through private reflection						
Make opportunities to get to know Katie better, showing an ongoing interest						
Other (please write in this box)						

2. Please read the next scenario

Miss T is a Year 3 teacher. Like her TA, she has found one of her pupils, Lewis, very difficult to deal with. His behaviour is 'erratic'. He often refuses to work, sit down or follow instructions. He is still developing basic literacy and numeracy skills and has extra support in small groups. Like the TA, when Miss T attempts to help him with things he finds even a little challenging, he can become very unpredictable, suddenly telling her to 'go away' or 'shut up'. Miss T finds herself feeling very irritated and angry. Lewis is calmest when the activity is something he perhaps feels he is good at such as art. On those occasions he can be good company. Miss T would like to include Lewis in her after school cooking club as she thinks he would benefit from it. However, she has not yet done this as she admits she is uncertain about Lewis' behaviour and how his reactions may affect things for her and the other pupils.

a) Read the statement below and circle the response that best fits your opinion

<i>"Lewis should not be included in the after school cooking club"</i>				
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Imagine that you were to take over as Lewis' class teacher.

b) For each action listed below, tick the column that best describes the likelihood that you would carry out this action in response to the situation.

c) Next, looking at all the actions again, rank the ones you believe to be the five most important, with number one (1) indicating the most important. Write a 1, 2, 3, 4 or 5 somewhere in the column marked 'rank'. The table continues over the page.

	Definitely	Likely	Possibly	Unlikely	Definitely not	Rank (1-5)
* * *						
Plan discussion work with the class on co-operating or other issues related to Lewis' situation						
Focus on responding to Lewis in a particular way (please write how in this box)						

* * *	Definitely	Likely	Possibly	Unlikely	Definitely not	Rank (1-5)
Arrange to speak to Lewis' parents						
Focus on taking the time to listen to Lewis						
Encourage Lewis to talk to you about any issues he finds difficult						
Teach the class specific skills linked to Lewis' under-developed skills, e.g. through SEAL or similar						
Seek to understand children like Lewis or the situation better through reading relevant material						
Seek help from other agencies e.g. educational psychologist or behaviour support						
Aim to boost Lewis' self-esteem and confidence						
Seek help from colleagues in school						
Seek to understand Lewis or the situation better through private reflection						
Make opportunities to get to know Lewis better, showing an ongoing interest						
Other (please write in this box)						

3. Please read the final scenario below

Mr F is a Year 5 teacher. A pupil in the class, Maria, is underachieving in literacy. However she seems to want to be very independent. Even when she becomes stuck, Maria will not ask Mr F or the TA for help, and quickly switches activity instead. When an adult approaches her in relation to work she tends to look moody and mumbles one word responses in an extremely quiet voice. Mr F finds this very irritating and quietly wonders if Maria does not like him. Maria is already included in a small literacy group with four others. Mr F would now like Maria to do an 8 week literacy intervention which would involve one to one work with an adult. However he worries about how Maria would engage with this and how her potential lack of responsiveness should be handled.

a) Read the statement below and circle the response that best fits your opinion

<i>“Mr F should stick to the small group support for Maria and not attempt the one to one work”</i>				
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Imagine that you were to take over as Maria's class teacher.

b) For each action listed below, tick the column that best describes the likelihood that you would carry out this action in response to the situation.

c) Next, looking at all the actions again, rank the ones you believe to be the five most important, with number one (1) indicating the most important. Write a 1, 2, 3, 4 or 5 somewhere in the column marked 'rank'. The table continues over the page.

	Definitely	Likely	Possibly	Unlikely	Definitely not	Rank (1-5)
* * * Plan discussion work with the class on asking for and accepting help, or other issues related to Maria's situation						
Focus on responding to Maria in a particular way (please write how in this box)						

* * *	Definitely	Likely	Possibly	Unlikely	Definitely not	Rank (1-5)
Arrange to speak to Maria's parents						
Focus on taking the time to listen to Maria						
Encourage Maria to talk to you about any issues she finds difficult						
Teach the class specific skills linked to Maria's under-developed skills, e.g. through SEAL or similar						
Seek to understand children like Maria or the situation better through reading relevant material						
Seek help from other agencies e.g. educational psychologist or behaviour support						
Aim to boost Maria's self-esteem and confidence						
Seek help from colleagues in school						
Seek to understand Maria or the situation better through private reflection						
Make opportunities to get to know Maria better, showing an ongoing interest						

- For each question below circle the response most relevant to you

4. a) In your role as teacher, how do you view your level of responsibility to promote children's emotional wellbeing and mental health?				
Greatly responsible	Somewhat responsible	Neither responsible nor free from responsibility	Somewhat free from responsibility	Free from responsibility
b) How clear are you about what your role to promote children's emotional wellbeing and mental health should look like in practice?				
Completely clear	Somewhat clear	Neither clear nor unclear	Somewhat unclear	Completely unclear

5. How appropriate to your role as teacher do you feel the level of responsibility you are expected to take in promoting children's emotional wellbeing and mental health is?				
Completely inappropriate	Somewhat inappropriate	Neither inappropriate nor appropriate	Somewhat appropriate	Completely appropriate
6. How able do you feel in relation to fulfilling your perceived responsibility to promote children's emotional wellbeing and mental health?				
Completely able	Somewhat able	Neither able nor unable	Somewhat unable	Completely unable
7. To what extent is what <u>you</u> do in practice to promote emotional wellbeing and mental health supported by what goes on in the rest of the school, e.g. systems in place for children, colleague's attitudes etc?				
Completely unsupported	Somewhat unsupported	Neither unsupported or supported	Somewhat supported	Completely supported

8. a) For each behaviour listed, please rate how strongly you associate it with a child having **poor emotional wellbeing and mental health** by placing a tick in the relevant box. b) Next rank the **five** behaviours you most strongly associate with poor emotional wellbeing and mental health, with number one (1) indicating the strongest association. Write a 1, 2, 3, 4 and 5 somewhere in the column marked 'rank'.

* * *	Strongly associated	Somewhat associated	Neither associated nor not associated	Somewhat not associated	Definitely not associated	Rank (1-5)
Regularly appears sad, tearful or worried						
Regularly seems to get angry easily						

* * *	Strongly associated	Somewhat associated	Neither associated nor not associated	Somewhat not associated	Definitely not associated	Rank (1-5)
Regularly involved in conflict with peers						
Appears to lack friends						
Regularly unable to concentrate or focus						
Regularly shows disobedience/hostility towards staff						
Deliberately seeks out staff a lot (appears 'needy')						
Regularly tries to avoid school or particular lessons						
Has poor social skills						
Regularly seems to avoid adult contact or help (appearing very independent/detached)						
Appears not to have physical needs met (e.g. hungry, not clean)						
Other (please write in this box)						

9. a) For each factor listed below, please rate the extent to which you associate it with having a **positive impact** on a child's emotional wellbeing and mental health, by putting a tick in the relevant box.
- b) Next rank the **five** factors you most strongly associate as having a positive impact, with number one (1) indicating the strongest association. Write a 1, 2, 3, 4 and 5 somewhere in the column marked 'rank'.

* * *	Strongly associated	Somewhat associated	Neither associated nor not associated	Somewhat not associated	Definitely not associated	Rank (1-5)
Child having good thinking skills						
Child having good communication skills						
Having access to community-based leisure activities						

* * *	Strongly associated	Somewhat associated	Neither associated nor not associated	Somewhat not associated	Definitely not associated	Rank (1-5)
Having at least one positive relationship with a supportive adult in school						
Good housing and standard of living						
Clear, firm and consistent discipline at home						
Child having a sense of humour						
Support for education in the family						
Child having sense of achievement / control / responsibility						
Lack of conflict in the family						
Attending a school with strong academic and non-academic opportunities						
Having positive relationships with peers in school						
Attending a school with positive policies for behaviour, attitudes and anti-bullying.						
Other (please write in this box)						

10. a) Below is a list of actions which may promote children's emotional wellbeing and mental health. Please rate how often you carry each one out by putting a tick in the relevant box.

b) Next, looking at all the actions again, rank the **five** which you believe to be the most important in promoting emotional wellbeing and mental health, with number one (1) indicating the most important. Write a 1, 2, 3, 4 and 5 somewhere in the column marked 'rank'. The table continues over the page.

* * *	Regularly	Sometimes	Occasion-ally	Hardly ever	Never	Rank (1-5)
Give children structured opportunities in class to discuss topics linked to emotional wellbeing, e.g. through circle time or similar						
Seek to get to know children, showing an ongoing interest						
Teach children specific skills to promote their emotional wellbeing, e.g. through SEAL or similar						
Make contact with parents to discuss issues of concern						
Boost children's confidence and self-esteem						
Focus on responding to children in a particular way (please state how in this box)						
Seek help from other agencies, e.g. educational psychologist or behaviour support.						
Seek help from colleagues (informal conversations or more formally)						
Seek to understand individuals or particular situations better through private reflection						
Encourage children to talk about issues to you						
Take the time to listen to individual children						

* * *	Regularly	Sometimes	Occasion-ally	Hardly ever	Never	Rank (1-5)
Seek to understand individuals or particular situations better through reading relevant materials						
Other (please write in this box)						

c) For the question below please circle the response most relevant to you

For how many of the actions you have ticked in the above question did you have a <u>previous awareness</u> (i.e. prior to answering the question) that they may promote children's emotional wellbeing and mental health?				
All of what I do listed above	Most of what I do listed above	Some of what I do listed above	A little of what I do listed above	None of what I do listed above.

• Please complete some final details about your work

Current role and responsibilities (please include any additional work, such as running after-school club, that you may not get paid extra for)
Previous roles if different to current one
Total number of years spent working in primary education

<p>Have you attended in-school training related to emotional wellbeing / mental health. If yes state topics, who delivered it and length of training.</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p>Have you attended out of school training related to emotional wellbeing / mental health? If yes state topics, who delivered it and length of training.</p>	<p>.....</p> <p>.....</p> <p>.....</p>

End of questionnaire

Thank you very much for your time. Please tear the final page off and feel free to contact me if you have any questions or comments.

Appendix Four: Principal features of vignettes

	Vignette One: Katie	Vignette Two: Lewis	Vignette Three: Maria
Child's behaviour of concern	Katie does not approach the protagonist but seeks the attention of the other adult (either teacher or TA) in the classroom almost all of the time, becoming tearful when (s)he is absent	The protagonist finds Lewis' behaviour difficult. It is erratic, he does not follow instructions and he can be verbally aggressive	Maria likes to be very independent and does not ask for help. She can appear moody when approached by the protagonist
How the relationship is implicated	Katie seems to be seeking closeness to the other adult in the scenario. She does not seek the attention of the protagonist	Lewis appears to reject the authority of the protagonist, with behaviour sometimes directed against him or her. The protagonist feels irritated and angry in the relationship	The protagonist feels that Maria might not like him or her
Dilemma / immediate concern	The other adult is going on long term sick leave. The protagonist may soon be the only other adult left with Katie	The protagonist has mixed feelings about including Lewis in his or her after-school cooking club as his behaviour is seen as challenging	The protagonist might need to work with Maria one to one on an intervention programme and is uncertain how she would react
Course of action which would lead to increased contact	The protagonist could seek to become a source of support for Katie	The protagonist could include Lewis in the club	The protagonist could encourage the one to one intervention
Theoretical basis for vignette	Insecure-ambivalent (anxiously controlling) attachment style leads child to seek high levels of adult contact, with learning tasks viewed as an intrusion into the relationship	An insecure-disorganised attachment style leads the child having difficulty in accepting the authority of the teacher, with learning tasks triggering feelings of humiliation	An insecure-avoidant attachment style leads the child to reject help and to seek a high level of independence, with learning tasks acting as 'emotional safety barriers' between them and the adults in school

Appendix Five: Information sheets and consent forms

Information Sheet for Interview Participants

Background to the research

I am a Trainee Educational Psychologist on a doctoral programme at the Institute of Education, and I currently work in [authority] as a Trainee EP in the [team name]. As part of my ongoing doctoral thesis, I am conducting some exploratory research in the borough. It is under the supervision of Professor Peter Blatchford in the Department of Psychology and Human Development at the Institute of Education.

Aims of the research

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

What does it involve?

I am conducting individual interviews, which you are invited to take part in. I will ask you some questions, ask you to give opinions using some rating scales, and show you some fictional scenarios to comment on. With your permission the interview will be recorded (audio). The interview usually takes about an hour. All information will be treated confidentially and you have the right to refrain from answering any questions that you do not wish to answer. Views will be treated with respect, and it is important to note that there are no 'right' or 'wrong' responses.

What can I expect when taking part?

- Your participation is voluntary and consent will be assumed through your signing of the consent form.
- You can withdraw at any time, including after the interview has taken place, without stating a reason. All data will be destroyed upon request and it will not be included in the study.
- You can refrain from answering any questions you do not feel comfortable with.
- All information will be treated as confidential.
- Your data will remain anonymous. No quotations that would identify particular individuals or relate to identifiable individuals will be used in the write-up of the thesis.
- The data you give will be transcribed for analysis, or coded and put on an anonymised database. Participants' names will not be stored on the database or be attached to the transcripts. The data collected will contribute to the researcher's doctoral thesis. Full transcripts or raw data from individuals will not be included in the research write-up. Where quotations may be used in the write-up, no information will be included in the quotations which would identify individual participants or any individuals that the participant may refer to during the interviews.
- Some of the data collected may be used by the Educational Psychology Service to examine what type of EP support is effective in helping staff to promote emotional wellbeing and mental health in school. However, information will not be available in a format which would identify individual participants to anybody other than the main researcher (Anna Bracewell).

- A summary of the final borough wide research findings may be sent to your school, however information that would identify individual schools or participants will not be made available.

Contact details

Anna Bracewell
Trainee Educational Psychologist
[work address]
[work tel.]
[work email]
abracewell@ioe.ac.uk

Consent

I am aware of what my participation involves and that my participation is voluntary. Any questions I have about the study have been answered satisfactorily.

Signature..... (you may write your initials instead)

Date.....

Thank you for taking part in this research. If you have any further questions or comments to make after today then please feel free to contact me, and I will happy to speak further.

Contact details

Anna Bracewell
Trainee Educational Psychologist
[work address]
[work tel.]
[work email]
abracewell@ioe.ac.uk

Information for Research Participants (Questionnaire)

Background to the research

I am a Trainee Educational Psychologist on a doctoral programme at the Institute of Education, and I currently work in [local authority] as a Trainee EP in the [name of team]. For my doctoral thesis, I am conducting some exploratory research in the borough. It is under the supervision of Professor Peter Blatchford in the Department of Psychology and Human Development at the Institute of Education.

Aims of the research

My research aims to explore how teachers and teaching assistants in mainstream primary schools perceive their role in relation to promoting pupils' emotional wellbeing and mental health.

What does it involve?

If you are happy to help, please complete the questionnaire over the page. All information will be treated confidentially. It is important to note that there are no 'right' or 'wrong' responses. The final page contains my contact details on for you to keep.

What can I expect when taking part?

- Your participation is voluntary and consent will be assumed through your signing of the consent form. Your data will remain anonymous.
- You can withdraw at any time, including after completing the questionnaire. All data will be destroyed upon request and it will not be included in the study.
- The data you give will be coded and put on an anonymised database. Participants' names will not be stored on the database. The data collected will contribute to the researcher's doctoral thesis. Raw data from individuals will not be included in the research write-up.
- Some of the data collected may be used by the Educational Psychology Service to examine what type of EP support is effective in helping staff to promote emotional wellbeing and mental health in school. However, information will not be available in a format which would identify individual participants to anybody other than the main researcher (Anna Bracewell).
- A summary of the final borough wide research findings may be sent to your school, however information that would identify individual schools or participants will not be made available.

Consent

I am aware of what my participation involves and that my participation is voluntary. Any questions I have about the study have been answered satisfactorily.

Signature..... (you may write your initials instead)

Date.....

Appendix Six: Further details of interview and questionnaire participants

Four of the teachers interviewed were SENCOs, and of these all apart from one still had whole class teaching duties. The rest of the teacher sample were class teachers. As well as teaching degrees, three teachers had diplomas in diverse subjects including counselling. TAs worked in either one or two classes or across a range of ages running interventions. Several had additional duties linked to lunchtimes. Two TAs had degrees and five either had a diploma or an NVQ (in childcare, librarianship and support teaching, for example). One TA also had a certificate in counselling skills. Three TAs had no post-16 qualifications.

Across the whole interview sample, 4 participants were involved in extra-curricular activities such as sports clubs. All but 5 participants named between one and three training sessions (in or out of school) that they had attended. These were on a range of subjects with behaviour management and child protection mentioned most frequently. Most schools had at least one initiative running that participants could name, with Social and Emotional Aspects of Learning and work with Kids Company named most often. Only four participants (three of which were teachers) could name any government guidance for schools on promoting emotional wellbeing and mental health (ECM documents, SEAL documents and guidance from the Inclusion Development Project).

The questionnaire sample was broadly similar in terms of exact roles of teachers and TAs, except that only two SENCOs participated. Of the teachers, three had post-graduate qualifications. Half of all TAs did not list any qualifications, although three had degrees. Ten TAs had gained diplomas or NVQs. Two had the Higher Level Teaching Assistant qualification (HLTA).

Across the whole sample eight participants stated that they did extra-curricular activities. Again, most participants gave details of one or two training courses they had attended and SEAL and child protection were most frequently mentioned. Information on initiatives and guidance they were familiar with was no sought from the questionnaire sample.

Appendix Seven: Research question one summary table

For each theme and sub-theme the two adjacent columns show the degree of association with indicators and factors that impact from the interviews, ranging from 'very low' to 'high', where:

- Very low = either no or very little focus (e.g. one interview participant only)
- Low = typically raised by up to four interview participants
- Medium = typically raised by five to ten participants
- High = raised by over half of all participants

In the same columns, questionnaire data confirming the importance of the theme / sub-theme in terms of indicators or factors that impact is noted in **bold**, marked with an asterisk (*)

The column marked 'differences according to role' contains a summary of the differences noted between TAs and teachers for that sub-theme. Statistically significant differences from the questionnaire are also noted in this column, next to the sub-themes where the items fit most appropriately.

Theme	Sub-theme	Association with indicators	Association with factors that impact	Differences according to role
Theme One: Complexity of Constructs	Use of terms and connotations	N/A	N/A	None
	Variable causes and effects	N/A	N/A	None
	Difficult to articulate	N/A	N/A	None
Theme Two: Emotional and Physical States	Emotional states and control	High * From the questionnaire data, 'getting angry easily', 'appearing sad, tearful or worried' were the top two indicators	Medium	Only teachers mentioned anger in the interviews Feeling a sense of security was mainly expressed by teachers in the interviews
	Physical states	Medium	Low	None

Theme Three: Interactions in School	Child's interaction style	High * From the questionnaire data 'showing disobedience / hostility towards staff' and 'seeking out staff a lot' were rated highly	Very low	None
	Peer relationships	High * From the questionnaire data, 'involved in conflict with peers' was rated highly	High * From the questionnaire data 'having positive relationships with peers in school was rated highly	From the questionnaires teachers were more likely to rate 'positive relationships with peers' as having an impact on wellbeing
Theme Four: Home and Family	Adult behaviour and interaction style	Medium	High *From the questionnaire data 'attending a school with positive policies for behaviour, attitudes and anti-bullying' were rated highly	Keeping an eye on children and making sure their needs are met was mainly mentioned by support staff in the interviews
	Relationships and interactions	Medium	High * From the questionnaire data 'lack of conflict in the family' was rated highly	Nearly twice as many teachers than TAs talked about relationships and interactions in the family during the interviews
	Family circumstances	Low	High	None
	Demands of learning provoking concern	Low	High *From the questionnaire data a child 'having a sense of achievement / control / responsibility' was rated highly	From the questionnaires TAs were more likely to rate 'thinking skills' as having a positive impact on wellbeing (statistically significant)
Theme Five: Learning and Achieving	Affected by wellbeing	Low	Medium	None
	School engagement	Medium	Medium	None
Theme Six: Changes from the Norm	Change as a cause for concern	High	Low	None
	Comparisons with others	Medium	Low	None

Appendix Eight: Research question two summary table

For each theme and sub-theme the two adjacent columns show the degree of association with how participants make sense of role and actions they say they take from the interviews, ranging from 'very low' to 'high', where:

- Very low = either no or very little focus (e.g. one interview participant only)
- Low = typically raised by up to four interview participants
- Medium = typically raised by five to ten participants
- High = raised by over half of all participants

In the same columns, questionnaire data confirming the importance of the theme / sub-theme in terms of making sense of role and actions taken is noted in **bold**, marked with an asterisk (*)

The column marked 'differences according to role' contains a summary of the differences noted between support staff and teachers for that sub-theme. Statistically significant differences from the questionnaire are also noted in this column, next to the sub-themes where the items fit most appropriately

Theme	Sub-theme	Association with making sense of role	Association with actions to promote wellbeing and mental health	Association with barriers and enabling factors	Differences according to role
Theme One: Colleagues / Parents	Co-operation and sharing information	Very low	High * According to questionnaire data, 'talking to class teacher / support assistants about concerns' was a very frequent activity	High *Participants rated that they overall feel supported by what goes on in the rest of the school	
	Similarities and differences in practice	High	Medium	Low	In the interviews mainly support staff said they have a different type of relationship with pupils compared to teachers

	Involving parents	Very low	High	Very low	Teachers spoke more often about speaking to parents in the interviews. From the questionnaires teachers were more likely to rate 'making contact with parents' as a frequent activity (statistically significant)
Theme Two: Internal- External Drivers	Expectations	High * Participants rated the level of responsibility they feel for promoting emotional wellbeing and mental health as high. They tended to rate the appropriateness of the responsibility as moderate	Low	Medium	In the interviews teachers spoke in more detail about expectations, raising specific professional duties, the school ethos, and judgements from outside the school when discussing their role.
	Beliefs and natural responses	High	Medium	Low	
	Time	Medium	Medium	High	

Theme Three: Relationships with Children	Talking and listening	Medium	High * From the questionnaire data 'taking time to listen to individual children' and 'encouraging children to talk about issues to you' were very frequent activities	Low	In the interviews support staff spoke more about exploring feelings and problems as a key activity. Teachers were more vague or tended to mention formal systems. Only support staff mentioned listening to children alongside the importance of talk.
	Getting to know children	Low	High * From the questionnaire data 'getting to know children' was a very frequent activity	Medium	In the interviews support staff spoke more about building a relationship with pupils and monitoring children as key activities.
	Interactions and feelings	Low	High * According to questionnaire data 'boosting children's confidence and self-esteem' was a very frequent activity	Very low	In the interviews more support staff spoke about interactions and feelings than teachers
Theme Four: Knowledge and Experience	Enhancing role and sense of competency	Medium * According to questionnaire data, participants rated their clarity of role and ability to fulfil perceive role moderately highly. They had a good awareness in practice that what they did acted to promote wellbeing	Very low	High	None
	Lack of knowledge	Low	Very low	High	None
Theme Five: Formal Systems and Interventions	Whole school interventions	Medium	Medium	Low	In the interviews more teachers spoke about whole school interventions than support staff
	Targeted interventions	Very low	Medium	Low	In the interviews more teachers spoke about targeted interventions than support staff